

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

1061 American Lane

☐ Check if different than previously reported. (ACC)

Schaumburg

IL

60173

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

C C00255752

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2014

through

M M M / D D D / Y Y Y Y Y Y
08 31 2014

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 19 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 08 01 2014

To:

 M M / D D / Y Y Y Y
 08 31 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

337642.54

898373.92

(ii) Unitemized

73726.14

260949.44

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

411368.68

1159323.36

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

411368.68

1159323.36

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3438.51

9438.51

17. Other Federal Receipts

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

0.00

50000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

414807.19

1218761.87

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

414807.19

1218761.87

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4300.18	54623.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4300.18	54623.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178500.00	927300.00
24. Independent Expenditures (use Schedule E)	0.00	485390.06
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5136.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5136.70
29. Other Disbursements	6300.00	484300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	189100.18	1956750.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	189100.18	1956750.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	411368.68	1159323.36
34. Total Contribution Refunds (from Line 28(d))	0.00	5136.70
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	411368.68	1154186.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4300.18	54623.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4300.18	54623.81

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 405

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

 City State Zip Code
 Cleveland OH 44195

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

 M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2801519

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 10978 Eleventh Ave N.W.

 City State Zip Code
 Oronoco MN 55960-2110

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID : C2799794

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

 City State Zip Code
 Houston TX 77059-3120

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.40

Date of Receipt

 M M / D D / Y Y Y Y Y
 08 / 02 / 2014

Transaction ID : C2796748

Amount of Each Receipt this Period

83.30

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

208.31

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

716.40

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802003

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David C. Adams M.D.

Mailing Address 48 Henderson Terrace

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fletcher Allen Health Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803564

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jerome M. Adams M.D., M.P.

Mailing Address 10959 Harbor Bay Dr

City

Fishers

State

IN

Zip Code

46040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wishard Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801504

Amount of Each Receipt this Period

41.67

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

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

591.67

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simon M Adanin D.O.

Mailing Address 2516 Waukegan Rd #353

City State Zip Code
Glenview IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2014

Transaction ID : C2798594

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City State Zip Code
West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital West Bloomfield

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2014

Transaction ID : C2808521

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Michael G. Adkison M.D.

Mailing Address 529 Barefoot Trace Cir

City State Zip Code
Saint Augustine FL 32080-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803568

Amount of Each Receipt this Period

500.00

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

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

583.34

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ashley Agerson M.D.

Mailing Address 1656 Alexander St SE

City

East Grand Rapids

State

MI

Zip Code

49506-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Zulfiqar Ahmed M.B.,B.S.

Mailing Address 2865 Woodford Dr

City

Sterling Heights

State

MI

Zip Code

48310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803745

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eric J. Albrecht M.D.

Mailing Address 938 Hanover Ave

City

Norfolk

State

VA

Zip Code

23508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.70

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803312

Amount of Each Receipt this Period

50.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 10 OF 405

(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric J. Albrecht M.D.

Mailing Address 938 Hanover Ave

City State Zip Code
Norfolk VA 23508

FEC ID number of contributing federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.70

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804065

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Quaison Alleyne M.D.

Mailing Address PO Box 3528

City State Zip Code
Milton FL 32572-3528

FEC ID number of contributing federal political committee.

C

Name of Employer

Panhandle Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803781

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Quaison Alleyne M.D.

Mailing Address PO Box 3528

City State Zip Code
Milton FL 32572-3528

FEC ID number of contributing federal political committee.

C

Name of Employer

Panhandle Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2014

Transaction ID : C2808527

Amount of Each Receipt this Period

41.67

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

375.01

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 405

(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A. Allinger M.D.

Mailing Address 1590 Blanchard Bend

City State Zip Code
Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Rock Hill

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 60975 Billadeau Rd

City State Zip Code
Bend OR 97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

TenethHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID : C2799263

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 60975 Billadeau Rd

City State Zip Code
Bend OR 97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

TenethHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID : C2799264

Amount of Each Receipt this Period

41.67

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

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

583.34

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

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

FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack W. Anderson M.D.

Mailing Address 7149 Wynlakes Blvd

City

Montgomery

State

AL

Zip Code

36117-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Montgomery Surgical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803445

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Andrews M.D.

Mailing Address 18 Woods Rd

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808100

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John Jeffrey Andrews M.D.

Mailing Address 7703 Floyd Curl Dr
 Anes Dept, MS 7838

City

San Antonio

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

R. Brian Smith Endowed Professor and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811932

Amount of Each Receipt this Period

800.00

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

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

1400.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M. Angel M.D.

Mailing Address 4985 Moorhead Ave Unit 3815

City State Zip Code
Boulder CO 80307

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. Angel MD, PC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.
LL-150, Mail 25

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800151

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City State Zip Code
Pearland TX 77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine - Texas Hea

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814767

Amount of Each Receipt this Period

50.00

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

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

383.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory K. Applegate D.O.

Mailing Address 5950 N Pointe Dr

City State Zip Code
 Pepper Pike OH 44124-6301

FEC ID number of contributing federal political committee.

C

Name of Employer
 University Hospitals Case Medical Cent

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : C2805127

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gregory Appleman M.D.

Mailing Address 801 Loveland Rd

City State Zip Code
 Moorestown NJ 08057

FEC ID number of contributing federal political committee.

C

Name of Employer
 Burlington Anesthesia Associates

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2802969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jesus S. Apuya M.D.

Mailing Address 52 Marcella Dr

City State Zip Code
 Little Rock AR 72223

FEC ID number of contributing federal political committee.

C

Name of Employer
 Arkansas Childrens Hospital

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : C2816849

Amount of Each Receipt this Period

1000.00

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

1291.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Arcario M.D.

Mailing Address 2237 Peach Leaf Ct.

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James M. Armstrong M.D.

Mailing Address 314 E. Oak Ave.

City

Moorestown

State

NJ

Zip Code

08057-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Atlantic Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joel W. Arney M.D.

Mailing Address 4 Windy Hill Ct

City

Sunfish Lake

State

MN

Zip Code

55077-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ridges Anesthesiology, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801638

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald E. Arnold M.D.

Mailing Address Mercy Hospital St. Louis - Dept o
 615 South New Ballas Road

City State Zip Code
 St. Louis MO 63141

FEC ID number of contributing
 federal political committee.

C

Name of Employer

WAAI

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 13 2014

Transaction ID : C2803949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lee E. Arthur M.D.

Mailing Address 504 Medical Center Blvd

City State Zip Code
 Conroe TX 77304-2808

FEC ID number of contributing
 federal political committee.

C

Name of Employer

North Houston Anesthesiologists PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 13 2014

Transaction ID : C2801561

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Lee E. Arthur M.D.

Mailing Address 504 Medical Center Blvd

City State Zip Code
 Conroe TX 77304-2808

FEC ID number of contributing
 federal political committee.

C

Name of Employer

North Houston Anesthesiologists PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 13 2014

Transaction ID : C2801562

Amount of Each Receipt this Period

25.00

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

675.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert S. Ascanio M.D.

Mailing Address 98 Starbird Rd

City

Portland

State

ME

Zip Code

04102-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George E. Ash Jr., M.D.

Mailing Address P.O. Box 8305

City

Gadsden

State

AL

Zip Code

35902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805106

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sharon A. Ashley M.D.

Mailing Address 1229 Leeward Way

City

Weston

State

FL

Zip Code

33327-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803109

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C. Asseff M.D.

Mailing Address 12237 Carmel Vista Rd
 #163

City State Zip Code
 San Diego CA 92130

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Naval Medical Center, Dept of Anes

Occupation

Cardiac anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803966

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sana Ata M.D.

Mailing Address 41 Mall Rd

City State Zip Code
 Burlington MA 01805-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Lahey Hospital and Medical Center

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014

Transaction ID : C2800401

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Sana Ata M.D.

Mailing Address 41 Mall Rd

City State Zip Code
 Burlington MA 01805-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Lahey Hospital and Medical Center

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803465

Amount of Each Receipt this Period

83.34

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

266.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua H. Atkins M.D., Ph.D

Mailing Address 120 Spruce St

City

Philadelphia

State

PA

Zip Code

19106-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania School of M

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815072

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jennifer P. Aunspaugh M.D.

Mailing Address 1 CHILDRENS WAY

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Assistant Professor Pediatric Anesthes

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796759

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mac S. Axelrod M.D.

Mailing Address 8703 Palm Lake Dr.

City

Orlando

State

FL

Zip Code

32819-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

391.69

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803642

Amount of Each Receipt this Period

100.00

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

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241.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mac S. Axelrod M.D.

Mailing Address 8703 Palm Lake Dr.

City
Orlando

State
FL

Zip Code
32819-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.69

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812002

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Marcial J. Bacani M.D.

Mailing Address 3610 Merrick

City
Houston

State
TX

Zip Code
77025

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric J. Bader D.O.

Mailing Address 4022 Austin Dr

City
Saint Charles

State
MO

Zip Code
63304-0318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woods Mill Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803886

Amount of Each Receipt this Period

250.00

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

541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne E. Baetzel M.D.

Mailing Address 1206 Orkney Dr

City

Ann Arbor

State

MI

Zip Code

48103-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815721

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd D. Bailey M.D.

Mailing Address 7921 Teasdale Ct

City

St. Louis

State

MO

Zip Code

63130

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808077

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kristy Z. Baker M.D.

Mailing Address 1810 Bridgewater Drive

City

Heathrow

State

FL

Zip Code

32746

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2799219

Amount of Each Receipt this Period

250.00

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

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1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark S. Baker M.D.

Mailing Address 7308 Kings Mountain Cir

City

Vestavia

State

AL

Zip Code

35242-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources Mgt, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David C. Baldone M.D.

Mailing Address 106 Random Oaks Ln

City

Mandeville

State

LA

Zip Code

70448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Anesthesia Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803791

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Alethia R. Baldwin Sellers M.D.

Mailing Address 619 S 19th St # J862

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811183

Amount of Each Receipt this Period

250.00

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

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1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City
Miami

State
FL

Zip Code
33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803270

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City
Miami

State
FL

Zip Code
33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.72

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815681

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Paul E. Banta M.D.

Mailing Address 663 Midvale Ave, Apt 1

City
Los Angeles

State
CA

Zip Code
90024-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keyes Surgery Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800127

Amount of Each Receipt this Period

400.00

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

503.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaime L. Baratta M.D.

Mailing Address 111 S 11th St

Suite 8290, Gibbon Building - Anes

City

Philadelphia

State

PA

Zip Code

19107-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801521

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jeremy L. Baron M.D.

Mailing Address 45 Burniston Ct

City

Hillsborough

State

NJ

Zip Code

08844-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806366

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Laurie B. D. Barrett M.D.

Mailing Address 2228 Chamblee Ln

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803318

Amount of Each Receipt this Period

1000.00

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

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

1083.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee J. Barton M.D.

Mailing Address 4101 Hannett Ave NE

City

Albuquerque

State

NM

Zip Code

87110-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albuquerque VA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ahmed Bata M.D.

Mailing Address 508 Porpoise Point Dr.

City

Saint Augustine

State

FL

Zip Code

32084-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2807230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Sonny K. Batheja M.D.

Mailing Address 6444 N 48th Pl

City

Paradise Vly

State

AZ

Zip Code

85253-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809229

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin Batte M.D.

Mailing Address 40960 California Oaks Rd # 227

City State Zip Code
Murrieta CA 92562-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Baumbach M.D.

Mailing Address 2008 King Stables Rd

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesiologists Associated, PC

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803263

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric J. Baurle M.D.

Mailing Address 1806 Ivy Crest Dr

City State Zip Code
Brentwood TN 37027-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Medical Group, P.C. Busines

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803979

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eugene R. Bebeau Jr., M.D.

Mailing Address 820 Prudential Dr., #606

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2799242

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul E. Beebe M.D.

Mailing Address 1336 Creekside Blvd Ste 1

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Collier Anesthesia PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803716

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Terry Bejot M.D.

Mailing Address 6911 Van Dorn, #2

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes.

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802019

Amount of Each Receipt this Period

100.00

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

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

850.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas G. Bell M.D.

Mailing Address 3568 Spencer Blvd.

City

Sioux Falls

State

SD

Zip Code

57103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Physicians Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Margaret D. Bell M.D.

Mailing Address 245 Anne St

City

Rutherfordton

State

NC

Zip Code

28139-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer

AllCare Clinical Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803723

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Frank C. Benesh M.D., Ph.D

Mailing Address 52 Medical Park East Dr., #321

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP EAST PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809205

Amount of Each Receipt this Period

1000.00

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

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

1300.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey B. Bennie M.D.

Mailing Address 1253 Devens Ct.

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phymed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Bentley M.D.

Mailing Address 5949 N Camino Del Conde

City

Tucson

State

AZ

Zip Code

85718-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Bentley MD, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804759

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Adam E. Berg M.D.

Mailing Address 1720 Louisiana Blvd., NE., #401

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811184

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David B. Berger M.D.

Mailing Address 7 Sandra Ct.

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808520

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott M. Berger M.D.

Mailing Address 821 McKinley Avenue

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800116

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Arthur F. Bergh M.D., Ph.D

Mailing Address 460 Lanternback Island Drive

City

Satellite Beach

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax Anes. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802708

Amount of Each Receipt this Period

250.00

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

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

833.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801522

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph S. Bernstein M.D.

Mailing Address PO Box 700138

City

Oostburg

State

WI

Zip Code

53070-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815068

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Joshua R. Berris D.O.

Mailing Address 4340 Strathdale Ln.

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Botsford Hospital Dept of Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803242

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas M. Bez D.O.

Mailing Address 3597 Otsego Dr.

City

Okemos

State

MI

Zip Code

48864-5965

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren Pain Management Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811903

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Karam S. Bhalla M.D.

Mailing Address 1082 Camino Hermosa

City

Corrales

State

NM

Zip Code

87048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert A. Biazak M.D.

Mailing Address 1720 Louisiana Blvd NE Ste 401

City

Albuquerque

State

NM

Zip Code

87110-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812065

Amount of Each Receipt this Period

500.00

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1083.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W. Bigelow M.D., Ph.D

Mailing Address 334 W. Blithedale Ave.

City State Zip Code
 Mill Valley CA 94941

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAC Inc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City State Zip Code
 Chicago IL 60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of chicago

Occupation

physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800397

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ravi M. Bissessar M.D.

Mailing Address 291 Southhall Lane

City State Zip Code
 Maitland FL 32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801057

Amount of Each Receipt this Period

500.00

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1083.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy M. Bittenbinder M.D.

Mailing Address 2401 South 31st St., Dept. of Anes
MS - 20 - D304

City State Zip Code
Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas AM College of Medicine Scott an

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2801525

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joshua G. Black M.D.

Mailing Address 6839 S Canton Ave

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologist Inc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2014

Transaction ID : C2797609

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. William P. Blackburn M.D.

Mailing Address 190 Cedarbend Dr.

City State Zip Code
Florence AL 35634-3535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803458

Amount of Each Receipt this Period

1000.00

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

2083.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc E. Bloomston M.D.

Mailing Address 52 Medical Park East Dr, Suite 321

City State Zip Code
 Birmingham AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801392

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Neal M. Bodner M.D.

Mailing Address 13152 SW 40th St

City State Zip Code
 Davie FL 33330-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Craig W. Bohnhoff M.D.

Mailing Address 9 Hearthstone Pl

City State Zip Code
 Saginaw MI 48609-9319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Staffing Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803825

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas M. Bolles M.D.

Mailing Address 3 Homer Sands Dr

City

Scarborough

State

ME

Zip Code

04074-7644

FEC ID number of contributing
federal political committee.

C

Name of Employer

spectrum medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Borowsky M.D.

Mailing Address 510 E Glenn Dr

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John P Borrego M.D.

Mailing Address 8332 E. Heatherbrae Dr.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801280

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P Borrego M.D.

Mailing Address 8332 E. Heatherbrae Dr.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul R. Borrelli M.D.

Mailing Address 301 Orlando Rd.

City

Belleair

State

FL

Zip Code

33756-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802877

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew J. Boryan M.D.

Mailing Address 347 Stonegate Ct

City

Chambersburg

State

PA

Zip Code

17201-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chambersburg Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806238

Amount of Each Receipt this Period

41.67

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

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

1041.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy R. Boulanger M.D.

Mailing Address 105 Mill St.

City

Brunswick

State

ME

Zip Code

04011-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory W. Bouska M.D.

Mailing Address 3000 Bogey Cir SE

City

Owens Cross Roads

State

AL

Zip Code

35763-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Associate

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801441

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Michael J. Bowling D.O.

Mailing Address 298 Thomas Jefferson Dr

City

Princeton

State

WV

Zip Code

24739-7624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Community Hosp.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801876

Amount of Each Receipt this Period

200.00

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

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

1450.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Bowling D.O.

Mailing Address 298 Thomas Jefferson Dr

City
Princeton

State
WV

Zip Code
24739-7624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Community Hosp.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802036

Amount of Each Receipt this Period

2004.00

Full Name (Last, First, Middle Initial)

B. Frances Boyette M.D.

Mailing Address 8225 Marsh Pointe Dr.

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael W. Bracht M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2806147

Amount of Each Receipt this Period

250.00

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

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

3254.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josue Brainin-Mattos M.D.

Mailing Address 7891 Mount Ranier Dr

City

Jacksonville

State

FL

Zip Code

32256-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2014

Transaction ID : C2796755

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. K P Branam M.D.

Mailing Address 160 Green Glades

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffry B. Brand M.D.

Mailing Address 44 Pleasant St

City

Marblehead

State

MA

Zip Code

01945-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803477

Amount of Each Receipt this Period

500.00

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Devin Branstetter M.D.

Mailing Address 1220 S Aurora Ave

City

Tacoma

State

WA

Zip Code

98465-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Army MAMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798593

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Barry W. Brasfield M.D.

Mailing Address 505 Glenway Cv

City

Lebanon

State

TN

Zip Code

37087-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Middle Tennesse

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801648

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lois L. Bready M.D.

Mailing Address 33 Sanctuary Dr

City

San Antonio

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Hlth Sci Ctr Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800086

Amount of Each Receipt this Period

1000.00

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

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

1550.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark D. Brennan M.D.

Mailing Address 403 Dewey Ln

City

Wallingford

State

PA

Zip Code

19086-6948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midatlantic Anesthesia Assoc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801293

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John J. Breth M.D.

Mailing Address 5348 W 100th St

City

Overland Park

State

KS

Zip Code

66207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas university medical center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James G. Bridges D.O.

Mailing Address Anesthesia Associates of East AL
 PO Box 627

City

Auburn

State

AL

Zip Code

36831-0627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of East Alabama

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803833

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt S. Briesacher M.D.

Mailing Address 5671 Peachtree Dunwoody Rd NE Ste

City State Zip Code
 Atlanta GA 30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physician Specialists In Anes, PC

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803301

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas C. Brockmann M.D.

Mailing Address 1450 Sterling Rd

City State Zip Code
 Redlands CA 92373-6675

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Beaver Medical Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul J. Bruha M.D.

Mailing Address 1194 Mary Kate Dr

City State Zip Code
 Gulf Breeze FL 32563

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Broad Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798665

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ethan Bryson M.D.

Mailing Address 7 Wharton Ave

City

Bridgewater

State

NJ

Zip Code

08807-3226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811208

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen M. Brzica M.D.

Mailing Address 7120 Kenmare Dr.

City

Bloomington

State

MN

Zip Code

55438-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minneapolis Surgical Center Anesthesio

Occupation

MD- Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Cynthia Mitchell Bulteman M.D.

Mailing Address 224 Bluebird Ln

City

St Augustine

State

FL

Zip Code

32080-7976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2807049

Amount of Each Receipt this Period

500.00

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1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick J. Bunke M.D.

Mailing Address 50 Montauk Way

City

Glastonbury

State

CT

Zip Code

06033-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrated Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2014

Transaction ID : C2801295

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith A. Burberry M.D.

Mailing Address 823 Cindy Blair Way

City

Lexington

State

KY

Zip Code

40503-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates, P.S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803944

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. J. Michael Burdine M.D.

Mailing Address 2267 Cedardale Ave

City

Baton Rouge

State

LA

Zip Code

70808-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spine Diagnostic

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804791

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)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth J. Burgess M.D.

Mailing Address 2769 High Pt

City

Cincinnati

State

OH

Zip Code

45244-2169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2805136

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804059

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Nancy S. Burk M.D.

Mailing Address 729 Harvard St.

City

Wilmette

State

IL

Zip Code

60091-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

UIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811999

Amount of Each Receipt this Period

300.00

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

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

633.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott E. Burns M.D.

Mailing Address 675 W 77th Pl

City

Tulsa

State

OK

Zip Code

74132-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799772

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyle J. Butkiewicz M.D.

Mailing Address 8307 N Merion Way

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Anesthesia Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James T. Byland M.D.

Mailing Address 13 Carmel Ln

City

Brentwood

State

TN

Zip Code

37027-8928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806316

Amount of Each Receipt this Period

41.67

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

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

1541.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John J. Byrne M.D.

Mailing Address 105 N Devereux Ct NW

City	State	Zip Code
Atlanta	GA	30327-4351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialist in Anesthesia, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cindy T. Calder M.D.

Mailing Address 2411 Fountain View Dr Ste 200

City	State	Zip Code
Houston	TX	77057-4832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Troy Caldwell M.D.

Mailing Address 1122 Larchmont Ln

City	State	Zip Code
Nichols Hills	OK	73116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	14	/	2014

Transaction ID : C2805099

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd G. Call M.D.

Mailing Address 984 N 640 W

City

American Fork

State

UT

Zip Code

84003-5162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803487

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marino Camaioni M.D.

Mailing Address 9317 S. Alder Dr.

City

Tempe

State

AZ

Zip Code

85284-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2813008

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian E. Campbell M.D.

Mailing Address 418 Meadow Brook Ln

City

Birmingham

State

AL

Zip Code

35213-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources Mangement

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815686

Amount of Each Receipt this Period

41.67

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

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

391.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles T. Campbell M.D.

Mailing Address 220 Lanham Spring Dr

City

Lexington

State

SC

Zip Code

29072-7286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Medical Center, West Columbi

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2799780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frederick Campbell M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2801518

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Stephen D. Campbell M.D.

Mailing Address 545 Beverly Dr.

City

Summerville

State

SC

Zip Code

29485-8175

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAOC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803660

Amount of Each Receipt this Period

500.00

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

1083.34

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

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Campos III, M.D.

Mailing Address 48 Schooner Ridge Rd

City	State	Zip Code
Cumb Foreside	ME	04110-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2014

Transaction ID : C2796758

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Keith A. Candiotti M.D.

Mailing Address 940 S Shore Dr

City	State	Zip Code
Miami	FL	33141-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami Miller School of MOccupation
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2816863

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher L. Canlas M.D.

Mailing Address P.O. Box 158581

City	State	Zip Code
Nashville	TN	37215-8581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Univ Med Ctr Dept of AnesthOccupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801532

Amount of Each Receipt this Period

250.00

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

541.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James J. Cannon M.D.

Mailing Address 1015 Salim Place

City

Lemont

State

IL

Zip Code

60439-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer

DuPage Valley Anesthesiologists, Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803685

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James D. Cantoni M.D.

Mailing Address 58 Great Oak Dr

City

Hudson

State

OH

Zip Code

44236-2296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hudson Physicians Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796762

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Carlsen M.D.

Mailing Address 1958 Common Way Rd

City

Orlando

State

FL

Zip Code

32814-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812029

Amount of Each Receipt this Period

41.67

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

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

391.67

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James L. Carlson M.D., M.S.

Mailing Address 8385 Valley Tarn Drive NE

City State Zip Code
 Atlanta GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physician Specialists in Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin S. Carnes M.D.

Mailing Address 875 Saint James Ct

City State Zip Code
 Fairview TX 75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Atlas anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Debra L. Caroli M.D.

Mailing Address 4548 Burke St

City State Zip Code
 Orlando FL 32814

FEC ID number of contributing
federal political committee.

C

Name of Employer

LCAA

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796639

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.96

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816895

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Daniel B. Carr M.D.

Mailing Address 935 Hammond St

City

Chestnut Hill

State

MA

Zip Code

02467-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts University School of Medicine

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Norman F. Carvalho M.D.

Mailing Address 11723 Barletta Dr

City

Orlando

State

FL

Zip Code

32827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nemours Childrens Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801442

Amount of Each Receipt this Period

100.00

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

641.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Castillo M.D.

Mailing Address 1720 Louisiana Blvd NE Ste 401

City State Zip Code
 Albuquerque NM 87110-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of NM, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter L. Castro M.D.

Mailing Address 2910 17th Street

City State Zip Code
 Boulder CO 80304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803128

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Peter L. Castro M.D.

Mailing Address 2910 17th Street

City State Zip Code
 Boulder CO 80304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809398

Amount of Each Receipt this Period

41.67

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

333.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renee E. Caswell M.D.

Mailing Address 13400 E Shea Blvd

City

Scottsdale

State

AZ

Zip Code

85259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802764

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elizabeth J. Cavanagh M.D.

Mailing Address 9860 Oak Haven Ave.

City

St. Louis

State

MO

Zip Code

63119-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrei Cernea M.D.

Mailing Address 6708 Kenhill Rd

City

Bethesda

State

MD

Zip Code

20817-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803558

Amount of Each Receipt this Period

41.67

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

791.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith J. Chamberlin M.D., M.B.

Mailing Address 540 San Pedro Cove

City

San Rafael

State

CA

Zip Code

94901-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACM, Inc.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803603

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark J. Chambers M.D.

Mailing Address 658 Woodbourne Trail

City

Centerville

State

OH

Zip Code

45459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Services Network

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803920

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City

Little Rock

State

AR

Zip Code

72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.82

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796953

Amount of Each Receipt this Period

41.60

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

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

1541.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 1253 Citadel Dr NE

City

Atlanta

State

GA

Zip Code

30324-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2014

Transaction ID : C2800435

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James D. Chaney M.D.

Mailing Address 3452 Oak Canyon Dr

City

Mountain Brk

State

AL

Zip Code

35243-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated, P.C.

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2805092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Bohdan L. Charkewycz M.D.

Mailing Address 119 Joyce Pl

City

Park Ridge

State

IL

Zip Code

60068-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanguard Healthcare

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : C2817060

Amount of Each Receipt this Period

500.00

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tzong-Huei H. Chen M.D.

Mailing Address 20 Boesch Farm Road

City

East Greenwich

State

RI

Zip Code

02818-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesiologists Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803760

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Pramod K. Chetty M.D.

Mailing Address 750 NE 13th St Ste 200

City

Oklahoma City

State

OK

Zip Code

73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma University Health Sciences Ce

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gilbert J. Chidiac M.D.

Mailing Address 17896 Villa Club Way

City

Boca Raton

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boca Raton Regional Hospital

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796732

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce D. Chipkin M.D.

Mailing Address 6 Forrest Way

City State Zip Code
Poughkeepsie NY 12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804074

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elias T. Chua M.D.

Mailing Address 113 Centreneest Ln.

City State Zip Code
Wilmington DE 19807-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805103

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Serena A. Chyung M.D.

Mailing Address 4125 Highland Ln

City State Zip Code
Center Valley PA 18034-9690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesthesia Physicians, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796776

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey P. Clayton M.D.

Mailing Address 4289 Alton Ct

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASE MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sarah Cocoma M.D.

Mailing Address 885 N Hermitage Ave Unit B

City

Chicago

State

IL

Zip Code

60622-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush University Medical Center Anesthe

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811931

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Marvin S. Cohen M.D.

Mailing Address 301 University Blvd # 0591

City

Galveston

State

TX

Zip Code

77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800093

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Norman A. Cohen M.D.

Mailing Address 0841 SW Gaines St # 504

City

Portland

State

OR

Zip Code

97239-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ. Anes.

Occupation

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796921

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jennifer H Cohn M.D.

Mailing Address 12825 SW 81 Ave

City

Miami

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami Anes. Dept.

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811181

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Henry Cola M.D.

Mailing Address 16891 Marinabay Dr

City

Huntington Beach

State

CA

Zip Code

92649

FEC ID number of contributing
federal political committee.

C

Name of Employer

private practice

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812926

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David S. Colclasure M.D.

Mailing Address 7556 N 300 E

City

Decatur

State

IN

Zip Code

46733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Memorial Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2807495

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Maelynn Colinco M.D.

Mailing Address 9009 W Wright St

City

Wauwatosa

State

WI

Zip Code

53226-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Clare H. Compton M.D.

Mailing Address 501 Tulane Dr SE

City

Albuquerque

State

NM

Zip Code

87106-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMVAHSC 123 Dept. of Anes.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800393

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael M. Conley M.D.

Mailing Address 3585 North 440 West

City

State

Zip Code

Provo

UT

84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808067

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Neil R. Connelly M.D.

Mailing Address 8 Woodbridge Dr

City

State

Zip Code

Suffield

CT

06078-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kathleen A. Connor M.D.

Mailing Address 20 Ash St.

City

State

Zip Code

Weston

MA

02493-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton Wellesley Hospital

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803459

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Conrad M.D.

Mailing Address 3137 Hidden Oak Rd. SW

City

Roanoke

State

VA

Zip Code

24018-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Antonio H. Conte M.D., M.B.

Mailing Address 8700 Beverly Blvd Ste 8211
 Dept of Anes

City

West Hollywood

State

CA

Zip Code

90048-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Melissa A. Conte M.D.

Mailing Address 9219 Cromwell Woods Sq.

City

Orlando

State

FL

Zip Code

32827

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796905

Amount of Each Receipt this Period

41.67

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

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

791.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James E. Cooke M.D.

Mailing Address 991 Somerset Dr.

City State Zip Code
Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John A. Cooley M.D.

Mailing Address 48 Fox Hedge Rd

City State Zip Code
Saddle River NJ 07458-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804062

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City State Zip Code
Detroit MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806361

Amount of Each Receipt this Period

83.34

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

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

416.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clayton W. Cordell III, M.D.

Mailing Address 4435 Ridgeway Dr

City
Belden

State
MS

Zip Code
38826-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer
tupelo anesthesia group

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark W. Corrigan M.D.

Mailing Address 11711 Morning Grove Dr.

City
Las Vegas

State
NV

Zip Code
89135-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Anes. Consultants

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel P. Corsino M.D.

Mailing Address 1514 Jefferson Hwy

City
New Orleans

State
LA

Zip Code
70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Medical Center Anesthesiology

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 405
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel P. Corsino M.D.

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2014

Transaction ID : C2804058

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lisa M. Corstvet M.D.

Mailing Address 2400 Highlands Landing

City

Edmond

State

OK

Zip Code

73013-8693

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803719

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason C. Cowan D.O.

Mailing Address 126 Dalton Ln

City

Tuscumbia

State

AL

Zip Code

35674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803929

Amount of Each Receipt this Period

250.00

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

775.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerral W. Cox M.D.

Mailing Address Pediatric Anesthesia

1600 7th Ave. S., Suite #420

City

Birmingham

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W. Eric Cox M.D.

Mailing Address 1924 Alcoa Highway

UT Medical Center, Dept. of Anesth

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801520

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mary K. Craddock M.D.

Mailing Address 5514 Western Ave.

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801398

Amount of Each Receipt this Period

100.00

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

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

683.34

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert M. Craft M.D.

Mailing Address Dept. of Anesthesiology

1924 Alcoa Highway, Box-U109

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812003

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John D. Crecca M.D.

Mailing Address 3731 Reynolds St.

City

Laramie

State

WY

Zip Code

82072-5069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Laramie LLC

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David A Cross M.D.

Mailing Address Department of Anesthesiology

2401 South 31st Street

City

Tempe

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799266

Amount of Each Receipt this Period

83.30

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

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

374.97

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Cross M.D.

Mailing Address 619 S 19th St # JT845

City State Zip Code
 Birmingham AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept. of Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dana G. Crovo M.D.

Mailing Address 22 Bramhall St

City State Zip Code
 Portland ME 04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David K. Crumley M.D.

Mailing Address 1550 Boyson Rd

City State Zip Code
 Hiawatha IA 52233-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812056

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin D. Cunningham Jr., M.D.

Mailing Address 4098 Raleigh Millington Rd

City

Memphis

State

TN

Zip Code

38128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Danika K. Curley M.D.

Mailing Address 1761 Geo Washington Way
PMB #265

City

Richland

State

WA

Zip Code

99354-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer

DKC Anesthesia, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patricia Curtis M.D.

Mailing Address 795 El Camino Real

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Clinic Dept of Anes

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816914

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judson P. Cuttino M.D.

Mailing Address 3 Hawkins Ln

City
Savannah

State
GA

Zip Code
31411-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Savannah, P.C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801514

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Armando D'Arduini M.D.

Mailing Address 259 1st St
Dept of Anes

City
Mineola

State
NY

Zip Code
11501-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winthrop University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ralph da Graca M.D.

Mailing Address 400 N Tustin Ave Ste 400

City
Santa Ana

State
CA

Zip Code
92705-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allied Anesthesia Medical Group, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803802

Amount of Each Receipt this Period

500.00

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

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

1020.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Danic M.D.

Mailing Address 14726 Fox

City

Redford

State

MI

Zip Code

48239-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806368

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Colleen M. Dargie M.D.

Mailing Address 22043 Harsdale Dr

City

Farmington Hills

State

MI

Zip Code

48335-5438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Medical Center-Fairlane

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City

Nichols Hills

State

OK

Zip Code

73116-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813040

Amount of Each Receipt this Period

41.67

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

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

375.01

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurie Davies M.D.

Mailing Address PO Box 100254

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2014

Transaction ID : C2800130

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Victor Davila M.D.

Mailing Address 4400 Kipling Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2014

Transaction ID : C2796734

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lee Swearingen Davis M.D.

Mailing Address 3935 Club Dr.

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2014

Transaction ID : C2812241

Amount of Each Receipt this Period

250.00

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

833.34

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

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arup De M.D.

Mailing Address 32 Forest Rd

City

Delmar

State

NY

Zip Code

12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

Transaction ID : C2796760

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Maria A. De Castro M.D.

Mailing Address 1616 N Orange Grove Ave

City

Los Angeles

State

CA

Zip Code

90046-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2014

Transaction ID : C2803997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City

Metairie

State

LA

Zip Code

70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : C2796959

Amount of Each Receipt this Period

83.34

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

625.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City

Metairie

State

LA

Zip Code

70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.38

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leisa W. De Venny M.D.

Mailing Address 3090 Yorktown Dr.

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY AND PAIN
MANAGEMENT OF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ANESTHESIOLOGIST

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816891

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Carol Dion Dean M.D.

Mailing Address 22 Bramhall St
Anesthesia Dept.

City

Portland

State

ME

Zip Code

04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814380

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A. Debenham M.D.

Mailing Address P.O. Box 910369

City

St. George

State

UT

Zip Code

84791-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mtn. West anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	4

Transaction ID : C2816897

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kjersti K. Deckert M.D.

Mailing Address 2155 S 116th Cir

City

Walton

State

NE

Zip Code

68461-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID : C2813042

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Travis W. Defreese M.D.Mailing Address 1600 7th Ave., South
Suite 420 ACC

City

Birmingham

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Assoc., P.C

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803844

Amount of Each Receipt this Period

500.00

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

625.01

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James S. DeMeester M.D.

Mailing Address 795 Arlington Blvd

City

Ann Arbor

State

MI

Zip Code

48104-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803026

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City

Frisco

State

TX

Zip Code

75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spine Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800073

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Raymond M. Depa D.O.

Mailing Address 445 General John Payne Blvd

City

Georgetown

State

KY

Zip Code

40324-9168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Anesthesia Group, PSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800085

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2014

Transaction ID : C2796613

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Robert P. Devine M.D.Mailing Address 3901 Rainbow Blvd
Mail Stop 1034

City

Kansas City

State

KS

Zip Code

66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University of Kansas Medical Cente

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		11		2014

Transaction ID : C2800368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Laura I. Dew M.D.

Mailing Address 3721 Robinhood Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		04		2014

Transaction ID : C2796966

Amount of Each Receipt this Period

83.34

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

624.94

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Louis J. DeWild M.D.

Mailing Address 1215 Pleasant St., #400

City
Des Moines

State
IA

Zip Code
50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew E. Dick M.D.

Mailing Address 1345 South CR 150 West

City
Brownstown

State
IN

Zip Code
47220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schneck Medical Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Niki M. Dietz M.D.

Mailing Address 650 Windermere Ct NW

City
Oronoco

State
MN

Zip Code
55960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804779

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City
Miami

State Zip Code
FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800419

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City
South Portland

State Zip Code
ME 04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796752

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Aristeidie M. Diveris M.D.

Mailing Address 825 N Sheridan Rd

City
Lake Forest

State Zip Code
IL 60045-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Forerunner Anesthesia Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806235

Amount of Each Receipt this Period

41.67

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

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

208.35

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl L. Dixon M.D.

Mailing Address 144 Sea Island Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Medical Center Beaches

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher E. Dobson M.D.

Mailing Address 567 Estates Pl.

City

Longwood

State

FL

Zip Code

32779-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAP

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy J. Doles M.D.

Mailing Address 9149 Brenham Ct

City

Montgomery

State

AL

Zip Code

36117-0923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796606

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jill Dombrowski PhD

Mailing Address 5123 Watson St NW

City
Washington

State Zip Code
DC 20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic University

Occupation

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2807079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karen B. Domino M.D., M.P.

Mailing Address Department of Anesthesiology
1959 NE Pacific St # 356540

City
Seattle

State Zip Code
WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803400

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patrick J. Donahue M.D.

Mailing Address 15 Chandler Circle

City
Andover

State Zip Code
MA 01810

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGH NSMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2806151

Amount of Each Receipt this Period

125.00

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

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

875.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Donovan M.D.

Mailing Address 3333 Evergreen Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : C2811908

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Thomas A. Dosland M.D.

Mailing Address 9780 Hidden Glade Rd

City

Saint Paul

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : C2816261

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher Dow M.D.

Mailing Address 240 South Rd

City

Hampden

State

MA

Zip Code

01036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Springfield Anesthesia Service, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803414

Amount of Each Receipt this Period

250.00

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

541.67

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.04

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799594

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.04

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John J. Doyle M.D.

Mailing Address 120 N River Dr

City

St Augustine

State

FL

Zip Code

32095-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Clay County

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808513

Amount of Each Receipt this Period

41.67

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

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

375.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Draper M.D.

Mailing Address 10616 Casador Del Oso NE

City

Albuquerque

State

NM

Zip Code

87111-6920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Specialists of Albuquerque

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803771

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donald A. Drew M.D.

Mailing Address 4647 Zion Ave

City

San Diego

State

CA

Zip Code

92120-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Hospital Dept of Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Clarkson M. Driggers M.D.

Mailing Address 713 N Lake Adair Blvd

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803875

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise M. Drvol M.D.

Mailing Address 3330 N. 129th Circle

City

Omaha

State

NE

Zip Code

68164-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children Specialty Physicians

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2014

Transaction ID : C2812064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas A. Dubbink M.D.

Mailing Address 4279 Dartmouth Ct

City

Eagan

State

MN

Zip Code

55123-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Anesthesiologists, P.A.

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : C2807053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Victor A. Dudzik M.D.

Mailing Address 2616 Whitchurch Lane

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer

DuPage Valley Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803839

Amount of Each Receipt this Period

500.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy L. Duhachek-Stapelman M.D., B.S.

Mailing Address PO Box 315

City

Bennington

State

NE

Zip Code

68007-0315

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804034

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher J. Dunkerley M.D.

Mailing Address 49 McCormack Rd

City

Slingerlands

State

NY

Zip Code

12159-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

c. Gregory Dwight D.O.

Mailing Address 37103 Weymouth Dr

City

Livonia

State

MI

Zip Code

48152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803572

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony L. Edelman M.D.

Mailing Address 1309 Baldwin Ave

City

Ann Arbor

State

MI

Zip Code

48104-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Brian Edelstein M.D.

Mailing Address 2160 S 1st Ave

Bldg. 103, Room 3106

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803842

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charlene Edwards Green M.D.

Mailing Address 4 Sail View Cv

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803231

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tamara Ehlert M.D.

Mailing Address 469 Conway Village Dr

City

St. Louis

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tamara K. Ehlert, M.D.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jesse O. Ehrenclou M.D.

Mailing Address 398 Poindexter Ln

City

Lexington

State

SC

Zip Code

29072-7858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington medical center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C2799778

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Eisenmenger M.D.

Mailing Address 3793 Valley Crest Dr

City

Timnath

State

CO

Zip Code

80547-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Co. Anesthesia Professional C

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803655

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)..... ▶

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth A. Elliott M.D.

Mailing Address Anesthesia Dept.
200 First St. S.W.

City State Zip Code
Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay S. Ellis Jr., M.D.

Mailing Address 3211 Elys Path

City State Zip Code
San Antonio TX 78230-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 1223 Bonnema Ct

City State Zip Code
Naperville IL 60565-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anesthesiologists Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800418

Amount of Each Receipt this Period

41.67

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

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

1291.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Truitt C. Ellis M.D.

Mailing Address 4421 Sheppard Pl

City

Nashville

State

TN

Zip Code

37205-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group anesthesia

Occupation

anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803852

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796619

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Michael R. England M.D.

Mailing Address 250 Beacon St # 5

City

Boston

State

MA

Zip Code

02116-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer

tufts medical center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812004

Amount of Each Receipt this Period

41.67

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

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

225.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay H. Epstein M.D.

Mailing Address 7358 Sawgrass Point Dr

City

Pinellas Park

State

FL

Zip Code

33782-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer

GFA

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence Epstein M.D.

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

City

New York

State

NY

Zip Code

10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.76

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800399

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817066

Amount of Each Receipt this Period

85.00

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

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

668.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Espinosa M.D.

Mailing Address 25 N Winfield Rd

City

Winfield

State

IL

Zip Code

60190-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Central Anesthesiology Group, Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800070

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Monique Espinosa M.D.

Mailing Address PO Box 16370

Anes. Dept.

City

Miami

State

FL

Zip Code

33101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803265

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Monique Espinosa M.D.

Mailing Address PO Box 16370

Anes. Dept.

City

Miami

State

FL

Zip Code

33101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.36

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815074

Amount of Each Receipt this Period

83.34

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

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

153.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David H. Evans M.D.

Mailing Address 13 Woodmere Dr.

City

Dothan

State

AL

Zip Code

36301-9355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Alabama Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803571

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Evans M.D.

Mailing Address 2302 Kingsmill Cir

City

Tyler

State

TX

Zip Code

75703-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Clinic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2014

Transaction ID : C2796761

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. James C. Evans D.O.

Mailing Address 8765 Clark rd

City

Grand Ledge

State

MI

Zip Code

48837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Staffing Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2801566

Amount of Each Receipt this Period

250.00

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

800.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George E. Fant M.D.

Mailing Address P.O. Box 8305

City

Gadsden

State

AL

Zip Code

35902-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803705

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ana M. Faus M.D.

Mailing Address 7330 E. Bayaud Ave.

City

Denver

State

CO

Zip Code

80230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Colorado Anesthesia

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2804782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beah

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.84

Date of Receipt

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

Transaction ID : C2800417

Amount of Each Receipt this Period

83.34

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.84

Date of Receipt

08 / 15 / 2014

Transaction ID : C2805123

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.84

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814819

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. David Feinstein M.D.

Mailing Address Department of Anesthesia
330 Brookline Avenue

City

Boston

State

MA

Zip Code

02215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799274

Amount of Each Receipt this Period

41.67

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

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

208.31

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Feinstein M.D.

Mailing Address Department of Anesthesia
330 Brookline Avenue

City State Zip Code
Boston MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul Fellenbaum M.D.

Mailing Address 1 Spring Street
Unit 1802

City State Zip Code
New Brunswick NJ 08901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia consultants of NJ LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800124

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Melvin A. Ferlita M.D.

Mailing Address 320 Jade Ct.

City State Zip Code
Madisonville LA 70447-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

APMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803688

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melvin A. Ferlita M.D.

Mailing Address 320 Jade Ct.

City

Madisonville

State

LA

Zip Code

70447-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

APMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. James R. Ferre M.D.

Mailing Address 10600 San Bernardino Dr NE

City

Albuquerque

State

NM

Zip Code

87122-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

c. Marley S. Ferris M.D.

Mailing Address 17141 Albans Rd

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology, LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803849

Amount of Each Receipt this Period

250.00

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

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

492.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Fiasconaro M.D.

Mailing Address 505 Chestnut St

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Middletown

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811990

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jonathon R. Fiebing M.D.

Mailing Address 1109 Bay St

City

Traverse City

State

MI

Zip Code

49684-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia As

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lisa Finn M.D.

Mailing Address 2 Hawthorne Ter

City

Saddle River

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Perioperative Medicine

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808480

Amount of Each Receipt this Period

250.00

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Firnhaber M.D.

Mailing Address 936 Nottingham Rd

City
Greenville

State Zip Code
NC 27858

FEC ID number of contributing
federal political committee.

C

Name of Employer

ECAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory W. Fischer M.D.

Mailing Address 183 Cat Rock Rd
P.O. Box 1010

City
Cos Cob

State Zip Code
CT 06807-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801501

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Stephen A. Fischer M.D.

Mailing Address 154 Boynton Ave

City
St Johnsbury

State Zip Code
VT 05819-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

NVRH, St Johnsbury, VT

Occupation

MD Director, Department of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806189

Amount of Each Receipt this Period

41.60

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

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

624.94

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael T. Flanagan M.D.

Mailing Address 208 Haven Dr

City

Dothan

State

AL

Zip Code

36301-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Pain Management Ctr

Occupation

Pain Management Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Melissa Flanigan D.O.

Mailing Address 250 Fredd St

City

Morgantown

State

WV

Zip Code

26501-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

WVUH

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815688

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Shelley Fleet M.D.

Mailing Address 2073 Hutton Pt.

City

Longwood

State

FL

Zip Code

32779-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808080

Amount of Each Receipt this Period

500.00

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

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

1041.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberto C. Flores M.D.

Mailing Address 1602 Governors Dr Apt 1922

City

Pensacola

State

FL

Zip Code

32514-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Roland A. Flores Jr., M.D.

Mailing Address 1218 Brompton Ct

City

Sugar Land

State

TX

Zip Code

77479-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine Dept of Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801877

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael R. Flynn M.D.

Mailing Address 6808 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Forand M.D.

Mailing Address 2 Fox Meadows

City

Saint Louis

State

MO

Zip Code

63127-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

South County Anesthesia

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brandt A. Foreman M.D.

Mailing Address P.O. Box 20787

City

San Jose

State

CA

Zip Code

95160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coast Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ivy F. Forkner M.D.

Mailing Address 855 W Peachtree St NW Unit 1620

City

Atlanta

State

GA

Zip Code

30308-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Dept. of Anes.

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802023

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen M. Forney M.D.

Mailing Address 1215 Pleasant St., Ste. 400

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2807270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A. Forte M.D.

Mailing Address 10580 S Vinewood Rd W# 92

City

Roanoke

State

IN

Zip Code

46783-9228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists of Fort W

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816910

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph F. Foss M.D., B.S.

Mailing Address Dept of Anesthesiology
9500 Euclid Ave E31

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799273

Amount of Each Receipt this Period

41.67

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

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

541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph F. Foss M.D., B.S.

Mailing Address Dept of Anesthesiology
9500 Euclid Ave E31

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801491

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patrick Foster M.D.

Mailing Address 161 Rosehill Dr

City Bellefonte State PA Zip Code 16823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Nittany Medical Center

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles J. Fox M.D.

Mailing Address 1501 King Hwy
LSU Health

City shreveport State LA Zip Code 71130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana State University Health Scie

Occupation
Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803321

Amount of Each Receipt this Period

500.00

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles J. Fox M.D.

Mailing Address 1501 King Hwy
 LSU Health

City State Zip Code
 shreveport LA 71130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Louisiana State University Health Scie

Occupation
 Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 24 / 2014

Transaction ID : C2812043

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John Alan Fox M.D.

Mailing Address 50 Hearthstone Way

City State Zip Code
 Hanover MA 02339

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Brigham and Womens Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : C2813047

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Teresa O. Fox M.D.

Mailing Address 5585 St Joseph Fairway

City State Zip Code
 Memphis TN 38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Anesthesia group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803869

Amount of Each Receipt this Period

500.00

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

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

1333.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 405
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William A. Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur Mem Hosp Anes Dept

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2014

Transaction ID : C2800439

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Christopher Frandrup M.D.Mailing Address 11201 Benton St
mailstop: 112A

City

Loma Linda

State

CA

Zip Code

92357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Defense

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : C2808522

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Scott R. Frank M.D.

Mailing Address 2426 Gretter Pl

City

Alexandria

State

VA

Zip Code

22311-4958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803964

Amount of Each Receipt this Period

500.00

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

666.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas M. Fuhrman M.D.

Mailing Address PO Box 5005

Anesthesia 123

City

Bay Pines

State

FL

Zip Code

33744-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Pines VAHCS

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801464

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796751

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 193 Lilac Dr

City

Allentown

State

PA

Zip Code

18104-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allentown Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800069

Amount of Each Receipt this Period

83.34

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

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

283.34

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas B. Gallen M.D., M.P.

Mailing Address 20 Flowermound Dr

City

W Lafayette

State

IN

Zip Code

47906-9050

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU Health

Occupation

Cardiothoracic Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803795

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Emilio B. Gallo M.D.

Mailing Address 8930 Southern Breeze Dr.

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR-USAP

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2796907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Josephine Gambardella M.D.

Mailing Address 3300 Gallows Rd

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2811898

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Choudary C. Ganga M.D.

Mailing Address 1720 Louisiana Blvd., N.E.
Suite 401

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of New Mexico

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen Z. Garber M.D.

Mailing Address 21551 Anns Lane

City State Zip Code
Laguna Beach CA 92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Anesthesia Assoc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Garced M.D.

Mailing Address 3145 Geary Blvd # 426

City State Zip Code
San Francisco CA 94118-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Anesthesia Consultants, Inc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803599

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gloria T. Garcia M.D.

Mailing Address 1415 Hounds Hollow Ct.

City

Lutz

State

FL

Zip Code

33549-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Community Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815635

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jorge Garcia M.D.

Mailing Address 100 Whetstone Pl Ste 310

City

Saint Augustine

State

FL

Zip Code

32086-5775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801984

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rodney H. Garcia M.D.

Mailing Address 132 Garcia St NE Apt B

City

Albuquerque

State

NM

Zip Code

87123-2659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809466

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John F. Geiser M.D.

Mailing Address 6215 Tremont St

City
Dallas

State
TX

Zip Code
75214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Anes. Consultants

Occupation

Anaesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Greg J. Ghiardi M.D.

Mailing Address 505 E. Ridge St

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Marquette

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick Giam M.D.

Mailing Address 2411 Fountain View, Suite 200
Greater Houston Anesthesiology

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796756

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rosanne F. Giannuzzi M.D.

Mailing Address 821 Bloomfield St

City

Hoboken

State

NJ

Zip Code

07030-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montclair Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan Giesecke

Mailing Address 6903 Westlake Ave

City

Dallas

State

TX

Zip Code

75214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800365

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lesley I. Gilbertson M.D.

Mailing Address 9250 Given Road

City

Cincinnati

State

OH

Zip Code

45243-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803027

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bonny Gillis M.D.

Mailing Address 7703 Floyd Curl Dr

Dept of Anes

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Health Sciences Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Gillock M.D.

Mailing Address 6839 S. Canton

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Amesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803614

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John J. Giustozzi Jr., M.D.

Mailing Address 130 Treetops Dr

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nittany Anesthesia, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812053

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip Glogover M.D.

Mailing Address 21150 NE 38th Ave Apt 703

City State Zip Code
 Aventura FL 33180-4034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David F. Gloyna M.D.

Mailing Address 2401 S 31st

Scott and White, Dept. of Anes.

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White, Dept. of Anes.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804060

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jose M. Goldar M.D.

Mailing Address 1453 SW 156th Way

City State Zip Code
 Pembroke Pines FL 33027-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801537

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M. Goldar M.D.

Mailing Address 1453 SW 156th Way

City

Pembroke Pines

State

FL

Zip Code

33027-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814771

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kimberly J. Golden M.D.

Mailing Address 57 River Ridge Rd

City

Little Rock

State

AR

Zip Code

72227-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for medical sci

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802971

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Adam D. Goldstein M.D.

Mailing Address 1 Hickory Ct

City

East Lyme

State

CT

Zip Code

06333-1467

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2816708

Amount of Each Receipt this Period

250.00

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

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

1291.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgpoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2014

Transaction ID : C2826418

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Peter Goldzweig D.O.

Mailing Address 942 Wood Hollow Ln

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2014

Transaction ID : C2796633

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Jonathan Gombola M.D.

Mailing Address 700 S Park St

St. Marys Hospital - Department of

City

Madison

State

WI

Zip Code

53715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2014

Transaction ID : C2806242

Amount of Each Receipt this Period

41.67

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maria A. Gomez M.D.

Mailing Address 5828 N 3RD AVE

City

Phoenix

State

AZ

Zip Code

85013-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809984

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Daniel B. Gosdin M.D.

Mailing Address 561 Lake Colony Dr.

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796616

Amount of Each Receipt this Period

83.34

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

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

883.34

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy P. Graham M.D.

Mailing Address 730 Color Peak Rd

City

Verona

State

WI

Zip Code

53593-8469

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803304

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James D. Grant M.D.

Mailing Address 1574 Sodon Lake Dr

City

Bloomfield Hills

State

MI

Zip Code

48302-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hosp Dept of Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801970

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul M. Greaves M.D.

Mailing Address 1165 Linnwood Dr NE

City
Albany

State
OR

Zip Code
97322-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
health care provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2813010

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

B. Michael V. Greco M.D.

Mailing Address 9108 Hagerman Ave NE

City

Albuquerque

State

NM

Zip Code

87109-6452

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico VA

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801493

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Andrew A. Greenberg M.D.

Mailing Address PO Box 400

City

Fallston

State

MD

Zip Code

21047-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar Franklin Square Medical Center

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803260

Amount of Each Receipt this Period

500.00

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

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

1251.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew J. Greenfield M.D.

Mailing Address 670 Carrotwood Terrace

City	State	Zip Code
Plantation	FL	33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2014

Transaction ID : C2796753

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joel G. Greenspan M.D.

Mailing Address 6 Oak Ridge Ct

City	State	Zip Code
Armonk	NY	10504-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2817058

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kimberly M. Greenwald M.D.

Mailing Address PO Box 18623

City	State	Zip Code
Raleigh	NC	27619-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2014

Transaction ID : C2800095

Amount of Each Receipt this Period

41.67

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

583.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph Gregg M.D.

Mailing Address 18400 Pioneer Rd

City

Fort Myers

State

FL

Zip Code

33908-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2014

Transaction ID : C2812461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George A. Gregory M.D.

Mailing Address 15 Cedar Avenue

City

Larkspur

State

CA

Zip Code

94939

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California, San Francisco

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803627

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip A. Greider M.D.

Mailing Address 7428 Mulholland Dr

City

Los Angeles

State

CA

Zip Code

90046-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Obstetric Anesthesia Associates

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804025

Amount of Each Receipt this Period

250.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stefan J. Grenvik M.D.

Mailing Address 350 Blountville Hwy
Suite 207

City State Zip Code
Bristol TN 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798591

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James Griggs M.D.

Mailing Address 3701 Wallace Ave

City State Zip Code
Terre Haute IN 47802-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alina M Grigore M.D.

Mailing Address 1916 Glenview Dr

City State Zip Code
Las Vegas NV 89134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alina M Grigore, MD PC

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806272

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven R. Gross M.D.

Mailing Address PO Box 8305

City

Gadsden

State

AL

Zip Code

35902-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mukesh B. Gupta M.B.,B.S.

Mailing Address 7904 Horizon View Dr.

City

Riverside

State

CA

Zip Code

92506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804022

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2807313

Amount of Each Receipt this Period

50.00

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

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

800.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan F. Gutierrez-Mazorra M.D.

Mailing Address 1600 Seventh Avenue South Lowder S

City State Zip Code
 Birmingham AL 35233-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Associates P. C.

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803590

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Osama I. Hafez M.D.

Mailing Address 26637 Castleview Way

City State Zip Code
 Wesley Chapel FL 33544-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER
 ANESTHESIOLOGY

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804033

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Douglas S. Hagan M.D.

Mailing Address 2134 E. Terrace Dr

City State Zip Code
 Highlands Ranch CO 80126-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809232

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas W. Hagen M.D.

Mailing Address 9027 W 114th St

City

Overland Park

State

KS

Zip Code

66210-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF KANSAS CITY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796627

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John P. Hagen M.D.

Mailing Address 1547 Babler Park Drive

City

Glencoe

State

MO

Zip Code

63038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John M. Hall M.D.

Mailing Address 10710 N Gazebo Hill Pkwy E

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801481

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ezra A. Hallam M.D.

Mailing Address 883 Augusta Cir

City

North Liberty

State

IA

Zip Code

52317-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800102

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kimberley D. Haluski M.D.

Mailing Address 4565 Mystic Dr. NE

City

Atlanta

State

GA

Zip Code

30342-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kimberley D. Haluski M.D.

Mailing Address 4565 Mystic Dr. NE

City

Atlanta

State

GA

Zip Code

30342-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.36

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811986

Amount of Each Receipt this Period

41.67

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

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

375.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Hammond D.O.

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

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798585

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William R. Hand M.D.

Mailing Address 167 Ashley Ave Ste 301

City State Zip Code
Charleston SC 29425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James G. Hansard M.D.

Mailing Address 9465 E 109th St

City State Zip Code
Tulsa OK 74133-6374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808994

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy J. Haring M.D.

Mailing Address PO Box 235019

City

Montgomery

State

AL

Zip Code

36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796601

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Corbin D. Harline D.O.

Mailing Address 3046 44th Avenue Dr NE

City

Hickory

State

NC

Zip Code

28601-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Piedmont Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Scott E. Harper M.D.

Mailing Address 1065 Lake Colony Ln.

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia resources management

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803554

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A. Harris D.O.

Mailing Address 1227 Stone Meadows Ct

City

Grovetown

State

GA

Zip Code

30813-5946

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798588

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Russell D. Harris M.D.

Mailing Address 500 S University Ave Ste 505

City

Little Rock

State

AR

Zip Code

72205-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Regional Anesthesiology Consu

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803328

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.34

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799251

Amount of Each Receipt this Period

83.34

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

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

633.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City State Zip Code
Dublin OH 43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.34

Date of Receipt

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

Transaction ID : C2799337

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alison D. Hartvigson M.D.

Mailing Address 5323 NE 42nd St

City State Zip Code
Seattle WA 98105-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2014

Transaction ID : C2812001

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Aaron L Harville M.D.

Mailing Address 4122 Silvery Minnow PI NW

City State Zip Code
Albuquerque NM 87120-4743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Specilaists of Albuquerque

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803247

Amount of Each Receipt this Period

500.00

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

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

1041.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Hatch M.D., M.B.

Mailing Address 415 Carolina Cir

City

Winston Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest University School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Hattamer M.D.

Mailing Address 8 Prospect St

Nashua Anesthesia Partners

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796750

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Steven J. Hauck M.D.

Mailing Address 714 September Chase

City

Wellford

State

SC

Zip Code

29385-9228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartanburg Regional Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801465

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D. Hawk M.D.

Mailing Address 7417 Aurelia Rd

City State Zip Code
 Oklahoma City OK 73121

FEC ID number of contributing federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 25 2014

Transaction ID : C2812501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John M. Haworth M.D.

Mailing Address 4421 Marigold Ln.

City State Zip Code
 Littleton CO 80123-2730

FEC ID number of contributing federal political committee.

C

Name of Employer

South Denver Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 25 2014

Transaction ID : C2812076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David P. Hayes M.D.

Mailing Address 727 S Delaware Ave

City State Zip Code
 Springfield MO 65802-3315

FEC ID number of contributing federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 13 2014

Transaction ID : C2803668

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen O. Heard M.D.

Mailing Address 55 Lake Ave N

City
Worcester

State
MA

Zip Code
01655-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Massachusetts Medical Sc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Colleen K. Heartsill M.D.

Mailing Address 3555 Knickerbocker Rd

City
San Angelo

State
TX

Zip Code
76904

FEC ID number of contributing
federal political committee.

C

Name of Employer

West TX Medical Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811179

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lucas G. Heartsill M.D.

Mailing Address 5406 Woodbine Ln

City
San Angelo

State
TX

Zip Code
76904

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Texas Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801586

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lucas G. Heartsill M.D.

Mailing Address 5406 Woodbine Ln

City

San Angelo

State

TX

Zip Code

76904

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Texas Medical Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian S. Hecht M.D.

Mailing Address 1600 E. Broadway

City

Columbia

State

MO

Zip Code

65203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid America Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kenneth S. Heeringa D.O.

Mailing Address 3333 Evergreen Dr., NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Med. Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803715

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine K. Hege M.D.

Mailing Address 320 E Hickory Ridge Cir

City

Argyle

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803725

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Stephen W. Heimbach M.D.

Mailing Address 1105 Camelot Dr

City

Yukon

State

OK

Zip Code

73099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma University Health Sciences Ce

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803370

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rebecca Hein M.A.

Mailing Address 4251 Park Lane

City

Dallas

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : C2808536

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald J. Heindel M.D.

Mailing Address 3635 Catawba Rd.

City

Blacksburg

State

VA

Zip Code

24060-0529

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : C2817048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James D. Helman M.D.

Mailing Address 8205 E Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jonathan E. Helvie M.D.

Mailing Address 4261 N Road 500 W

City

Bargersville

State

IN

Zip Code

46106-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortholndy

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2802709

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gina Hendren M.D.

Mailing Address 3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KS Hosp Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796943

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804077

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason L. Hennes M.D.

Mailing Address 833 Ottawa Ave

City

Park Ridge

State

IL

Zip Code

60068-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800137

Amount of Each Receipt this Period

250.00

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Henry M.D.

Mailing Address 3104 Blue Lake Dr., #110
Anes. Associated, P.C.

City State Zip Code
Birmingham AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Associated, P.C.

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811206

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David L. Hepner M.D.

Mailing Address Department of Anesthesiology
75 Francis St L1

City State Zip Code
Boston MA 02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hosp - Harvard Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812236

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew Herlich M.D.

Mailing Address 116 Haverford Cir

City State Zip Code
Pittsburgh PA 15228-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800408

Amount of Each Receipt this Period

83.34

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

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Herling D.O.

Mailing Address 31 School Lane

City State Zip Code
 Lloyd Harbor NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North American Partners in Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809396

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John P. Herring M.D.

Mailing Address 4128 Eagle Ridge Dr

City State Zip Code
 Cedar Rapids IA 52411-7838

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Linn County Anesthesiologists, PC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City State Zip Code
 Fresno CA 93711

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Linda B Hertzberg MD Inc

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796634

Amount of Each Receipt this Period

83.34

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City State Zip Code
 Fresno CA 93711

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Linda B Hertzberg MD Inc

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803316

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mali Hetmaniuk M.D.

Mailing Address 6206 44th Avenue NE
 Apt. 603

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Virginia Mason Medical Center

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798598

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Richard L. Heyer Jr., M.D.

Mailing Address PO Box 3294

City State Zip Code
 Tupelo MS 38803-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tupelo Anesthesia Group

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814737

Amount of Each Receipt this Period

500.00

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James S. Hicks M.D.

Mailing Address 20287 S Lake Vista Ct

City State Zip Code
 Oregon City OR 97045-7354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Sciences Univ. Anes. Dep

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803255

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jesse R. Hill M.D.

Mailing Address 1738 Roosevelt Ave

City State Zip Code
 Altadena CA 91001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntington Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802022

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. A. Blake Hillenbrand D.O.

Mailing Address 651 Maxwell Ave

City State Zip Code
 Boulder CO 80304-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803294

Amount of Each Receipt this Period

750.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. A. Blake Hillenbrand D.O.

Mailing Address 651 Maxwell Ave

City

Boulder

State

CO

Zip Code

80304-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

08 / 25 / 2014

Transaction ID : C2813004

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City

Belleair

State

FL

Zip Code

33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799591

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City

Belleair

State

FL

Zip Code

33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803811

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maggie M. Ho D.O.

Mailing Address 9 Carleys Way

City

Rockaway

State

NJ

Zip Code

07866-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anest. Group St. Clares Hosp.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796615

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mary J. Hoben M.D.

Mailing Address 306 Pepperbush Rd

City

Louisville

State

KY

Zip Code

40207-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer

One Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Douglas A. Hof M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City

Memphis

State

TN

Zip Code

38120-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

375.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Hoffmann M.D.

Mailing Address 1000 E Primrose St Ste 520

City

Springfield

State

MO

Zip Code

65807-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803827

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael P. Hofkamp M.D.

Mailing Address 3009 Cancelo Cv

City

Round Rock

State

TX

Zip Code

78681-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Scott and White Health

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael W. Hoger D.O.

Mailing Address 6003 Macon Ct SE

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801417

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 15605 Hampton Village Drive

City State Zip Code
Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer

sheridan heathcorp

Occupation

anesthesiologist assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806241

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Sung Jae Hong M.D.

Mailing Address 4 Higbie Ct

City State Zip Code
Grosse Pointe Farms MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Anesthesiologists P.C

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark E. Honska M.D.

Mailing Address P.O. Box 162026

City State Zip Code
Altamonte Springs FL 32716-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799262

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)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan R. Hood M.D.

Mailing Address 6318 N Lowell Ave

City State Zip Code
Chicago IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804037

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin M. Hook M.D.

Mailing Address 7202 E 112th Pl S

City State Zip Code
Bixby OK 74008-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : C2811195

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Kenneth Houghton Jr., M.D.

Mailing Address 809 82nd Pkwy
Dept. of Anesthesiology

City State Zip Code
Myrtle Beach SC 29572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand Strand Regional Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : C2801474

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.94

Date of Receipt

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

Transaction ID : C2796964

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Franklin L. Howell M.D.

Mailing Address 218 E Bearss Ave #110.

City

Tampa

State

FL

Zip Code

33613-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan-Greater Florida Anesthesiolog

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : C2805393

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael J. Hruskocy M.D.

Mailing Address 560 McCormick Dr.

City

Lake Forest

State

IL

Zip Code

60045-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2804084

Amount of Each Receipt this Period

500.00

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

1083.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Hudson M.D.

Mailing Address Suite A-1305, Scaife Hall
3550 Terrace Street

City State Zip Code
Pittsburgh PA 15261

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803272

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City State Zip Code
Birmingham AL 35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.81

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2014

Transaction ID : C2816904

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jonathan R. Hughes M.D.

Mailing Address 350 Blountville Hwy Ste 207
Bristol Anesthesia Services

City State Zip Code
Bristol TN 37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2014

Transaction ID : C2806243

Amount of Each Receipt this Period

83.34

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

166.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rea S. Hunt M.D.

Mailing Address 52 Medical Park E.,#321

City State Zip Code
 Birmingham AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813063

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address Anesthesiology Department
 619 S. 19th Street JT926C

City State Zip Code
 Birmingham AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800402

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William E. Hurford M.D.

Mailing Address Department of Anesthesiology
 231 Albert Sabin Way

City State Zip Code
 Cincinnati OH 45267-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806231

Amount of Each Receipt this Period

41.67

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

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

1091.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 11626 NW 2nd Ave

City

Gainesville

State

FL

Zip Code

32607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Pain Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : C2808529

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert T. Husfield M.D.

Mailing Address 4529 Howard Ave

City

Western Springs

State

IL

Zip Code

60558-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suburban Anesthesiologist

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael C. Hutchison M.D.

Mailing Address 14030 Briar Dr.

City

Overland Park

State

KS

Zip Code

66224-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes Assoc. of Topeka

Occupation

Staff Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2799822

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaemy M. Hwang M.D.

Mailing Address 250 Breakwater

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists PC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

433.36

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799593

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jaemy M. Hwang M.D.

Mailing Address 250 Breakwater

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists PC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

c. Kelly P. Hyde M.D.

Mailing Address 421 Oakwood Dr

City

Dothan

State

AL

Zip Code

36303-3085

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803851

Amount of Each Receipt this Period

1000.00

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

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

1141.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry J. Hynes M.D.

Mailing Address 6911 Van Dorn St Ste 2

City
Lincoln

State
NE

Zip Code
68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803893

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815689

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. W. Warriner Inge III, M.D.

Mailing Address 10088 Persimmon Hill Ct

City

Jacksonville

State

FL

Zip Code

32256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801878

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas F. Ingersoll M.D.

Mailing Address 8600 N. Route 91, Suite #250

City State Zip Code
Peoria IL 61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City State Zip Code
Rensselaer NY 12144-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812235

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Venesa J. Ingold M.D.

Mailing Address 3901 Rainbow Blvd
Mail Stop 1034

City State Zip Code
Kansas City KS 66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811219

Amount of Each Receipt this Period

41.67

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

375.01

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jill H. Irby M.D.

Mailing Address 4301 W Markham St Lot 515

Dept of Anes

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803696

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City

Mansfield

State

OH

Zip Code

44903-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800071

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. William B. Isaacs M.D.

Mailing Address PO Box 401805

Anesthesiology Consultants, Inc. C

City

Las Vegas

State

NV

Zip Code

89140-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc. Crede

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809435

Amount of Each Receipt this Period

500.00

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

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francisco Izaguirre M.D.

Mailing Address 1232 Granada Blvd.

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2014

Transaction ID : C2800129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2014

Transaction ID : C2798589

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Douglas J. Jacobson M.D.

Mailing Address 345 W. Linda Vista Blvd

City

Tucson

State

AZ

Zip Code

85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2014

Transaction ID : C2816887

Amount of Each Receipt this Period

41.67

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

374.97

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Muhammad Jaffar M.D.

Mailing Address 4301 W Markham St Lot 515

Dept of Anes

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas Medical Science

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811988

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800427

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mokarram H. Jafri M.D.

Mailing Address 6 Oakhurst Ct

City

Clifton Park

State

NY

Zip Code

12065-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809433

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce R. James M.D.

Mailing Address 302 37th St.

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2803996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amber L. Jandik B.S., M.D.

Mailing Address 5251 Westminster Dr

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2802012

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1099.92

Date of Receipt

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

Transaction ID : C2800411

Amount of Each Receipt this Period

83.34

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

1583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.92

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801643

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. J L Lawrence Jayne Jr., M.D.

Mailing Address 350 Blountville Highway
Suite 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City

San Luis Obispo

State

CA

Zip Code

93401-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796620

Amount of Each Receipt this Period

41.67

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

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

641.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L. Jenson M.D.

Mailing Address 434 Main St

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : C2798586

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James N. Jeter Jr., M.D.

Mailing Address 303 Cypress Cove

City

Florence

State

AL

Zip Code

35634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2801468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J. F. Jimenez M.D.

Mailing Address 116 Seven Iron Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corporation

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : C2805125

Amount of Each Receipt this Period

41.67

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

375.01

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall R. Joe M.D.

Mailing Address 14 Dianthus Dr

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer

AllCare Clinical Associates

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2807496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Johans M.D.

Mailing Address 12335 Ironstone Rd

City

Saint Louis

State

MO

Zip Code

63131-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802017

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joel M. Johnson M.D.

Mailing Address 2025 Southern Light Dr.

City

Lincoln

State

NE

Zip Code

68512-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803969

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul W. Johnson M.D.

Mailing Address 39 Woodmere Dr.

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group,

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805098

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joshua R. Johnston M.D.

Mailing Address 835 S Van Buren St

City

Green Bay

State

WI

Zip Code

54301-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Green Bay Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James W. Jones M.D.

Mailing Address 367 Bluff Ridge Cv

City

Cordova

State

TN

Zip Code

38018-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801500

Amount of Each Receipt this Period

41.67

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

1041.67

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

SCHEDULE A (FEC Form 3X)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathryn C. Jones M.D.

Mailing Address 1600 7th Ave S Ste 420

City

Birmingham

State

AL

Zip Code

35233-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y 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)

B. Zachary S. Jones M.D.

Mailing Address 6314 Eden Valley Dr

City

Frisco

State

TX

Zip Code

75034-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Houston Anesthesia

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2014

Transaction ID : C2806239

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. William M. Jordan M.D.

Mailing Address 1859 Ridge Ave

City

Montgomery

State

AL

Zip Code

36106-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

Transaction ID : C2796603

Amount of Each Receipt this Period

1000.00

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

1291.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul F. Judson III, M.D.

Mailing Address 2158 Brook Highland Rdg

City

Birmingham

State

AL

Zip Code

35242-5870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Perioperative Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randhir Kaboo M.D.

Mailing Address 19220 Catalina Rd

City

Apple Valley

State

CA

Zip Code

92308-6798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804013

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Aalok K. Kacha M.D., Ph.D

Mailing Address 1160 S Michigan Ave Apt 2507

City

Chicago

State

IL

Zip Code

60605-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.02

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803585

Amount of Each Receipt this Period

20.00

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

770.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aalok K. Kacha M.D., Ph.D

Mailing Address 1160 S Michigan Ave Apt 2507

City

Chicago

State

IL

Zip Code

60605-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2014

Transaction ID : C2808524

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ian J. Kallmeyer M.D.

Mailing Address 9491 E Altadena Avenue

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2014

Transaction ID : C2808593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott T. Kane M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2014

Transaction ID : C2805128

Amount of Each Receipt this Period

100.00

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

391.67

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

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

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Betsy S. Kantor M.D.

Mailing Address 11854 N 96th Pl

City
Scottsdale

State
AZ

Zip Code
85260-5962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia Consultants, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J. Kass M.D.

Mailing Address PO Box 31207

City
Spokane

State
WA

Zip Code
99223-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Medical Group PMG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802033

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David B. Katz M.D.

Mailing Address 4336 E Mountain View Rd

City
Phoenix

State
AZ

Zip Code
85028-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803744

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephanie D. Keller M.D.

Mailing Address 1222 South 2nd St.

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jessica Kenaston M.D.

Mailing Address 6 Alden Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806359

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert M. Kent M.D.

Mailing Address 8810 Fernwood Cove

City

Germantown

State

TN

Zip Code

38138-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806220

Amount of Each Receipt this Period

250.00

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

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

583.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 405
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan G. Kentros M.D.

Mailing Address 3104 Blue Lake Dr., #110

City	State	Zip Code
Birmingham	AL	35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Associated, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2014

Transaction ID : C2800370

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Knox Kerr III, M.D.

Mailing Address 2165 Herschel St

City	State	Zip Code
Jacksonville	FL	32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : C2815398

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Georgina O. Kesterson M.D.

Mailing Address 5169 Rowen Oak Rd.

City	State	Zip Code
Collierville	TN	38017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803881

Amount of Each Receipt this Period

41.67

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

625.01

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Georgina O. Kesterson M.D.

Mailing Address 5169 Rowen Oak Rd.

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : C2815679

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Millicent Khaw M.D.

Mailing Address 4572 Aukai Ave.

City

Honolulu

State

HI

Zip Code

96816-4949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Straub hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sachin Kheterpal M.D., M.B.

Mailing Address 1500 E Medical Center Dr Spc 5048

Department of Anesthesiology

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803977

Amount of Each Receipt this Period

500.00

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

1041.67

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mani Khoshyomn M.D.

Mailing Address 1720 Louisiana Blvd NE Ste 401

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809469

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Narjeet Khurmi M.D.

Mailing Address 5777 E. Mayo Blvd

City State Zip Code
 Phoenix AZ 85054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Arizona - Dept. Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. Matthew Kidwell M.D.

Mailing Address 707 Ground Plum Circle

City State Zip Code
 Solon IA 52333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816899

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura Kihlstrom M.D.

Mailing Address 915 Larchmont Cres.

City

Norfolk

State

VA

Zip Code

23508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806191

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Harold Kim M.D.

Mailing Address 68 South Service Road
Suite 350

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796923

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Hyon Kim M.D.

Mailing Address 285 Davidson Ave Suite 204

City

Somerset

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey,

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803646

Amount of Each Receipt this Period

250.00

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

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

383.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey G. King M.D.

Mailing Address 2763 Meeting Pl

City State Zip Code
Orlando FL 32814-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812228

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Melinda A. King M.D.

Mailing Address 926 Camino Ranchitos NW

City State Zip Code
Albuquerque NM 87114-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of New Mexico

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin P. Kinkead M.D.

Mailing Address 1776 McConnell Dr.

City State Zip Code
Williamsport PA 17701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Williamsport

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803711

Amount of Each Receipt this Period

500.00

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

791.60

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin P. Kinkead M.D.

Mailing Address 1776 McConnell Dr.

City
Williamsport

State Zip Code
PA 17701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of Williamsport

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811940

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Sandra B. Kinsella M.D.

Mailing Address 6047 Brokenhurst Rd.

City
Indianapolis

State Zip Code
IN 46220

FEC ID number of contributing
federal political committee.

C

Name of Employer
IUMC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. James F. Kirkpatrick III, M.D.

Mailing Address 605 Hillrise Blvd

City
Johnson City

State Zip Code
TN 37601-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sycamore Shoals Anesthesia Associates,

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803735

Amount of Each Receipt this Period

250.00

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

1333.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Meredith Kirkpatrick M.D.

Mailing Address 605 Hillrise Blvd

City

Johnson City

State

TN

Zip Code

37601-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen R. Klein M.D.

Mailing Address Anes. Associated, P.C.
3104 Blue Lake Dr., #110

City

Birmingham

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Klementavicius M.D.

Mailing Address 620 Bay Cliffs Rd

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815665

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J. Kliewer M.D.

Mailing Address 136 McGuire Rd

City

Winchester

State

VA

Zip Code

22603-4351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812038

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Benjamin M. Kline M.D.

Mailing Address 9 Brookfield Ave.

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803892

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A. Kline M.D.

Mailing Address P.O. Box 434

City

Clarks Summit

State

PA

Zip Code

18411-0434

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806362

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip J. Kline M.D.

Mailing Address 9700 Petersburg Rd.

City

Evansville

State

IN

Zip Code

47725-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGA, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew A Klopman M.D.

Mailing Address 930 Edgewater Ct.

City

Sandy Springs

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Department o

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801452

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. James F. Knight M.D.

Mailing Address 420 Old Rapids Rd

City

Lexington

State

SC

Zip Code

29072-9413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Medical Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799776

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephanie G. Knight M.D.

Mailing Address 4016 W 90th St

City

Sioux Falls

State

SD

Zip Code

57108-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Physicians, LTD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799270

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Renee H. Kniola M.D.

Mailing Address 620 Miller Rd

City

Gwinn

State

MI

Zip Code

49841-8767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bell Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter A Knoester M.D.

Mailing Address 151 W. 12th St.

City

Holland

State

MI

Zip Code

49423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Macatawa Anesthesia, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796913

Amount of Each Receipt this Period

41.67

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

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

333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher S. Knop M.D.

Mailing Address 373 1st St W

City

Tierra Verde

State

FL

Zip Code

33715-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Gulf to Bay Anes. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul J. Knox M.D.

Mailing Address 7400 1st Ave. South

City

St. Petersburg

State

FL

Zip Code

33707-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Nagendra S. Kodali M.D.

Mailing Address 50 N Dunlap St

City

Memphis

State

TN

Zip Code

38103-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesiologists PA

Occupation

Pediatric Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806369

Amount of Each Receipt this Period

83.34

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

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

583.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Koebert M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2014

Transaction ID : C2800433

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Robert F. Koebert M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803327

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Alan Koontz M.D.

Mailing Address 4246 Allistair Rd.

City

Winston Salem

State

NC

Zip Code

27104-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2801437

Amount of Each Receipt this Period

250.00

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

433.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven M. Koppel M.D.

Mailing Address 1510 Woodland Dr

City

Deerfield

State

IL

Zip Code

60015-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

NorthShore University Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799275

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Steven M. Koppel M.D.

Mailing Address 1510 Woodland Dr

City

Deerfield

State

IL

Zip Code

60015-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

NorthShore University Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward Kosik D.O.

Mailing Address 6700 Blackberry

City

Edmond

State

OK

Zip Code

73034-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

OU HSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803553

Amount of Each Receipt this Period

500.00

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

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

791.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joanna Kountanis M.D.

Mailing Address 1H247 UH SPC 5861

1500 East Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wenzel Daniel Kovarik M.D.

Mailing Address 51 Prospect St

City

Portland

State

ME

Zip Code

04103-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St # 435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801509

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan B. Kozinn M.D.

Mailing Address 721 NE Seabrook Cir

City

Lees Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Lukes Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael G. Kral M.D.

Mailing Address 6 Wentworth Dr.

City

Berkeley Heights

State

NJ

Zip Code

07922

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

c. Susan D. Kreher M.D.

Mailing Address 7719 Wynlakes Blvd.

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796602

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Krejcie M.D.

Mailing Address Tarry Bldg. 4-727

300 East Superior Street

City

CHICAGO

State

IL

Zip Code

60611-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Felix Kremer M.D.

Mailing Address 371 Washington Crossing Rd Unit A

City

Newtown

State

PA

Zip Code

18940-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Liberty Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

716.40

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801475

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gopal Krishna M.D.

Mailing Address 8807 Jules ILane

City

Indianapolis

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health Physicians

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803963

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karl A. Kroeker M.D.

Mailing Address 14510 Millhaven Pl

City

Colorado Springs

State

CO

Zip Code

80908-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Colorado Spri

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803991

Amount of Each Receipt this Period

250.00

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

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

550.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Krug M.D.

Mailing Address P.O. Box 2119

City

Albemarle

State

NC

Zip Code

28002-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albemarle Anesthesiology, P.A.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803306

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan D. Krys M.D.

Mailing Address 1628 Whisper Bay Blvd.

City

Gulf Breeze

State

FL

Zip Code

32563-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804051

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Donna A. Kucharski M.D., M.D.

Mailing Address 180 Read St

City

Seekonk

State

MA

Zip Code

02771-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anestheisologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803901

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew E. Kuestner M.D.

Mailing Address 1113 Rostrevor Cir

City

Louisville

State

KY

Zip Code

40205-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anaesthesia Associates, PSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816889

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jane A. Kugler M.D.

Mailing Address 9739 Fieldcrest Dr

City

Omaha

State

NE

Zip Code

68114-4932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Pediatric Plan

Occupation

MD anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803325

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric T. Kunichika M.D.

Mailing Address 2272 Alaqua Dr

City

Longwood

State

FL

Zip Code

32779-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803410

Amount of Each Receipt this Period

500.00

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

1041.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carlos J. Kurek M.D.

Mailing Address 90 Radcliffe Dr

City

Getzville

State

NY

Zip Code

14068-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer

maple gate anesthesiologists pc

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2807348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Kutner M.D.

Mailing Address 6916 Avondale Ct

City

Nichols Hills

State

OK

Zip Code

73116-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer

North West Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805107

Amount of Each Receipt this Period

175.00

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

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

675.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark U. Kyker M.D.

Mailing Address 1793 Burning Tree Lane

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

st vincent medical group

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Services

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796623

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Christopher J. Lace M.D.

Mailing Address 12401 E 17th Ave Ste B113

University of Colorado

City

Aurora

State

CO

Zip Code

80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796958

Amount of Each Receipt this Period

41.67

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

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

375.01

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah J Laduzenski M.D.

Mailing Address 201 Delano Park

City

Cape Elizabeth

State

ME

Zip Code

04107-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ellis C. Lai M.D.

Mailing Address 2100 Via Acalones

City

Palos Verdes Estates

State

CA

Zip Code

90274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anesthesio

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803958

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jared R. Lake M.D.

Mailing Address 889 Eaglepointe Dr

City

North Salt Lake

State

UT

Zip Code

84054-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803767

Amount of Each Receipt this Period

250.00

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

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Lam M.D.

Mailing Address 23600 Camino Hermoso Dr

City State Zip Code
Los Altos Hills CA 94024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael Lam MD APC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Benjamin A. Lampert M.D.

Mailing Address 245 S Farm Road 197

City State Zip Code
Springfield MO 65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

mercy clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2014

Transaction ID : C2816869

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher T Lancaster M.D.

Mailing Address 291 Southhall Ln

City State Zip Code
Maitland FL 32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803443

Amount of Each Receipt this Period

500.00

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher T Lancaster M.D.

Mailing Address 291 Southhall Ln

City

State

Zip Code

Maitland

FL

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JLR Medical Group

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816888

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Steven N. Landau M.D.

Mailing Address 2443 Dundee Dr

City

State

Zip Code

Ann Arbor

MI

48103-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Associates of Ann Arbor

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815685

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Alice L. Landrum M.D.

Mailing Address 1121 S Hickory Grove School Rd

City

State

Zip Code

Columbia

MO

65279-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Missouri

physician anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803800

Amount of Each Receipt this Period

100.00

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

183.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Langdon M.D.

Mailing Address PO Box 51947

Medical Center

City

Knoxville

State

TN

Zip Code

37950-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799827

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven J. Lansing M.D.

Mailing Address 5215 N. County Rd. 775 W

City

Muncie

State

IN

Zip Code

47304-9751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811935

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Bud E. Larson D.O.

Mailing Address 22508 Norfolk Ct

City

Novi

State

MI

Zip Code

48374-3975

FEC ID number of contributing
federal political committee.

C

Name of Employer

Botsford Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813887

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric L. Larson M.D.

Mailing Address 2215 Cascade Lakes Cir SE

City State Zip Code
 Grand Rapids MI 49546

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Practice Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796917

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City State Zip Code
 Edmond OK 73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816894

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Michael L. Lathem M.D.

Mailing Address 3104 Blue Lake Dr., #110

City State Zip Code
 Birmingham AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anes. Assoc., P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803473

Amount of Each Receipt this Period

500.00

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

591.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary W. Latson M.D.

Mailing Address 14954 Sunshine Rd

City

Holland

State

TX

Zip Code

76534-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Scott and White Hospital

Occupation

Physician Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801523

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Hector O. Laurel M.D.

Mailing Address 2317 Woodcliff Rd SE

City

Huntsville

State

AL

Zip Code

35801-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew A. Lavallo M.D.

Mailing Address 4505 Reedsport Ct

City

Columbia

State

MO

Zip Code

65203-6499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-America Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803951

Amount of Each Receipt this Period

250.00

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

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

833.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick J. Lawler M.D.

Mailing Address 1301 W Ralph Rogers Rd

City

Sioux Falls

State

SD

Zip Code

57108-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

McKenna Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Greg A. Lawrence M.D.

Mailing Address 3390 N. Campbell Ave., Suite 110

City

Tucson

State

AZ

Zip Code

85733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

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

Mailing Address 7100 Hollyleaf Dr.

City

Burlington

State

KY

Zip Code

41005

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati College of Me

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804072

Amount of Each Receipt this Period

41.67

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

1083.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary-Anthony Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct
#101

City State Zip Code
Fort Myers FL 33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anaesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799588

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Leachman M.D.

Mailing Address 7130 Coors Trl NW

City State Zip Code
Albuquerque NM 87120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Specialists of Albuquerque

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2805130

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kathleen A. Leavitt M.D.

Mailing Address 3467 N Venice St

City State Zip Code
Arlington VA 22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2807236

Amount of Each Receipt this Period

250.00

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

400.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura H. Leduc M.D.

Mailing Address 58 North St

City

Delmar

State

NY

Zip Code

12054-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Anesthesia

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801516

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 9529 Hopeland Drive

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2014

Transaction ID : C2801410

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Jay B. Lee M.D.

Mailing Address 20 Oakwood Circle

City

Roslyn

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796960

Amount of Each Receipt this Period

83.34

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

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249.98

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City

Winter Garden

State

FL

Zip Code

34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.95

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799272

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City

Winter Garden

State

FL

Zip Code

34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.95

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803699

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.07

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803556

Amount of Each Receipt this Period

100.00

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

341.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.07

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815067

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William Lee M.D.

Mailing Address 55 Ridgeview Dr

City

Belle Mead

State

NJ

Zip Code

08502-5515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark J. Lema M.D., Ph.D

Mailing Address 155 Roxbury Park

City

East Amherst

State

NY

Zip Code

14051-1775

FEC ID number of contributing
federal political committee.

C

Name of Employer

State University New York at Buffalo

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805062

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard F. Lenz D.O.

Mailing Address 3790 Timbers Edge Ln

City

Glenview

State

IL

Zip Code

60025-1481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2816587

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brenda S. Lewis D.O.

Mailing Address 646 Charles Pl.

City

Highland Heights

State

OH

Zip Code

44143-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2014

Transaction ID : C2796754

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Michael C. Lewis M.D.

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

691.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : C2796631

Amount of Each Receipt this Period

83.34

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

625.01

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Lewis M.D.

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

691.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803752

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Richard J. Lewis M.D.

Mailing Address 3104 Blue Lake Dr., #110

City

Birmingham

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Associated, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alan Lichtenstein M.D.

Mailing Address 9411 Silverthorn Rd.

City

Largo

State

FL

Zip Code

33777-3166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808092

Amount of Each Receipt this Period

250.00

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

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

775.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason B. Lichtenstein M.D.

Mailing Address 5315 London Drive NW

City State Zip Code
 Sandy Springs GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803281

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City State Zip Code
 New York NY 10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.56

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796640

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City State Zip Code
 Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800425

Amount of Each Receipt this Period

83.34

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

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

425.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Penny J. Lindgren M.D.

Mailing Address 1720 Louisiana Blvd., NE., #401

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806264

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2502 S 186th Cir

City

Omaha

State

NE

Zip Code

68130-2798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815066

Amount of Each Receipt this Period

41.67

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

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

791.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Lisco M.D.

Mailing Address Department of Anesthesiology
98455 Nebraska Medical Center

City State Zip Code
Omaha NE 68198-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802018

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael B. Little M.D.

Mailing Address 214 Tuttle Rd

City State Zip Code
San Antonio TX 78209-6145

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Krzysztof Litynski M.D.

Mailing Address 4311 Lin Nan Ln.

City State Zip Code
Muskegon MI 49441-4652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803778

Amount of Each Receipt this Period

200.00

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

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

1450.00

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Liu M.D.

Mailing Address 338 Spear St Unit 5B

City

San Francisco

State

CA

Zip Code

94105-6168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Consultants

Occupation

Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803971

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rene A. Llera Jr., M.D.

Mailing Address PO Box 235019

City

Montgomery

State

AL

Zip Code

36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796956

Amount of Each Receipt this Period

83.30

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

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

1183.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 405
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy L. Loeffler M.D.

Mailing Address 3726 Lakeview Dr.

City

Tallahassee

State

FL

Zip Code

32310-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : C2803431

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James B. Loftus M.D.

Mailing Address 8 W 78th St

City

Harvey Cedars

State

NJ

Zip Code

08008-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer

James b Loftus MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2014

Transaction ID : C2800056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John J. Long D.O.

Mailing Address 2110 Hidden Harbor

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosaic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : C2803274

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ward G. Longbottom M.D.

Mailing Address 17910 Spencer Rd.

City

Odessa

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Florida Endoscopy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816920

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Looke M.D.,Ph.D.

Mailing Address 4609 Jetty St

City

Orlando

State

FL

Zip Code

32817-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brit M. Lovvorn M.D.

Mailing Address 604 Canyon Cir N

City

Tuscaloosa

State

AL

Zip Code

35406-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology and Pain Management Con

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796984

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City

Dublin

State

OH

Zip Code

43017-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800438

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen R. Lowry M.D.

Mailing Address 3436 Beltway Rd. S.

City

Abilene

State

TX

Zip Code

79606-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Health Systems

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803819

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Gary E. Loyd M.D.

Mailing Address 2741 Oak St.

City

Jacksonville

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Anesthesiology

Occupation

Professor and Vice Chair for Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811203

Amount of Each Receipt this Period

250.00

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

433.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Lu M.D.

Mailing Address 30 North 1900 East

City

Salt Lake City

State

UT

Zip Code

84132-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Utah, Anes Dept., 3C-444 SOM

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jason P. Lujan M.D.

Mailing Address 3626 Ruffin Rd

City

San Diego

State

CA

Zip Code

92123-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803107

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua L. Lumbley M.D.

Mailing Address 4356 Olentangy Blvd
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800406

Amount of Each Receipt this Period

41.67

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

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

791.67

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

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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claudio Lumermann M.D.

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

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799589

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Roya Maani M.D.

Mailing Address Northridge Hospital Medical Center
18300 Roscoe Blvd

City State Zip Code
Northridge CA 91328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northridge Hospital Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812045

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jennie A. Mace M.D.

Mailing Address P.O. Box 369

City State Zip Code
Melrose FL 32666-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803695

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert I. Macfarlane M.D.

Mailing Address 350 Blountville Highway
Suite 207

City Bristol State TN Zip Code 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798592

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David P. Maguire M.D.

Mailing Address 8 Talon Ct.

City Sewell State NJ Zip Code 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812018

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Makrides M.D.

Mailing Address 324 Gannett Drive
Suite 200

City South Portland State ME Zip Code 04106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group Southern Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813901

Amount of Each Receipt this Period

250.00

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

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

833.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Henry F. Malarkey IV, M.D.

Mailing Address 188 W. Virginia Blvd.

City

Jamestown

State

NY

Zip Code

14701-8432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Tier Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anita K. Malhotra M.D.

Mailing Address 1680 sherwood dr

City

Hummelstown

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Center Depa

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811981

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Asif M. Malik M.D.

Mailing Address 2758 Charnwood Dr

City

Troy

State

MI

Zip Code

48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800414

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Mandabach M.D.

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

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiolog

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796637

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

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

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiolog

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803986

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Alan T. Mann D.O.

Mailing Address 76 Bright Spot St

City Pike Road State AL Zip Code 36064-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC Anes Dept

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

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

1183.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen A. Mannis M.D.

Mailing Address 1348 39th St

City

Sacramento

State

CA

Zip Code

95816-6718

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASE Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Frederick M. Mansfield M.D.

Mailing Address 960 Keyes Ave

City

Winter park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group USAP

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Inna Maranets M.D.

Mailing Address 4 Timber Ln.

City

Woodbridge

State

CT

Zip Code

06525-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodland Anesthesia Associates, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808491

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mollyann G. March M.D.

Mailing Address 6504 Greentree Rd.

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802034

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael J. Marcovitz M.D.

Mailing Address 4483 Ford Rd.

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, P.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812030

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Scott S. Margolies M.D.

Mailing Address 2535 Aberdeen Rd.

City

Birmingham

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Perioperative Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803830

Amount of Each Receipt this Period

500.00

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

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

791.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Marino M.D.

Mailing Address 2626 E 66th St

City

Tulsa

State

OK

Zip Code

74136-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue cross oklahoma

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800099

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800412

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Gregory B. Marsh M.D.

Mailing Address 1931 26th Ave East

City

Seattle

State

WA

Zip Code

98112

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAS

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816909

Amount of Each Receipt this Period

250.00

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

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

383.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry W. Martin M.D., FRCA

Mailing Address 90 Miller Cir

City

Indian Springs

State

AL

Zip Code

35124-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2813022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy Martin M.D.

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

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796967

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. George Mashour M.D., Ph.D

Mailing Address Department of Anes
1500 E Medical Center Dr

City

Ann Arbor

State

MI

Zip Code

48109-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801467

Amount of Each Receipt this Period

250.00

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833.34

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald M. Mathews M.D.

Mailing Address 340 S Willard St

City
BurlingtonState
VTZip Code
05401-3908FEC ID number of contributing
federal political committee.

C

Name of Employer
University of VermontOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2014

Transaction ID : C2806364

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott W. Maxwell M.D.

Mailing Address 16305 Scotland Way

City
EdmondState
OKZip Code
73013FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliated Anesthesiologists, LLCOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2014

Transaction ID : C2814731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Keith A. May M.D.

Mailing Address 1107 Thornehill Dr

City
AndersonState
SCZip Code
29621-1574FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Anesthesia ConsultantsOccupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803309

Amount of Each Receipt this Period

100.00

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

683.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen C. Maze M.D.

Mailing Address 1550 Boyson Rd.

Linn County Anesthesiologists

City State Zip Code
 Hiawatha IA 52233-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817065

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Jennifer L. Maziad M.D.

Mailing Address 6899 Lucca St

City State Zip Code
 Orlando FL 32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian G. McAllister M.D.

Mailing Address 39 Rangers Way

City State Zip Code
 Cumberland ME 04021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814808

Amount of Each Receipt this Period

250.00

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800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell K. McAllister M.D.

Mailing Address 2401 S 31st St

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2807223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael L. McCartney M.D.

Mailing Address 15001 Linden St

City

Leawood

State

KS

Zip Code

66224-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center- Hospital Hill A

Occupation

Physician anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803566

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. James B. McClain D.O.

Mailing Address 1507 Crestwood Cir.

City

Williamsport

State

PA

Zip Code

17701-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Williamsport

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801458

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark McClain M.D.

Mailing Address 5180 N Camino Esplendor

City State Zip Code
Tucson AZ 85718-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804021

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Philip P. McClarty M.D.

Mailing Address 213 Marigold Ln

City State Zip Code
Dothan AL 36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804044

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gregory B. McComas M.D.

Mailing Address 6578 Canyon Cove Pl

City State Zip Code
Salt Lake City UT 84121-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809842

Amount of Each Receipt this Period

250.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Felicia M. McCreary M.D.

Mailing Address 1850 N Central Ave Ste 1600

City State Zip Code
 Phoenix AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Anesthesiology Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

B. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City State Zip Code
 Phoenix AZ 85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Anesthesiology Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

c. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City State Zip Code
 Phoenix AZ 85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Anesthesiology Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803457

Amount of Each Receipt this Period

100.00

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

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

1100.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amanda T McDowell M.D.

Mailing Address 291 Southhall Ln

Dept of Anes

City

State

Zip Code

Maitland

FL

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JLR Medical Group

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph McIsaac III, M.D.

Mailing Address 99 East River Drive, 5th Floor

City

State

Zip Code

East Hartford

CT

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Integrated Anesthesia Associates, Inc.

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City

State

Zip Code

Bristol

TN

37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bristol Anesthesia Services

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801512

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert E. McKlveen M.D.

Mailing Address 5261 Lochloy Dr

City State Zip Code
Edina MN 55436-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City State Zip Code
Miami FL 33196

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811993

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Michael J. Meddows M.D.

Mailing Address 8508-B Atlantic Ave.

City State Zip Code
Virginia Beach VA 23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796965

Amount of Each Receipt this Period

41.67

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

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

375.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip M. Meeks M.D.

Mailing Address 103 Golden Hill Dr

City State Zip Code
 Guilford CT 06437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2816282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christina M. Menor M.D.

Mailing Address 552 W Elk Ave STE 213

City State Zip Code
 Glendale CA 91204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indigodoc Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Melville M. Mercer Jr., M.D.

Mailing Address 3020 S. Wheeling

City State Zip Code
 Tulsa OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2014

Transaction ID : C2798577

Amount of Each Receipt this Period

500.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon M. Merker M.D.

Mailing Address 2517 Top Hill Rd.

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams and Wagner, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801502

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lauren N. Merritt M.D.

Mailing Address 6032 Evensong Cove

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Anesthesia Alliance

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brigitte M. Messenger M.D.

Mailing Address 1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University of Tennessee Graduate S

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801507

Amount of Each Receipt this Period

83.34

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

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

666.68

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas W. Meyer D.O.

Mailing Address 4805 Chilton Court

City
ColumbiaState
MOZip Code
65203-6048FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid American Anes. Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert K. Michaels M.D.

Mailing Address 3632 Beech Tree Dr

City
OrlandoState
FLZip Code
32835FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2014

Transaction ID : C2811216

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ana M. Michelena M.D.

Mailing Address 2460 SW 105th Ter

City
DavieState
FLZip Code
33324-7609FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2014

Transaction ID : C2812037

Amount of Each Receipt this Period

250.00

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

541.67

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2014

Transaction ID : C2800097

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kevin M. Miller M.D.

Mailing Address 22223 Cass Ave.

City

Woodland Hills

State

CA

Zip Code

91364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Health Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2014

Transaction ID : C2796924

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Matthew K. Miller M.D.

Mailing Address 5331 Bellaire Dr.

City

New Orleans

State

LA

Zip Code

70124-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803790

Amount of Each Receipt this Period

250.00

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

391.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City
Westfield

State
IN

Zip Code
46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814772

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Warren G. Mills M.D.

Mailing Address 178 Burton Pl

City

Statesville

State

NC

Zip Code

28625-9631

FEC ID number of contributing
federal political committee.

C

Name of Employer

providence anesthesiology associates,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800407

Amount of Each Receipt this Period

83.34

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817062

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mohammed Minhaj M.B.A., M.

Mailing Address 5841 S Maryland Ave MC 4028

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

ucmc

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

c. Chander S. Mishra M.D.

Mailing Address 217 Mill Xing W

City

Colleyville

State

TX

Zip Code

76034-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer

US anesthesia partners Pinnacle Partne

Occupation

Medical Director Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803651

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen P. Mitchell M.D.

Mailing Address 827 Old Oyster Trl

City
Sugarland

State Zip Code
TX 77478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

08 / 23 / 2014

Transaction ID : C2811989

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Karen P. Mitchell M.D.

Mailing Address 827 Old Oyster Trl

City
Sugarland

State Zip Code
TX 77478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814817

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Nanhi R. Mitter M.D.

Mailing Address 6850 Peachtree Dunwoody Rd Apt 217

City
Atlanta

State Zip Code
GA 30328-6724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Specialists in Anesthesia

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803461

Amount of Each Receipt this Period

250.00

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Parag Modi M.D.

Mailing Address 26 Regency Dr

City

Voorhees

State

NJ

Zip Code

08043-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer

lourdes anesthesia associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stanley R. Mogelnicki M.D., Ph.D

Mailing Address 640 Tanglewood Trail NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician specialists in anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alddo A. Molinar M.D.

Mailing Address 1044 Belmont Ave
Dept of Anes

City

Youngstown

State

OH

Zip Code

44504-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BelPark Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801506

Amount of Each Receipt this Period

41.67

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

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

541.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Monaco D.O.

Mailing Address 6105 NW Hickory Pl

City

Parkville

State

MO

Zip Code

64152-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hill Anesthesia

Occupation

Staff anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kimberly E. Moncure M.D.

Mailing Address 12603 Granada Road

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804079

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Montgomery M.D.

Mailing Address 4348 Waialae Avenue #846

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799830

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Month M.D.

Mailing Address 2001 Hamilton St Apt 2307

City

Philadelphia

State

PA

Zip Code

19130

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania Dept. of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800152

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Raul R. Montague M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

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)

C. Thomas A. Moore II, M.D.

Mailing Address 1748 Vestwood Hills Dr

City

Vestavia

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama School of Medici

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802030

Amount of Each Receipt this Period

1500.00

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

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

1633.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arun V. Moorjani M.D.

Mailing Address 291 Southhall Ln
Dept of Anesthesia

City Maitland State FL Zip Code 32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

jlr medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Jonathan B. Morgan M.D.

Mailing Address 60559 Sugar Factory Rd

City Scottsbluff State NE Zip Code 69361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional West Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Matthew L. Morgan M.D.

Mailing Address 115 9th Ave S Unit 7B

City Jacksonville Beach State FL Zip Code 32250-6573

FEC ID number of contributing
federal political committee.

C

Name of Employer

jacksonville anesthesia corp, inc

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 12707 Crestmoor Cir

City

Prospect

State

KY

Zip Code

40059-9182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewish Physician Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812237

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815678

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Dennis W. Morris M.D.

Mailing Address 6330 E. 116th St.

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologist

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800117

Amount of Each Receipt this Period

500.00

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

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

624.97

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory S. Morris M.D.

Mailing Address 9550 E. Havasupai Drive

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815677

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Scott C. Morrow M.D.

Mailing Address 220 Genius Drive

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796942

Amount of Each Receipt this Period

500.00

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

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

833.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Moya M.D.

Mailing Address 1450 Madruga Ave Ste 207

City State Zip Code
Coral Gables FL 33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2799214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John P. Mrachek M.D.

Mailing Address 4520 W. Woodland Rd.

City State Zip Code
Edina MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812238

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Jochen D. Muehlschlegel M.D.

Mailing Address 75 Francis St Cwn Li

City State Zip Code
Boston MA 02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801542

Amount of Each Receipt this Period

250.00

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

833.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael L. Mueller M.D.

Mailing Address 1520 Chandler Rd SE

City
Huntsville

State
AL

Zip Code
35801-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800934

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven A. Mueller M.D.

Mailing Address 1111 N Lee Ave Ste 236

City

Oklahoma City

State

OK

Zip Code

73103-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steven A Mueller MD Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800415

Amount of Each Receipt this Period

83.34

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

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

1583.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

State

Zip Code

Allen

TX

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pinnacle Partners In Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808516

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 19 Elm Park Blvd.

City

State

Zip Code

Pleasant Ridge

MI

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

William Beaumont Hospital

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801505

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffrey A. Nachman M.D.

Mailing Address 169 Timothy Circle

City

State

Zip Code

Wayne

PA

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Associates in Anesthesia

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812031

Amount of Each Receipt this Period

33.00

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

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

216.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Y. Nakajima M.D.

Mailing Address 415 E. Pine Street, Apt. 1020

City State Zip Code
Orlando FL 32801-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolverine Anesthesia Consultants, Inc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.70

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801515

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark Y. Nakajima M.D.

Mailing Address 415 E. Pine Street, Apt. 1020

City State Zip Code
Orlando FL 32801-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolverine Anesthesia Consultants, Inc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.70

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804063

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kenneth C. Nanners M.D.

Mailing Address 170 Leewood Farms Rd

City State Zip Code
Wheeling WV 26003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Business Administration

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802984

Amount of Each Receipt this Period

250.00

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433.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brad J. Narr M.D.

Mailing Address 1911 Oak Knoll Ln NW

City
Rochester

State
MN

Zip Code
55901-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norah N. Naughton M.D.

Mailing Address 1H247 UH SPC 5048

1500 East Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814725

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Emery Navori M.D.

Mailing Address 412 S Paloma Pl

City

Tampa

State

FL

Zip Code

33609-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fla Gulf to Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803446

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Prashant N. Nayak M.B.,B.S.

Mailing Address 217 Springfield Pike

City

Wyoming

State

OH

Zip Code

45215-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeths Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth M. Nechin M.D.

Mailing Address 12605 Tribunal Lane

City

Potomac

State

MD

Zip Code

20854-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel H. Nelson M.D.

Mailing Address 76343 Fairway Dr

City

Indian Wells

State

CA

Zip Code

92210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rancho Mirage Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803981

Amount of Each Receipt this Period

250.00

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

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

750.00

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Nelson M.D.

Mailing Address 9233 Ward Pkwy Ste 230

City
Kansas CityState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer

Westport Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803855

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Robert E. Nenad Jr., M.D.

Mailing Address 6901 E Cheney Dr

City
Paradise ValleyState
AZZip Code
85253-3582FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sheldon B. Newman M.D.

Mailing Address 60 Thadford St.

City
East NorthportState
NYZip Code
11731FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803666

Amount of Each Receipt this Period

500.00

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

2250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Ng M.D.

Mailing Address 58 Thomas St Apt 5

City
New York

State Zip Code
NY 10013-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore LIJ Lenox Hill Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 3681 Manor Brook Terrace

City
Atlanta

State Zip Code
GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Case Western Reserve University MSA Pr

Occupation
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796920

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Teodora-Orhidee Nicolescu M.D.

Mailing Address PO Box 53188

Department of Anesthesia

City
Oklahoma City

State Zip Code
OK 73152-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma Health Sciences

Occupation
MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796635

Amount of Each Receipt this Period

41.67

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

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew E. Nicoli D.O.

Mailing Address 1262 Marina Dr

City

Grafton

State

WI

Zip Code

53024-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803984

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Heather C. Nixon M.D.

Mailing Address 4833 W Pratt Ave

City

Lincolnwood

State

IL

Zip Code

60712-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois at Chicago

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808514

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Craig A. Nordhues M.D.

Mailing Address 104 Inverness Dr

City

Dothan

State

AL

Zip Code

36305-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Grp

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803561

Amount of Each Receipt this Period

100.00

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

241.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stacy L. Norrell M.D.

Mailing Address 10831 Holly Springs Dr.

City

Houston

State

TX

Zip Code

77042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates Anesthesiologists

Occupation

Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Randa K. Noseir M.D.

Mailing Address 18265 Prairie Falcon Ln

City

Brookfield

State

WI

Zip Code

53045-6317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City

Kingsport

State

TN

Zip Code

37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801511

Amount of Each Receipt this Period

83.34

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

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

375.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City
Kingsport

State Zip Code
TN 37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Anesthesia Services

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808525

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Hugo A. Nova M.D.

Mailing Address 4270 Wood Haven Dr

City
Melbourne

State Zip Code
FL 32935-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRevard Physicians Associates - Anesth

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803277

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 511 Columbia Ave

City
Hinsdale

State Zip Code
IL 60521-4747

FEC ID number of contributing
federal political committee.

C

Name of Employer
university anesthesiologists

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812005

Amount of Each Receipt this Period

20.00

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

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

603.34

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 10 White Pine Ln.

City

Rose Valley

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Hill Anesthesia Consultants at

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID : C2804076

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kathleen A. O'Leary M.D.Mailing Address 666 Elm and Carlton St
Roswell Park Cancer Institute

City

Buffalo

State

NY

Zip Code

14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2801508

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Raymond C. Oakes M.D.

Mailing Address 1850 N. Central Ave., Ste.1600

City

Phoenix

State

AZ

Zip Code

85004-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, LTD

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803295

Amount of Each Receipt this Period

250.00

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

333.27

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew R. Offerdahl M.D.

Mailing Address 7551 E Placita Ventana Hayes

City State Zip Code
Tucson AZ 85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chiebonam C. Oguejiofor M.D.

Mailing Address 322 Reserve Cir

City State Zip Code
Clarendon Hills IL 60514-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hinsdale Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803703

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City State Zip Code
Decatur IL 62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803988

Amount of Each Receipt this Period

1200.00

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

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

1950.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David L. Oliver M.D.

Mailing Address P.O. Box 1928

City
Columbia

State
SC

Zip Code
29202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Anesthesiology Associates

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801639

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard G. Oliver M.D.

Mailing Address 1715 E McMillan St # 2

City
Cincinnati

State
OH

Zip Code
45206-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

IAPSC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803632

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kimberlee Olsen M.D.

Mailing Address 1236 E Elizabeth St Ste 1

City
Fort Collins

State
CO

Zip Code
80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Colorado Anesthesia Professio

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803882

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan Orme M.D.

Mailing Address 10001 E 33rd Street

City

Jones

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dale P. Ostrander M.D.

Mailing Address 2300 N. Edward St.

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes. of Decatur, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Chad A. Ott M.D.

Mailing Address 6911 Van Dorn St Ste 2

City

Lincoln

State

NE

Zip Code

68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803559

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin A. Pace D.O.

Mailing Address 231 Charleston Court, South

City State Zip Code
 Montgomery AL 36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Montgomery Anesthesia Assoc.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796605

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Udaya Padakandla M.B.

Mailing Address 4449 Young Dr.

City State Zip Code
 Carrollton TX 75010-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
 US Anesthesia Partners

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803935

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael T. Paige M.D.

Mailing Address 126 Clover Way

City State Zip Code
 Los Gatos CA 95032-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Group Anesthesia Services

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803674

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zaheer K. Pajnigar M.D.

Mailing Address 10309 N Fisk Ave

City

Kansas City

State

MO

Zip Code

64154-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806357

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joseph M. Palmeri M.D.

Mailing Address 7765 S Erie Ave

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2806148

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Heather A. Panaro M.D.

Mailing Address 29 Adams Point Rd

City

Barrington

State

RI

Zip Code

02806-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesiologists Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814728

Amount of Each Receipt this Period

250.00

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

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

1291.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shoyab A. Panchbhaya M.D.

Mailing Address 3036 Locke Ln

City

Houston

State

TX

Zip Code

77019-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803390

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796963

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811905

Amount of Each Receipt this Period

83.34

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

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Huiling Pang M.D., Ph.D

Mailing Address 16225 Burt St.

City State Zip Code
Omaha NE 68118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Nebraska Medical Center Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2014

Transaction ID : C2800067

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Huiling Pang M.D., Ph.D

Mailing Address 16225 Burt St.

City State Zip Code
Omaha NE 68118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Nebraska Medical Center Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803877

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Leila Mei Pang M.D.

Mailing Address 10 Carlotta Way

City State Zip Code
Demarest NJ 07627-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Presbyterian Hospital Columbi

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803420

Amount of Each Receipt this Period

250.00

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

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

1275.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tanmay Panigrahi M.D.

Mailing Address 225 N 2nd St Apt 5F

City
Lafayette

State
IN

Zip Code
47901-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer
IU Health ,Arnett Hospital Dept of An

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Theodoros G. Papalimberis M.D.

Mailing Address 2 Goldenrod Ln.

City
Falmouth

State
ME

Zip Code
04105-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City
Bloomfield Hills

State
MI

Zip Code
48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital Troy

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800398

Amount of Each Receipt this Period

83.30

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc A. Paradis M.D.

Mailing Address 4 Whitman Pond Rd.

City
Simsbury

State
CT

Zip Code
06070

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCONN Health Center Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801581

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward K. Park M.D.

Mailing Address 99 Nobscot Road

City
Sudbury

State
MA

Zip Code
01776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jason D. Parker M.D.

Mailing Address 8300 Sunburst Pkwy

City
Round Rock

State
TX

Zip Code
78681-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801567

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance J. Parks D.O.

Mailing Address 115 South Harwich Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

WVU Ruby Memorial Hospital

Occupation

attending anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert I. Parks Jr., M.D.

Mailing Address 3454 Granada Ave.

City

Dallas

State

TX

Zip Code

75205-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2799215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Solutions

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801583

Amount of Each Receipt this Period

250.00

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750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Narendra L. Parson M.B.

Mailing Address 280 S. Main St., #100

City

Orange

State

CA

Zip Code

92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy P. Pastore M.D.

Mailing Address 2183 Stopper Dr.

City

Montoursville

State

PA

Zip Code

17754-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Williamsport

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Srikanth S. Patankar M.D.

Mailing Address 124 Lincoln Rd.

City

Westfield

State

NJ

Zip Code

07090-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803672

Amount of Each Receipt this Period

1000.00

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Srikanth S. Patankar M.D.

Mailing Address 124 Lincoln Rd.

City
Westfield

State
NJ

Zip Code
07090-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803681

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amish Patel M.D.

Mailing Address 4169 Saltwater Blvd

City
Tampa

State
FL

Zip Code
33615-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2014

Transaction ID : C2800126

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Haresh D. Patel M.D.

Mailing Address 1120 Enclave Rd

City
Chattanooga

State
TN

Zip Code
37415-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816890

Amount of Each Receipt this Period

83.34

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

1583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl A. Patterson M.D.

Mailing Address 972 Mc Donald Dr.

City

Northville

State

MI

Zip Code

48167

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary Mercy Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809833

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elena O Patterson M.D.

Mailing Address PO Box 2256

City

Asheboro

State

NC

Zip Code

27204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801535

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Scott M. Paulsen M.D.

Mailing Address 3103 153rd St

City

Urbandale

State

IA

Zip Code

50323-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801966

Amount of Each Receipt this Period

250.00

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600.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Don R. Pearson Jr., M.D.

Mailing Address 4326 Beechwood Rd

City

Knoxville

State

TN

Zip Code

37920-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801397

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Blake E. Pedersen D.O.

Mailing Address 2757 Carriage Way

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Magic Valley Regional Medica

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803335

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathy M. Perryman M.D.

Mailing Address 11412 Canterbury Cir.

City

Shawnee Mission

State

KS

Zip Code

66211-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia associates of KC

Occupation

Pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803898

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond M. Pesso M.D.

Mailing Address 278 Round Swamp Rd

City

Melville

State

NY

Zip Code

11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804073

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Andrew Peters M.D.

Mailing Address 1401 W Bay Dr

City

Largo

State

FL

Zip Code

33770-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diagnostic Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Shannon M. Peters M.D.

Mailing Address 577 E Baseline Road #1077

City

Tempe

State

AZ

Zip Code

85283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803485

Amount of Each Receipt this Period

100.00

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

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

433.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry D. Petersen M.D.

Mailing Address 1000 E Primrose St Ste 520

City

Springfield

State

MO

Zip Code

65807-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anes. Assoc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802021

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shane L Petersen M.D.

Mailing Address 3224 Regan Ct

City

Salt Lake City

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shane Petersen MDPC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John D. Peterson D.O.

Mailing Address 2105 N. Mars

City

Wichita

State

KS

Zip Code

67212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consulting Services

Occupation

Anesthesiology Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803931

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Theodore A. Peterson M.D.

Mailing Address 3632 21st Ave. S.

City

St. Cloud

State

MN

Zip Code

56301-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of St. Cloud

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joyce F. Phillips M.D.

Mailing Address 6104 Bluebird Ln NE

City

Albuquerque

State

NM

Zip Code

87122-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark C. Phillips M.D.

Mailing Address 619 19th St S

University of Alabama- Birmingham

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama- Birmingham

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801503

Amount of Each Receipt this Period

83.34

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

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

833.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas W. Phillips Jr., M.D.

Mailing Address 1334 Sheffield Drive

City

Florence

State

SC

Zip Code

29505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Florence

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy M. Pichoff M.D.

Mailing Address 3901 Rainbow Blvd MC 1034
Department of Anesthesiology

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

State

OK

Zip Code

73131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

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 only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
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Detailed Summary PageFOR LINE NUMBER: PAGE 270 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Estee Piehl M.D.

Mailing Address 27019 E Friend Pl

City

Aurora

State

CO

Zip Code

80016-7278

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver Anesthes

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID : C2799261

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

City

Milwaukee

State

WI

Zip Code

53202-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Wisconsin

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID : C2815069

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Margaret A. Pitts M.D.Mailing Address 1 pillsbury street
Suite 202

City

Concord

State

NH

Zip Code

03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	4

Transaction ID : C2798595

Amount of Each Receipt this Period

83.34

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Poage M.D.

Mailing Address 211 Roan Dr

City

Danville

State

CA

Zip Code

94526-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800400

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814644

Amount of Each Receipt this Period

100.00

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

241.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
 Las Vegas NV 89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 VAMC Southern Nevada

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799572

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Trevor M. Ponte D.O.

Mailing Address 2906 149th Street

City State Zip Code
 Urbandale IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associated Anesthesiologists

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason Porter M.D.

Mailing Address 622 Geier Ave

City State Zip Code
 St Henry OH 45883

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mercer Health, Coldwater, Ohio

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806240

Amount of Each Receipt this Period

41.67

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

1541.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George M. Powell M.D.

Mailing Address PO Box 189

City

Saint Charles

State

IL

Zip Code

60174-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kane Anesthesia Associates, SC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804064

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Satish M. Prabhu M.B.

Mailing Address 18 Long Meadow Ln

City

Columbia

State

SC

Zip Code

29223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALMETTO BAPTIST HOSPITAL

Occupation

ANESTHESIOLOGIST, M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803486

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory N. Prah M.D.

Mailing Address 53 Lorenz Rd

City

West Chesterfield

State

NH

Zip Code

03466-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brattleboro Memorial Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814913

Amount of Each Receipt this Period

250.00

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ravindra V. Prasad M.D.

Mailing Address N2201 North Wing CB 7010

City

Chapel Hill

State

NC

Zip Code

27599

FEC ID number of contributing
federal political committee.

C

Name of Employer

U NC Sch of Med Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800072

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Clyde W. Pray M.D.

Mailing Address 303 Anchor Dr

City

Yorktown

State

VA

Zip Code

23692-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fair Oaks Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 29 / 2014

Transaction ID : C2815682

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796618

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Price M.D.

Mailing Address 50791 Chesapeake Dr.

City

State

Zip Code

Novi

MI

48374-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808519

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Polly C. Primm M.D.

Mailing Address 1720 Louisiana Blvd., NE.
Suite 401

City

State

Zip Code

Albuquerque

NM

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800844

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Daniel E. Propp M.D.

Mailing Address 3100 Lorraine Drive

City

State

Zip Code

Missoula

MT

59803-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Anesthesiology

Occupation

Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803576

Amount of Each Receipt this Period

500.00

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

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

1183.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Danica Q. Pruett M.D.

Mailing Address 806 Mullins Hill Dr.

City
HuntsvilleState
ALZip Code
35802FEC ID number of contributing
federal political committee.

C

Name of Employer

Danica Q. Pruett M.D.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : C2803748

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jaroslaw Przybyl M.D.

Mailing Address 25W274 Salem Ave.

City
NapervilleState
ILZip Code
60540FEC ID number of contributing
federal political committee.

C

Name of Employer

Edward Hospital Dept. of Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : C2803713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 5445 Pine Hollow Trl.

City
OviedoState
FLZip Code
32765-8750FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2014

Transaction ID : C2796931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William W. Purkey Jr., M.D.

Mailing Address 5445 Pine Hollow Trl.

City

Oviedo

State

FL

Zip Code

32765-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Forrest C. Quiggle M.D.

Mailing Address 13048 Rocky River Rd North

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John F. Quinn M.D.

Mailing Address 90 Cowdray Park

City

Columbia

State

SC

Zip Code

29223-8137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803677

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan M. Rachman M.D.

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813882

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Eric J. Radel D.O.

Mailing Address 1180 Dogwood Meadows Dr SE

City

Ada

State

MI

Zip Code

49301-9412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816885

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Lloyd E. Rader M.D.

Mailing Address 4225 Stirrup Ln

City

Edmond

State

OK

Zip Code

73034-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806253

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Ragland M.D.

Mailing Address 315 N Rollston Ave Apt 201

City

Fayetteville

State

AR

Zip Code

72701-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesiology Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8											2	0	1	4

Transaction ID : C2803398

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nariman Rahimzadeh M.D.

Mailing Address 1885 Manzanita Circle

Nevada Anesthesiology and Perioper

City

Reno

State

NV

Zip Code

89509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Anesthesiology and Perioperativ

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8											2	0	1	4

Transaction ID : C2800431

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Stephanie L. Randall M.D.

Mailing Address 6911 Van Dorn St Ste 2

City

Lincoln

State

NE

Zip Code

68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8											2	0	1	4

Transaction ID : C2799405

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph S. Rayburn M.D.

Mailing Address 206 English Ln

City

Rainbow City

State

AL

Zip Code

35906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803975

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J. Ann Rea M.D.

Mailing Address P.O. Box 70

City

Summit

State

MS

Zip Code

39666-0070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Mississippi Regional Medical

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801527

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Kellie E. Reading M.D.

Mailing Address 9710 Ravenswood Ct

City

Saline

State

MI

Zip Code

48176-9803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann C. Reardon M.D.

Mailing Address 34 Bellevue Ave.

City

Bangor

State

ME

Zip Code

04401-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803442

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Reed M.D.

Mailing Address 12516 Deep Wood Creek Dr

City

Oklahoma City

State

OK

Zip Code

73142-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James M. Reusch M.D.

Mailing Address 16223 Pepper View Ct

City

Chesterfield

State

MO

Zip Code

63005-6713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803936

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda J. Rice M.D.

Mailing Address 1139 42nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33703-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens Hospital

Occupation

Pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Richardson M.D.

Mailing Address PO Box 3355

City

Princeton

State

NJ

Zip Code

08543-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800429

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Theresa Rickelman D.O.

Mailing Address 315 South Osteopathy

City

Kirksville

State

MO

Zip Code

63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Regional Medical Center Anes

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811901

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Ricketts D.O.

Mailing Address 880 Bradford Holw NE

City

Grand Rapids

State

MI

Zip Code

49525-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815397

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Philip M. Rickman M.D.

Mailing Address 57 Posada Dr

City

Pueblo

State

CO

Zip Code

81005-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia and Pain Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2814727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James D. Ridge M.D.

Mailing Address 1677 E Cider Ct

City

Bloomington

State

IN

Zip Code

47408-9480

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.

City Cleveland State OH Zip Code 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2801524

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Frank E. Rinaldo M.D.

Mailing Address 8524 Pine Lake Rd

City Denver State NC Zip Code 28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Piedmont Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert L. Ringering D.O.

Mailing Address Department of Anesthesia

City Norwich State CT Zip Code 06360

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 17 / 2014

Transaction ID : C2806237

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

625.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Ringering D.O.

Mailing Address Department of Anesthesia

City

Norwich

State

CT

Zip Code

06360

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2014

Transaction ID : C2806365

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. William J. Ritchie M.D.

Mailing Address 1720 Louisiana Blvd., NE. Ste 401

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : C2816231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Riutort M.D.

Mailing Address 5425 S Franklin St

City

Greenwood Village

State

CO

Zip Code

80121-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801585

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Rivera M.D.

Mailing Address 26015 Meadowlark Bay

City

San Antonio

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hutchinson Regional Medical Center Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : C2796962

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ellen K. Roberts M.D.

Mailing Address 17302 Yucca Circle

City

Bellevue

State

NE

Zip Code

68123

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of NE Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin W. Roberts M.D.

Mailing Address 240 Walnut Ln.

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2014

Transaction ID : C2809397

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W. Roberts II, M.D.

Mailing Address 430 W Symmes St

City State Zip Code
 Norman OK 73069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 17 / 2014

Transaction ID : C2806245

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Ryan Roberts M.D.

Mailing Address 1000 E Primrose St Ste 520

City State Zip Code
 Springfield MO 65807-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James J. Robins M.D.

Mailing Address 48 White Oak Tree Rd.

City State Zip Code
 Laurel Hollow NY 11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : C2803384

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Robinson M.D.

Mailing Address 3882 Belle Vista Dr E

City

St Pete Beach

State

FL

Zip Code

33706-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

David Robinson MD PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edward S. Robinson M.D.

Mailing Address 417 E 37th St

City

Kansas City

State

MO

Zip Code

64109-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804068

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Joel C. Robinson M.D.

Mailing Address 1905 E 3100 N

City

North Logan

State

UT

Zip Code

84341-8341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801968

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 289 OF 405
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City	State	Zip Code
Dallas	PA	18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2014

Transaction ID : C2800101

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City	State	Zip Code
Dallas	PA	18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2014

Transaction ID : C2806360

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jon R. Robison M.D.

Mailing Address 1690 E. 3250 N.

City	State	Zip Code
North Logan	UT	84341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2802963

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred Rock M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2807237

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Melissa A. Rockford M.D.

Mailing Address 10011 Kill Creek Rd

City

De Soto

State

KS

Zip Code

66018-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital Dept of

Occupation

Anesthesia Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800066

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Leopoldo V. Rodriguez M.D.

Mailing Address PO Box 1858

City

Hallandale

State

FL

Zip Code

33008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800153

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 291 OF 405
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luis I. Rodriguez M.D.

Mailing Address 1611 NW 12th Ave. C-300

Department of Anesthesia

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801513

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gerson Rodriguez-Fazzi M.D.

Mailing Address 801 6th St S Dept 6941

City

Saint Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Physician Serv Anes Division

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2014

Transaction ID : C2801400

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : C2796955

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

633.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert D. Roettger M.D.

Mailing Address 9051 Itasca Trail North

City

Grant

State

MN

Zip Code

55082-5285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anne T. Rogers M.B.,Ch.B.

Mailing Address 6005 River Rd

City

Norfolk

State

VA

Zip Code

23505-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia Inc

Occupation

Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2014

Transaction ID : C2798601

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Howard G. Rogers M.D.

Mailing Address 495 Sweetwater Dr.

City

Cataula

State

GA

Zip Code

31804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Columbus PA

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : C2799843

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olivia B. Romano M.D.

Mailing Address 4022 Osceola St

City

Denver

State

CO

Zip Code

80212-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811907

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Melissa D. Rose M.D.

Mailing Address 109 Masters Way

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services Associates, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803861

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Rosen M.D.

Mailing Address 90 Glade Rd.

City

Glencoe

State

IL

Zip Code

60022-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran General Hospital

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 405
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd # 1401

City

Miami Beach

State

FL

Zip Code

33140-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Beach Anesthesiology Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.87

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803658

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Thea Rosenbaum M.D.

Mailing Address 260 River Ridge Pt

City

Little Rock

State

AR

Zip Code

72227-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800430

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Glen S. Rosenfeld M.D.

Mailing Address 25 Fulton Place

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Ansthesia Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803563

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Rosenfeld M.D.

Mailing Address 145 Shale Bank Rd

City
Marion

State
VA

Zip Code
24354-3151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Highlands Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811882

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799586

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Morris J. Ross Jr., D.O.

Mailing Address 2655 Bayou Blvd.

City

Pensacola

State

FL

Zip Code

32503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J. Rossi Jr., M.D.

Mailing Address 1720 Louisiana Blvd NE Ste 401

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anes. Assoc. of New Mexico, P.C.

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian S. Rothman M.D.

Mailing Address 1301 Medical Center Dr # 4648

City State Zip Code
Nashville TN 37232-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University Medical Center

Occupation
Assistant Professor - Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811906

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. John C. Rowlingson M.D.

Mailing Address Box 800710, UVA HS

City State Zip Code
Charlottesville VA 22908-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Virginia Hlth System

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803570

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800405

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen M. Rublaitus D.O.

Mailing Address 278 E Oneida Avenue

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816893

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Judith Ruiz M.D.

Mailing Address 601 West Dr

City

Memphis

State

TN

Zip Code

38112-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.38

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802706

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Winnie Y. Ruo M.D.

Mailing Address 326 Hambletonian Dr.

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Anesthesiologists PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barbara A. Ryan M.D.

Mailing Address 10 Sea Spray Dr

City

Biddeford

State

ME

Zip Code

04005-9204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

MD Anesthesiology

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Thomas J. Ryan M.D.

Mailing Address 4655 N. Murray Ave.

City

Milwaukee

State

WI

Zip Code

53211-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora medical group

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812151

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick Salisbury M.D.

Mailing Address 3333 Riverbend Dr

Sacred Heart Medical Center

City

Springfield

State

OR

Zip Code

97477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Department

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert H. Sanborn M.D.

Mailing Address 3939 J St Ste 310

City

Sacramento

State

CA

Zip Code

95819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacramento Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mandy M. Sander-Prather M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

Transaction ID : C2796625

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J. Sandor M.D.

Mailing Address 8625 E. Clydesdale Tr.

City
Scottsdale

State Zip Code
AZ 85258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anes. Consultants, Ltd.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812232

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jordan Sankel M.D.

Mailing Address 333 W Hampden Ave Ste 600

City
Englewood

State Zip Code
CO 80110-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Care

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gabriel E. Sarah M.D.

Mailing Address 4226 24th St

City
San Francisco

State Zip Code
CA 94114-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Memorial Hospital University of

Occupation
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806371

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.01

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Satterfield M.D.

Mailing Address 125 White Sail Dr.

City

Southington

State

CT

Zip Code

06489-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Hospital of Central CT, Dept. of A

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shannon H. Savage M.D.

Mailing Address 52 Medical Park East Dr., #321

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809237

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Shannon H. Savage M.D.

Mailing Address 52 Medical Park East Dr., #321

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809238

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yashesh R. Savani M.D.

Mailing Address 9 Fox Point Ct., N.E.

City

State

Zip Code

Ada

MI

49301-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David G. Schaner M.D.

Mailing Address 8 Spruce St Apt 20A

City

State

Zip Code

New York

NY

10038-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796621

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Phyllis G. Schapire M.D.

Mailing Address 52 Cedar Hill Ln

City

State

Zip Code

Media

PA

19063-6310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816938

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

691.67

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D. Scheub M.D.

Mailing Address 585 Neck Road

City
RochesterState
MAZip Code
02770FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Cape Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2801546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Schianodicola M.D.

Mailing Address 218 Center St

City

Staten Island

State

NY

Zip Code

10306-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Methodist Hospital

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	4

Transaction ID : C2801427

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. J. Michael Schneider M.D.

Mailing Address P.O. Box 67

City

Strafford

State

MO

Zip Code

65757-8611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : C2816859

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A. Schneidmiller M.D.

Mailing Address 1720 Louisiana Blvd., NE.
Suite 401

City State Zip Code
Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816913

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Armin Schubert M.D., M.B.

Mailing Address 1514 Jefferson Hwy
Department of Anesthesiology

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 16 / 2014

Transaction ID : C2806156

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Armin Schubert M.D., M.B.

Mailing Address 1514 Jefferson Hwy
Department of Anesthesiology

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816892

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

941.67

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City

Roslyn

State

NY

Zip Code

11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Cardiovascular Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801510

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Anthony L. Schwagerl M.D.

Mailing Address 45 E Newton St Apt 707

City

Boston

State

MA

Zip Code

02118

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMASS Memorial Medical Center

Occupation

Attending Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802705

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Daniel Scokin M.D.

Mailing Address 216 Olive Branch Rd

City

Nashville

State

TN

Zip Code

37205-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skyline Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808476

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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608.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Papiya Sengupta M.B.

Mailing Address 90 Apple Gate Unit 95

City State Zip Code
 Southington CT 06489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 08 / 2014

Transaction ID : C2799795

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jeffrey P. Serwin D.O.

Mailing Address 4726 Dow Ridge Rd.

City State Zip Code
 Orchard Lake MI 48324-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTSFORD ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817056

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kara L. Settles M.D.

Mailing Address 4940 W. 132nd Terr.

City State Zip Code
 Leawood KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hill Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800392

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.60

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert P. Shafer M.D.

Mailing Address 6516 Fairway View Trail

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809394

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Fred E. Shapiro D.O.

Mailing Address Department of Anesthesiology
330 Brookline Ave # F-407

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796611

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Mickel B. Sharp M.D.

Mailing Address 1878 E Somerset Ridge Dr

City

Draper

State

UT

Zip Code

84020-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mickel Sharp MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796636

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.97

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shaina M. Sheppard M.D.

Mailing Address 2706 Royal Creek Ct

City

Pearland

State

TX

Zip Code

77584-1687

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Medical School at Houston Departmen

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald A. Shore D.O.

Mailing Address 551 Overlook Dr

City

Wyckoff

State

NJ

Zip Code

07481-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Clares Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Karen S. Sibert MD Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.06

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798590

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
 Sherman Oaks CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Karen S. Sibert MD Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.06

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803111

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
 Sherman Oaks CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Karen S. Sibert MD Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.06

Date of Receipt

08 / 22 / 2014

Transaction ID : C2811947

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Afreen Siddiqui M.B.,B.S.

Mailing Address 1 Darl Ct

City State Zip Code
 East Greenwich RI 02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Afreen Siddiqui DBA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796914

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

225.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dean Sider M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando,

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803704

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David W. Siegel M.D.

Mailing Address 7014 Guadalupe Trail, N.W.

City

Albuquerque

State

NM

Zip Code

87107-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803237

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John H. Siegle M.D.

Mailing Address 22 Bramhall St

Maine Med. Ctr., Anes. Dept.

City

Portland

State

ME

Zip Code

04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2014

Transaction ID : C2807231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard B. Silverman M.D.

Mailing Address 1800 Jefferson Ave

City

Miami Beach

State

FL

Zip Code

33139-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erin N. Silvius M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801406

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bernis A. Simmons M.D.

Mailing Address 52 Medical Park East Dr., #321

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812243

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett A. Simon M.D., Ph.D

Mailing Address Josie Robertson Surgery Center
1275 York Ave., S1028

City State Zip Code
New York NY 10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancer Center

Occupation

Director, Josie Robertson Surgery Cent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City State Zip Code
Wappingers Falls NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 09 / 2014

Transaction ID : C2800068

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Linda B. Sirugo M.D.

Mailing Address 1420 Indiana Avenue

City State Zip Code
La Porte IN 46350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of LaPorte

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803640

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1333.34

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen J. Skahen M.D.

Mailing Address 37 Balboa Cvs

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hoag Memorial Hospital Presbyterian

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803228

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karen A. Slack M.D.

Mailing Address 1316 W. SWANN AVE

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Anesthesia Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2014

Transaction ID : C2801460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

691.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	02	/	2014

Transaction ID : C2796757

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1333.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803693

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

Dept of Anes - N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800409

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew O. Smith M.D.

Mailing Address 5207 146th Ave SE

City

Bellevue

State

WA

Zip Code

98006-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803234

Amount of Each Receipt this Period

250.00

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358.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew J. Smith M.D.

Mailing Address 6431 Bergeson Way

City

Indianapolis

State

IN

Zip Code

46278-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799265

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeremy B. Smith M.D.

Mailing Address 525 Boulder Lake Way

City

Vestavia

State

AL

Zip Code

35242-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803803

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd A. Smith M.D.

Mailing Address 2000 E. Southern Ave.
Ste. 102

City State Zip Code
Gilbert AZ 85282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul R. Smythe M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City State Zip Code
Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803275

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Paul R. Smythe M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City State Zip Code
Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2014

Transaction ID : C2812229

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory W. Snodgrass M.D.

Mailing Address 100 Deerfield Ln

City

Oak Ridge

State

TN

Zip Code

37830-8767

FEC ID number of contributing
federal political committee.

C

Name of Employer

MMC Anesthesia Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803419

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Henry W. Soechting M.D.

Mailing Address 102 Charm Drive

City

New Braunfels

State

TX

Zip Code

78132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Star Anesthesia PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803393

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David Sofair M.D.

Mailing Address 2475 St. Raymond Ave.

City

Bronx

State

NY

Zip Code

10461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811180

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan T. Solby M.D.

Mailing Address 3444 Ashton Oaks Cv

City

Longwood

State

FL

Zip Code

32779-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Gregory M. Somerville M.D.

Mailing Address 6208 Devils Hollow Rd.

City

Fort Wayne

State

IN

Zip Code

46814-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists of Fort W

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

c. Shannon M. Sorah D.O.

Mailing Address 11743 Couch Mill Road

City

Knoxville

State

TN

Zip Code

37932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Med. Ctr. Anes. Gr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shannon M. Sorah D.O.

Mailing Address 11743 Couch Mill Road

City

Knoxville

State

TN

Zip Code

37932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Med. Ctr. Anes. Gr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.36

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806315

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael J. Souter M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724
Box 359724

City

Seattle

State

WA

Zip Code

98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harborview Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

c. Spiro G. Spanakis D.O.

Mailing Address 65 Lake Ave Apt 1005

City

Worcester

State

MA

Zip Code

01604-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMASS Memorial Medical Group

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

166.68

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C. Spann M.D.

Mailing Address 3940 Pointe Dr

City

Lakeland

State

TN

Zip Code

38002-9888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800403

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Stephen M. Speck M.D.

Mailing Address 9021 Naples Cove

City

Benton

State

AR

Zip Code

72019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801414

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Leon Specthrie M.D.

Mailing Address 53 Green Hill Rd

City

Kinnelon

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816926

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1125.01

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey R. Spires D.O.

Mailing Address PO Box 1149

City

State

Zip Code

Erie

PA

16512-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Erie

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew F. Spont M.D.

Mailing Address 31 Bayonne Dr

City

State

Zip Code

Little Rock

AR

72223-9167

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799267

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Carolyn P. Sprague M.D.

Mailing Address 4573 Chelsea Ln

City

State

Zip Code

Bloomfield Hills

MI

48301-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801647

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas S. Stamos M.D.

Mailing Address 1441 Schoettler Rd.

City

Chesterfield

State

MO

Zip Code

63017-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiologists Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803853

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way Ste

City

Tacoma

State

WA

Zip Code

98405-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804061

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Richard A. Stark M.D.

Mailing Address 915 E Eagle Lake Dr

City

Kalamazoo

State

MI

Zip Code

49009-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803884

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dale Steele M.D.

Mailing Address 1720 Louisiana Blvd., NE #401

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of NM, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2800054

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Glen L Steeves M.D.

Mailing Address 24 Eagle Dr

City State Zip Code
 Bedford NH 03110-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Care Group PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796614

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
 N411 Doan Hall

City State Zip Code
 Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800150

Amount of Each Receipt this Period

83.34

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TOTAL This Period (last page this line number only)..... ►

1133.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799268

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.44

Date of Receipt

08 / 06 / 2014

Transaction ID : C2799269

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Hans E. Steine M.D.

Mailing Address 660 13th Ave SW

City

Mount Vernon

State

IA

Zip Code

52314-9586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.26

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796749

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.26

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808526

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mark A. Stevens M.D.

Mailing Address 1420 S Taylor St

City State Zip Code
Little Rock AR 72204-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800426

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.

Mailing Address 1800 Alabama Highway 157 Ste 201
Cullman Primary Care

City State Zip Code
Cullman AL 35058-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.22

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812234

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Richard J. Stilz M.D.

Mailing Address 1354 Herschel Ave

City State Zip Code
Cincinnati OH 45208-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia assoc of cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800404

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Todd A. Stine M.D.

Mailing Address 1626 Lookout Landing Cir

City State Zip Code
Winter Park FL 32789-5941

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2811190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aimee D. Stotz D.O.

Mailing Address 5079 W. Catalpa Ave.

City
Chicago

State
IL

Zip Code
60630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants, Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806219

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David M. Stout M.D.

Mailing Address 1229 Madison St Ste 1440

City
Seattle

State
WA

Zip Code
98104-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anes Service, Inc, PS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Tracy D. Strandhagen M.D.

Mailing Address 600 Riders Trl

City
Austin

State
TX

Zip Code
78733-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Anesthesiology Group

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800434

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erin A Sullivan M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City State Zip Code
Pittsburgh PA 15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.90

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796922

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Erin A Sullivan M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City State Zip Code
Pittsburgh PA 15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.90

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803759

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Matthew D. Sunderlin M.D.

Mailing Address 16099 Surrey Way

City State Zip Code
Spring Lake MI 49456-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

433.30

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Sunderlin M.D.

Mailing Address 16099 Surrey Way

City

Spring Lake

State

MI

Zip Code

49456-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.72

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811218

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark P. Sundet D.O.

Mailing Address 1215 Pleasant St Ste 400

City

Des Moines

State

IA

Zip Code

50309-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803587

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

P3 ANES

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VAMC Operative Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799592

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D. Surgenor M.B.A., M.

Mailing Address 1 Medical Center Dr

City
Lebanon

State
NH

Zip Code
03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth Hitchcock Medical Center

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803864

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurie A. Sutherland M.D.

Mailing Address 2 Golden Rod Ln.

City
Falmouth

State
ME

Zip Code
04105-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2014

Transaction ID : C2812060

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Frank M. Sutton Jr., M.D.

Mailing Address 3 Light Cahill Ct

City
Biltmore Lake

State
NC

Zip Code
28715

FEC ID number of contributing
federal political committee.

C

Name of Employer

AllCare Clinical Associates, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.69

Date of Receipt

08 / 15 / 2014

Transaction ID : C2805129

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johan P. Suyderhoud M.D.

Mailing Address 3467 N Venice St

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : C2807234

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cathy Jo W. Swanson M.D.

Mailing Address 3426 West Ridge Rd.

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David A. Swastek M.D.

Mailing Address 5540 Lohr Lake Dr

City

Ann Arbor

State

MI

Zip Code

48108-8558

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Hospital - Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803736

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher R. Swayze M.D.

Mailing Address 2245 Houston Antioch Rd

City

Lexington

State

KY

Zip Code

40516-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2014

Transaction ID : C2801211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City

Atlanta

State

GA

Zip Code

30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : C2796632

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Timothy J. Swift M.D.

Mailing Address 2937 Thomas Ave

City

Dallas

State

TX

Zip Code

75204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln

City
Dallas

State
TX

Zip Code
75225-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800413

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Fawad P. Syed M.D.

Mailing Address 44 Sawmill Rd.

City
Dudley

State
MA

Zip Code
01571-5846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice and Resrach Associ

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven H. Sykes M.D.

Mailing Address 1118 Ross Clark Circle,Suite 700

City
Dothan

State
AL

Zip Code
36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803796

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martha Z. Szabo M.D.

Mailing Address 7480 Ogden Woods

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Licking Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809445

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Joseph W. Szokol M.D.

Mailing Address 976 Sunset Rd.

City

Winnetka

State

IL

Zip Code

60093-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evanston Northwestern Healthcare

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803689

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alfonso Tagliavia M.D.

Mailing Address 5 Perryridge Rd

City

Greenwich

State

CT

Zip Code

06830-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwich Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1010.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary E. Takahashi D.O.

Mailing Address 5750 Stone Lake Dr.

City
Dayton

State
OH

Zip Code
45429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middletown anesthesia consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lance A. Talmage Jr., M.D.

Mailing Address 3644 Forest Oaks Dr

City
Fairlawn

State
OH

Zip Code
44333-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Akron, In

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2816238

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward Tang M.D.

Mailing Address 2452 Trenton Ave

City
Clovis

State
CA

Zip Code
93619-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAMG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803799

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald R. Tatum Jr., M.D.

Mailing Address 770 Brookwood Walke

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814769

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark A. Tatz M.D.

Mailing Address 802 Fernwood Rd

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax, Inc.

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2808089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph A. Taylor M.D.

Mailing Address 26625 W Greentree Ct

City

Olathe

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northland Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 337 OF 405
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William M. Taylor Jr., M.D.

Mailing Address 5403 Redfield Circle

City

Dunwoody

State

GA

Zip Code

30338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803282

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aaron A. Tebbs M.D.

Mailing Address 9 Edes Rd

City

Cumberland

State

ME

Zip Code

04021-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston-Aubu

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2014

Transaction ID : C2813038

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Travis J. Teetor M.D.

Mailing Address 19309 Briggs St

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boys Town National Research Hospital

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : C2796628

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

641.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas C. Thomas M.D.

Mailing Address 110 29th Ave N Ste 301

City

Nashville

State

TN

Zip Code

37203-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Julie M. Thompson M.D.

Mailing Address 8208 NW 134th Ter

City

Oklahoma City

State

OK

Zip Code

73142-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologist Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City

Englewood

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816882

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul H. Thompson M.D.

Mailing Address 2804 Woodberry Ct

City
ColumbiaState
MOZip Code
65203-6652FEC ID number of contributing
federal political committee.

C

Name of Employer

MAAC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803973

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Karen M. Thomson M.D.Mailing Address 111 Michigan Ave NW
Anes. Dept.City
WashingtonState
DCZip Code
20010-2916FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens National Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	4

Transaction ID : C2804775

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sydney I. Thomson M.D.

Mailing Address 6224 Hidden Meadow Ct

City
San JoseState
CAZip Code
95135-1613FEC ID number of contributing
federal political committee.

C

Name of Employer

Coast Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803574

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin P. Thoni M.D.

Mailing Address 130 Spring Valley Loop

City State Zip Code
 Altamonte Springs FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796930

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert D Thornton II, M.D.

Mailing Address 5628 Double Oak Ln

City State Zip Code
 Birmingham AL 35242-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associated, PC

Occupation

Anesthesiologist, M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benjamin V. Tibbals M.D.

Mailing Address 10207 NE 62nd St

City State Zip Code
 Kirkland WA 98033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia- Overlake Division

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Evert William Tjin-A-Tsoi M.D.

Mailing Address 2800 Videre Dr

City

Wilmington

State

DE

Zip Code

19808-3673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services, PA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2800051

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norbert Topf M.D.

Mailing Address 1012 Tramway LN NE

City

Albuquerque

State

NM

Zip Code

87122-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803575

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Arturo G. Torres M.D.

Mailing Address PSC 475 box 1895

City

FPO

State

AP

Zip Code

96350

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811893

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City

Edmond

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801498

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Daniel J. Towle M.D.

Mailing Address 11415 Manor Rd

City

Shawnee Mission

State

KS

Zip Code

66211-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796626

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Richard W. Trent M.D.

Mailing Address 3618 Sunset Point Dr.

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Gainesville

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803721

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815075

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary L. Trummel M.D.

Mailing Address 5940 Mount Normandale Dr

City

Minneapolis

State

MN

Zip Code

55438-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 03 / 2014

Transaction ID : C2796915

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Robert E. Tubben D.O.

Mailing Address 1984 Belwood Dr

City

Okemos

State

MI

Zip Code

48864-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Area Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801584

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S. Turnage M.D.

Mailing Address 400 Health Park Blvd.

City

St. Augustine

State

FL

Zip Code

32086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anes Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803129

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ann A. Tuttle M.D.

Mailing Address 5550 William Henry Harrison Ln

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGP

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814809

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City

Elmhurst

State

IL

Zip Code

60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept. of Veteran's Affairs

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800432

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mercy A. Udoji M.D.Mailing Address 619 19th St S
JT 862

City	State	Zip Code
Birmingham	AL	35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2014

Transaction ID : C2808518

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. James S. Ulmer M.D.

Mailing Address 105 Woodbridge Way

City	State	Zip Code
Simpsonville	SC	29681-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer

James S Ulmer, MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2014

Transaction ID : C2800057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Bradley R. Umbarger M.D.

Mailing Address 3321 N Dixieland Rd

City	State	Zip Code
Rogers	AR	72756-6816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Benton County

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : C2803253

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1291.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shermeen B. Vakharia M.D.

Mailing Address Bldg. 53 Dept of Anes and Perioper
101 City Dr. South

City State Zip Code
Orange CA 92868

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California, Irvine

Occupation

Safety Compliance Officer - Anesthesio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David A. Van Alstine M.D.

Mailing Address 1410 Goodbar Ave

City State Zip Code
Memphis TN 38104-4879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist University Hospital - Memphi

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803235

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert J. Van Beek M.D.

Mailing Address 35 Stonehurst Rd

City State Zip Code
Grosse Pointe Shores MI 48236-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Anesthesiologists P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803593

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James F. Van Dam M.D.

Mailing Address 3333 Evergreen Dr., N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796764

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Neerad Varshney M.D.

Mailing Address 3308 Scadlock Ln.

City

Sherman Oaks

State

CA

Zip Code

91403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GASP Anes. Dept.

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803649

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E. Verdone M.D.

Mailing Address 27 Crystal Ridge Rd

City

South Glastonbury

State

CT

Zip Code

06073-3545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd A Versteegh M.D.

Mailing Address 2500 North State Street

Department of Anesthesiology

City

Jackson

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813037

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Thomas R. Vetter M.D., M.P.

Mailing Address Jefferson Tower - # 865

619 S.19th St., Anes. Dept

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801487

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene M. Vialle D.O.

Mailing Address 309 Shoreline Dr.

City

Louisburg

State

KS

Zip Code

66053-4193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City R

Occupation

Retired Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2014

Transaction ID : C2804049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Juan P. Villani M.D.

Mailing Address 160 Green Glades

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Mississippi Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2014

Transaction ID : C2800155

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Juan P. Villani M.D.

Mailing Address 160 Green Glades

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Mississippi Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2803980

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan P. Villani M.D.

Mailing Address 160 Green Glades

City
Ridgeland

State Zip Code
MS 39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Mississippi Medical Center

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805111

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Steven G. Vitcov M.D.

Mailing Address 324 Locust St

City
San Francisco

State Zip Code
CA 94118-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811201

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Steven G. Vitcov M.D.

Mailing Address 324 Locust St

City
San Francisco

State Zip Code
CA 94118-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 31 / 2014

Transaction ID : C2816939

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

391.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City Little Rock State AR Zip Code 72202-3510

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800424

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Oleg Vosicher M.D.

Mailing Address PO Box 48671

City Los Angeles State CA Zip Code 90048-0671

FEC ID number of contributing federal political committee.

C

Name of Employer
BVAMG

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anupama Wadhwa M.B.,B.S.

Mailing Address 9209 Springbrooke Cir

City Louisville State KY Zip Code 40241-3003

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Louisville Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Wagner B.S.

Mailing Address 1414 S Riverside Drive

City
Indialantic

State
FL

Zip Code
32903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Anesthesia Services, M.D.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801199

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David B. Waisel M.D.

Mailing Address 15 Beechwood Rd

City
Wellesley

State
MA

Zip Code
02482-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School Childrens Hospi

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800420

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Adam B. Waldman M.D.

Mailing Address 7200 Meeker Creek Drive

City
Dayton

State
OH

Zip Code
45414

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANWD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804785

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron D. Wallace M.D.

Mailing Address 6969 Brockton Ave
Suite B

City State Zip Code
Riverside CA 92506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group of Riverside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2014

Transaction ID : C2800421

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

City State Zip Code
Puyallup WA 98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2014

Transaction ID : C2812032

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. James J. Walsh M.D.

Mailing Address 166 83rd St.

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2014

Transaction ID : C2799271

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ellen Y. Wang M.D.

Mailing Address 2517 Valdivia Way

City State Zip Code
Burlingame CA 94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univ Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : C2802020

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norman E. Warner M.D.

Mailing Address 1394 Place Pacardy

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners JLR Medical Gro

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2014

Transaction ID : C2799250

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Travis A. Warner M.D.

Mailing Address 5773 N Winding Woods Pl

City State Zip Code
Tucson AZ 85718-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2014

Transaction ID : C2796916

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David T. Warren M.D.

Mailing Address 415 Oakwood Dr

City

Dothan

State

AL

Zip Code

36303-3085

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Ctr, Dep

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803710

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William M. Warren M.D.

Mailing Address 3100 Seville Ter

City

Dothan

State

AL

Zip Code

36303-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2014

Transaction ID : C2803756

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Erikka L. Washington M.D.Mailing Address 6431 FANNIN
msb 5.020

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC-Houston Dept of Anesthesiology

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lucy A. Waskell M.D., Ph.D

Mailing Address 2204 Devonshire Road

City

Ann Arbor

State

MI

Zip Code

48104-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Service 11R

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817061

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barbara Y. Watanabe M.D.

Mailing Address 141 S 293rd Pl

City

Federal Way

State

WA

Zip Code

98003-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

MD anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brennan M. Watkins M.D.

Mailing Address 1850 N Central Ave Ste 1600

City

Phoenix

State

AZ

Zip Code

85004-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811885

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara E. Waud M.D.

Mailing Address 17 Lantern Ln.

City

Shrewsbury

State

MA

Zip Code

01545-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of massachussets medical sc

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	4

Transaction ID : C2812526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ralph M. Weatherford M.D.

Mailing Address 218 Morning Glory Ln

City

Dothan

State

AL

Zip Code

36305-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2801480

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Liza M. Weavind M.B.,Ch.B.

Mailing Address 1409 Beddington Park

City

Nashville

State

TN

Zip Code

37215-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : C2803302

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Weber M.D.

Mailing Address 795 El Camino Real

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palto Alto Medical Foundation

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803976

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul S. Webster M.D.

Mailing Address 825 E Oak St

City

Kissimmee

State

FL

Zip Code

34744-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Pain Management Associates

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800422

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Paul S. Webster M.D.

Mailing Address 825 E Oak St

City

Kissimmee

State

FL

Zip Code

34744-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Pain Management Associates

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grant T. Weicht M.D.

Mailing Address 6055 N 2nd Street

City
Phoenix

State
AZ

Zip Code
85012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant T Weicht, MD, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2802026

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City
Orlando

State
FL

Zip Code
32836-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.62

Date of Receipt

08 / 04 / 2014

Transaction ID : C2796954

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City
Orlando

State
FL

Zip Code
32836-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.62

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816886

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Toby Weingarten M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.03

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806283

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Toby Weingarten M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Andrew S. Weisinger M.D.

Mailing Address 405 Beaumont Park Circle

City State Zip Code
Blythewood SC 29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City State Zip Code
Girard OH 44420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800428

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812231

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. David Werkmeister M.D.

Mailing Address PO Box 4278

City State Zip Code
Mankato MN 56002-4278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mankato Anesthesia Associates, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2014

Transaction ID : C2812016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian J. West M.D.

Mailing Address 4048 Evans Ave Ste 303

City

Fort Myers

State

FL

Zip Code

33901-9390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesth. and Pain Mgt. Consulta

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 17 / 2014

Transaction ID : C2806230

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jordan M. Wetstone M.D.

Mailing Address 800 Oak Trail Dr

City

Marietta

State

GA

Zip Code

30062-7502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808535

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ezekiel J. Wetzel M.D.

Mailing Address 3315 DEBORAH DR
Suite 401

City

Monroe

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parish Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 05 / 2014

Transaction ID : C2798587

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

441.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin D. Whigham M.D.

Mailing Address 102 Sanderling Ln

City
Greenville

State Zip Code
SC 29607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory L. Whitaker D.O.

Mailing Address 1850 N Central Ave
Suite 1600

City
Phoenix

State Zip Code
AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803625

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City
Albuquerque

State Zip Code
NM 87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicole S. Wilder M.D.

Mailing Address 5596 N Dixboro Rd

City

Ann Arbor

State

MI

Zip Code

48105-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Health System S

Occupation

Pediatric Cardiac Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801459

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nicole S. Wilder M.D.

Mailing Address 5596 N Dixboro Rd

City

Ann Arbor

State

MI

Zip Code

48105-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Health System S

Occupation

Pediatric Cardiac Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812230

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gisele C. Wilke M.D.

Mailing Address 6839 S Canton Ave

City

Tulsa

State

OK

Zip Code

74136-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 04 / 2014

Transaction ID : C2797902

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Danny L. Wilkerson M.D.

Mailing Address 4301 W Markham St # 515

Anesthesiology Department

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Clinical Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dana Williams M.D.

Mailing Address 1725 Pine St

City

Montgomery

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2796607

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth C. Wilson M.D.

Mailing Address 862 Virgil St. NE

City

Atlanta

State

GA

Zip Code

30307-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Healthcare of Atlanta Eglet

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond E. Wilson M.D.

Mailing Address 1755 Kirby Pky., Suite #330

City

Memphis

State

TN

Zip Code

38120-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2014

Transaction ID : C2805096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David K. Winek M.D.

Mailing Address 110 29th Ave N Ste 202

City

Nashville

State

TN

Zip Code

37203-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David J. Wlody M.D.

Mailing Address 210 W 107th St Apt 6C

City

New York

State

NY

Zip Code

10025-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY-Downstate Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801492

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia A. Wong M.D.

Mailing Address 2440 N Lakeview Ave Apt 16A

City State Zip Code
 Chicago IL 60614-2872

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern University

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2014

Transaction ID : C2815223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hak Y. Wong M.D.

Mailing Address 3500 N Lake Shore Dr Apt 3B

City State Zip Code
 Chicago IL 60657-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern University Feinberg School

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2014

Transaction ID : C2800142

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel H. Woo M.D.

Mailing Address 3 Scotsmans Way

City State Zip Code
 Basking Ridge NJ 07920-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Summit Anesthesia Associates

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2808523

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron R. Wood D.O.

Mailing Address 28528 Balmoral Way

City

Farmington Hills

State

MI

Zip Code

48334-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Botsford Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : C2811886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Derek Woodrum M.D.

Mailing Address 1500 E Medical Center Dr
1H247UH Box 5048

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : C2809380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kenneth A. Woodward M.D.

Mailing Address 34365 Deerwood Dr

City

Eugene

State

OR

Zip Code

97405-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : C2809233

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristin T. Woodward M.D.

Mailing Address 4975 E. Preserve Court

City	State	Zip Code
Greenwood Village	CO	80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2014

Transaction ID : C2799290

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent A. Woolard M.D.

Mailing Address 8919 S. Gary Ave.

City	State	Zip Code
Tulsa	OK	74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : C2798579

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City	State	Zip Code
Virginia Beach	VA	23452-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

Transaction ID : C2799793

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City State Zip Code
Las Vegas NV 89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Consultants, Inc

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City State Zip Code
Nashville TN 37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Spinal Surgery

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800410

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Crystal C. Wright M.D.

Mailing Address 3032 Jarrard St.

City State Zip Code
Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine Dept. of An

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 12 / 2014

Transaction ID : C2800437

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manoj B. Wunnava M.D.

Mailing Address 109 Bennington Parkway

City State Zip Code
Durham NC 27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2014

Transaction ID : C2806367

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Manoj B. Wunnava M.D.

Mailing Address 109 Bennington Parkway

City State Zip Code
Durham NC 27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 27 / 2014

Transaction ID : C2814816

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jacques T. Ya Deau M.D., Ph.D

Mailing Address 125 W 12th St Apt 4B

City State Zip Code
New York NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2014

Transaction ID : C2796743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel M. Yarmush M.D.

Mailing Address 1 Hooper Ave

City

West Orange

State

NJ

Zip Code

07052-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Methodist Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul S. Yasuda M.D.

Mailing Address 3516 NW 174th St

City

Edmond

State

OK

Zip Code

73012-6732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803727

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James K. York M.D.

Mailing Address 129-4 Hidden Creek Circle

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803737

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K. York M.D.

Mailing Address 129-4 Hidden Creek Circle

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.72

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804067

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jason E. York M.D.

Mailing Address 6910 Hunters Knl NE

City State Zip Code
Atlanta GA 30328-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813036

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Paul B. Yost M.D.

Mailing Address 485 Schooner Way

City State Zip Code
Seal Beach CA 90740-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allied Anesthesia Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

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

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arnold D. Yosuco M.D.

Mailing Address 222-A Angel Terrace Dr

City State Zip Code
 Charleston WV 25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
 General Anesthesia Services, Inc.

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David S. Young M.D.

Mailing Address 6839 S. Canton

City State Zip Code
 Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associates Anesthesiologists

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2014

Transaction ID : C2813098

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason A. Young M.D.

Mailing Address 7038 Nantucket Dr SW

City State Zip Code
 Byron Center MI 49315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Practice Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence I. Young M.D.

Mailing Address 1717 Valley Forge Dr.

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2014

Transaction ID : C2812233

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Man Dick Young M.D.

Mailing Address 6134 N. Bay Ridge Ave.,

City

Whitefish Bay

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803470

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Pin Yue A.A.

Mailing Address 729 Cordell Ct

City

Saint Louis

State

MO

Zip Code

63132-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Louis University

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : C2799771

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas K. Yue M.D.

Mailing Address 8718 Alvarado Trl

City

Inver Grove Heights

State

MN

Zip Code

55077-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAS

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2817059

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elizabeth S. Yun M.D., M.D.

Mailing Address 4543 Shooting Star Ave.

City

Middleton

State

WI

Zip Code

53562-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin School

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sherif Zaafran M.D.

Mailing Address 2411 Fountainview
Suite 200

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 14 / 2014

Transaction ID : C2804071

Amount of Each Receipt this Period

83.34

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TOTAL This Period (last page this line number only)..... ►

1333.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R. Zaidan M.D., M.B.

Mailing Address 4986 Chedworth Dr

City

Stone Mountain

State

GA

Zip Code

30087-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ahmed A. Zaki M.D.

Mailing Address 8537 Timber Ridge Dr.

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesiologists

Occupation

Attending Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : C2800052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sami S. Zamzam M.D.

Mailing Address 2970 Mela Via Ct NE

City

Ada

State

MI

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2803873

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fernando L. Zaragoza M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 30 / 2014

Transaction ID : C2816883

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City

Atlanta

State

GA

Zip Code

30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.87

Date of Receipt

08 / 12 / 2014

Transaction ID : C2801291

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Patrick Ziemann-Gimmel M.D.

Mailing Address 108 N River Dr

City

St Augustine

State

FL

Zip Code

32095-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel Zivot M.D., FRCP

Mailing Address 1364 Clifton Road NE

City State Zip Code
 Atlanta GA 30322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 13 2014

Transaction ID : C2803264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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1000.00

337642.54

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☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Bowling D.O.

Mailing Address 298 Thomas Jefferson Dr

City
Princeton

State
WV

Zip Code
24739-7624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Community Hosp.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 13 / 2014

Transaction ID : C2801826

Amount of Each Receipt this Period

-2004.00

Full Name (Last, First, Middle Initial)

B. HOPE FOR CONGRESS

Mailing Address PO BOX 3060

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00555698

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 29 / 2014

Transaction ID : C2825970

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Illinois Department of Revenue

Mailing Address 100 W Randolph St

City
Chicago

State
IL

Zip Code
60601-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.51

Date of Receipt

08 / 22 / 2014

Transaction ID : C2827470

Amount of Each Receipt this Period

442.51

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3438.51

3438.51

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

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:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741Purpose of Disbursement
Credit Card Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Credit Card Merchant

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2014

Transaction ID : D160923

Amount of Each Disbursement this Period

										4300.18
--	--	--	--	--	--	--	--	--	--	---------

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

										4300.18
--	--	--	--	--	--	--	--	--	--	---------

										4300.18
--	--	--	--	--	--	--	--	--	--	---------

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUNDMailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : D160598

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ALAMO PACMailing Address 919 CONGRESS AVE SUITE 1400
FROST BANK PLAZA

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160551

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Alma Adams for Congress

Mailing Address PO BOX 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement
2014 General Contribution

Candidate Name

Alma AdamsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160561

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alma Adams for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address PO BOX 20622

City	State	Zip Code
Greensboro	NC	27420

Transaction ID : D160562Purpose of Disbursement
2014 Special General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Alma AdamsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Special

State: NC District: 12

5000.00

Full Name (Last, First, Middle Initial)

B. AMERIPAC: THE FUND FOR A GREATER AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Mailing Address 700 13TH STREET, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : D160599Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Contribution

State: District:

5000.00

Full Name (Last, First, Middle Initial)

C. BETTY PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Mailing Address PO BOX 14141

City	State	Zip Code
ST PAUL	MN	55114

Transaction ID : D160583Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Contribution

State: District:

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BONNIE WATSON COLEMAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Mailing Address 180 UPLAND AVENUE

City	State	Zip Code
Trenton	NJ	08638

Transaction ID : D160592Purpose of Disbursement
2014 General Contribution

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Bonnie Watson ColemanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 12

Full Name (Last, First, Middle Initial)

B. BRAVE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City	State	Zip Code
WASHINGTON	DC	20003

Transaction ID : D160547Purpose of Disbursement
2014 ContributionCategory/
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. COMMON VALUES PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Mailing Address 901 N WASHINGTON ST
SUITE 102

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : D160967Purpose of Disbursement
2014 ContributionCategory/
Type

Amount of Each Disbursement this Period

-1000.00

Candidate Name

Senator John BarrassoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Contribution

State: WY District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City	State	Zip Code
Smithfield	NC	27577

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Mr. David Cheston RouzerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160558

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
VOID of 5/14 Check

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
VOID of 5/14 Check

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : D160771

Amount of Each Disbursement this Period

-15000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2014 Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Transaction ID : D160772

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 1212 S. Victory Blvd.

City	State	Zip Code
BURBANK	CA	91502

Transaction ID : D160548Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

Full Name (Last, First, Middle Initial)

B. FREE STATE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address PO Box 9191

City	State	Zip Code
Shawnee Mission	KS	66201-1791

Transaction ID : D160570Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

Full Name (Last, First, Middle Initial)

C. HELLERHIGHWATER PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address PO BOX 37062

City	State	Zip Code
Las Vegas	NV	89137

Transaction ID : D160556Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN FOUST FOR CONGRESS

Mailing Address PO BOX 962

City Mc Lean	State VA	Zip Code 22101
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Mr. John FoustCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 10

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160582

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address 410 JERICO TURNPIKE SUITE 200

City Jericho	State NY	Zip Code 11753
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Kathleen RiceCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 04

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160550

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Leibham for Congress

Mailing Address PO BOX 941

City Sheboygan	State WI	Zip Code 53082
-------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Mr. Ken LeibhamCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 06

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160565

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 389 OF 405

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. M-PACMailing Address 607 14th Street N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : D160969

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. MIKE BISHOP FOR CONGRESS

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement
2014 Primary Debt Retirement Contribution

Candidate Name

Mr. Mike BishopOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160591

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160594

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NUTMEG PAC

Mailing Address 777 SUMMER STREET

City	State	Zip Code
STAMFORD	CT	06901

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : D160557

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Perimeter PAC

Mailing Address PO Box 59251

City	State	Zip Code
Schaumburg	IL	60159

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : D160588

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PINEAPPLE PACMailing Address 600 PENNSYLVANIA AVE, SE
SUITE 210

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : D160584

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City	State	Zip Code
OTTAWA	IL	61350

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Rep. Adam KinzingerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : D160597

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Betty McCollumCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160573

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BLAINE FOR CONGRESS 2012

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Blaine LuetkemeyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : D160578

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City
WHEELINGState
WVZip Code
26003Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. David B. McKinleyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160560

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVID JOLLY

Mailing Address P. O. BOX 1158

City
INDIAN ROCKS BEACHState
FLZip Code
33785Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. David JollyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160566

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Redesignation of 7/31

Candidate Name

Rep. David SchweikertCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : D161072

Amount of Each Disbursement this Period

-3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Redesignation of 7/31

Candidate Name

Rep. David SchweikertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : D161073

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Redesignation of 7/31

Candidate Name

Rep. David SchweikertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : D161074

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET

City ALEXANDRIA	State VA	Zip Code 22314
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Purpose of Disbursement
Redesignation of 7/31

Candidate Name

Rep. David SchweikertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : D161075

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Diane BlackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160567

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Eliot L. EngelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160577

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City	State	Zip Code
CHESHIRE	CT	06410

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Elizabeth EstyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160553

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Erik PaulsenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160576

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. George E.B. HoldingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160559

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ROS-LEHTINEN FOR CONGRESS

Mailing Address PO Box 522784

City	State	Zip Code
Miami	FL	33152

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Ileana Ros-LehtinenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160574

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FAMILIES FOR JAMES LANKFORD

Mailing Address 16121 WINDRUSH PL

City	State	Zip Code
EDMOND	OK	73013

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. James LankfordCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OK	District: 05

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160590

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Joe HeckCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NV	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160589

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. CULBERSON FOR CONGRESS

Mailing Address P.O. BOX 41964

City	State	Zip Code
HOUSTON	TX	77241

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. John CulbersonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 07

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160593

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

08 / 06 / 2014

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

7000.00

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City
TEMPEState
AZZip Code
85285Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Kyrsten SinemaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160568

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City
CARSON CITYState
NVZip Code
89703Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Mark AmodeiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160579

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City
CARSON CITYState
NVZip Code
89703Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Mark AmodeiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160580

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Mark PocanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : D160569

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS	State FL	Zip Code 33418
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Patrick MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : D160775

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS COMMITTEE

Mailing Address PO BOX 3433

City Palm Desert	State CA	Zip Code 92261
---------------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Raul Ruiz M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : D160571

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF RICH NUGENT

Mailing Address P. O. Box 15668

City	State	Zip Code
Brooksville	FL	34604

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Rich NugentCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160563

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City	State	Zip Code
CONCORD	NC	28027

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Richard HudsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160555

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Sam JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Transaction ID : D160776

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Steve Southerland IICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160564

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SUSAN DAVIS FOR CONGRESS

Mailing Address PO Box 84049

City	State	Zip Code
San Diego	CA	92138-4049

Purpose of Disbursement
2014 General ContributionCategory/
Type

Candidate Name

Rep. Susan A. DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 53

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : D160968

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City	State	Zip Code
ROLLING MEADOWS	IL	60008

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Tammy DuckworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160546

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 402 OF 405

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TED DEUTCH FOR CONGRESS COMMITTEE

Mailing Address 1050 17TH ST, NW, STE 590

City WASHINGTON	State DC	Zip Code 20036
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Ted DeutchOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160595

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TOM ROONEY FOR CONGRESS

Mailing Address 2336 S. East Ocean Blvd. #313

City Stuart	State FL	Zip Code 34996
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Tom RooneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160586

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City Los Angeles	State CA	Zip Code 90026
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Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : D160596

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SEARCHLIGHT LEADERSHIP FUNDMailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : D160600

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2014 General Contribution

Candidate Name

Sen. Mark WarnerOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Transaction ID : D160777

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Sen. Michael B. EnziOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : D160545

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

A. STRICKLAND FOR CONGRESS 2012

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '08' with two squares above it. The second display shows '06' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : D160549

011

Amount of Each Disbursement this Period

Category/
Type

1000.00

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 25

B. MADISON PAC; THE

MM / DD / YYYY

Transaction ID : D160587

011

Amount of Each Disbursement this Period

Category/
Type

5000.00

☐ Primary ☐ General
☒ Other (specify) ▼

State:	District:	2014 Contribution
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C.

Amount of Each Disbursement this Period

Category/
Type

Amount of Each Disbursement this Period

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

6000.00

178500.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

American Society of Anesthesiologists Political Action Committee

A. Nathan Deal For Governor

Date of Disbursement

08 / 13 / 2014

Transaction ID : D160585

Category/
Type

Amount of Each Disbursement this Period

6300.00

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

2014 Non-Federal Con

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

6300.00

TOTAL This Period (last page this line number only).....

6300.00