

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

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

1061 American Lane

☐ Check if different than previously reported. (ACC)

Schaumburg

IL

60173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y
12 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
02 19 2015

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period.....	550080.80	
(c) Total Receipts (from Line 19)	71616.59	1996165.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	621697.39	4056548.03
7. Total Disbursements (from Line 31)	30716.65	3465567.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	590980.74	590980.74
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
1	1		2	5		2	0	1	4

To:

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

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).....	58324.90	1549189.53
(ii) Unitemized	13291.69	376485.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	71616.59	1925675.37
(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)	71616.59	1925675.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	18878.51
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	51612.00
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)).....▶	71616.59	1996165.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71616.59	1996165.88

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	12341.64	84837.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12341.64	84837.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	1893700.00
24. Independent Expenditures (use Schedule E)	0.00	952317.62
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	375.01	6411.71
(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)).....	375.01	6411.71
29. Other Disbursements	4000.00	528300.00
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)) ..	30716.65	3465567.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30716.65	3465567.29

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)	71616.59	1925675.37
34. Total Contribution Refunds (from Line 28(d))	375.01	6411.71
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71241.58	1919263.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	12341.64	84837.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	12341.64	84837.96

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 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Basem B. Abdelmalak M.D.

Mailing Address Dept of General Anesthesiology E-3
9500 Euclid Ave.

City Cleveland State OH Zip Code 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 12 / 2014

Transaction ID : C2887169

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 Oronoco State MN Zip Code 55960-2110

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 ▼

1000.08

Date of Receipt

12 / 05 / 2014

Transaction ID : C2880236

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 Houston State TX Zip Code 77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.72

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876801

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

FOR LINE NUMBER: PAGE 7 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880242

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : C2898370

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Farzana Afroze M.D.

Mailing Address 524 Sir Charles Way

City State Zip Code
Albany NY 12203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : C2898862

Amount of Each Receipt this Period

25.00

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

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

108.34

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)

PAGE 8 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

800.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887324

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane

City
Maitland

State
FL

Zip Code
32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesth. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887296

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Quaison Alleyne M.D.

Mailing Address PO Box 3528

City
Milton

State
FL

Zip Code
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 ▼

583.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : C2898381

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer L. Anderson M.D.

Mailing Address 929 Fair Oaks Ave

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Chicago

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
11 / 30 / 2014

Transaction ID : C2876730

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jennifer L. Anderson M.D.

Mailing Address 929 Fair Oaks Ave

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Chicago

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
12 / 30 / 2014

Transaction ID : C2900465

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Assistant Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876823

Amount of Each Receipt this Period

83.34

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

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

133.34

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 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Assistant Program Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900495

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David M. Arend M.D.

Mailing Address 62 Eagle Dr

City

Bedford

State

NH

Zip Code

03110-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag 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
12 / 11 / 2014

Transaction ID : C2899980

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lee E. Arthur M.D.

Mailing Address 504 Medical Center Blvd

City

Conroe

State

TX

Zip Code

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 ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887290

Amount of Each Receipt this Period

25.00

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

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

358.34

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

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

FOR LINE NUMBER: PAGE 11 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathapong Arunakul M.D.

Mailing Address 15 Bowman Ct Unit 2

City

Delmar

State

NY

Zip Code

12054-8217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2898013

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

Burlington

State

MA

Zip Code

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 ▼

1416.78

Date of Receipt

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

Transaction ID : C2887151

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

Burlington

State

MA

Zip Code

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 ▼

1416.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887300

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)..... ►

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer P. Aunspaugh M.D.

Mailing Address 1 CHILDRENS WAY

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Childrens Hospital

Occupation

Assistant Professor Pediatric Anes an

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878103

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Glenn S. Avidon M.D.

Mailing Address P.O. Box 621749

City

Orlando

State

FL

Zip Code

32862-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer

G Steven Avidon MDPA

Occupation

Medical Doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900499

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. 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 ▼

1020.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876716

Amount of Each Receipt this Period

83.34

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

433.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1020.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900251

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jaime L. Baratta M.D.

Mailing Address 111 S 11th St

Suite 8290, Gibbon Building - Anes

City

Philadelphia

State

PA

Zip Code

19107-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882904

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Joel W. Barton M.D.

Mailing Address 1735 Ashley Hall Rd. Apt 332

City

Charleston

State

SC

Zip Code

29407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882094

Amount of Each Receipt this Period

25.00

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

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

150.01

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

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

FOR LINE NUMBER: PAGE 14 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard P. Bassi A.A.-C

Mailing Address 106 Sweet Bailey Cv

City

Savannah

State

GA

Zip Code

31410

FEC ID number of contributing
federal political committee.

C

Name of Employer

South University

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898812

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Roderick W. Beer M.D.

Mailing Address 3966 Holden Dr.

City

Ann Arbor

State

MI

Zip Code

48103-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

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
12 / 28 / 2014

Transaction ID : C2900241

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey J. Benson M.D.

Mailing Address 3218 Chisholm Trail

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Alexius Heart and Lung Clinic

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

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

Transaction ID : C2887161

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David B. Berger M.D.

Mailing Address 7 Sandra Ct.

City State Zip Code
 Glen Cove NY 11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North American Partners in Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : C2898709

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Berger M.D., M.B.

Mailing Address 900 23rd St NW Ste G-2092

City State Zip Code
 Washington DC 20037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The George Washington University

Occupation
 Associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : C2900129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City State Zip Code
 East Brunswick NJ 08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rutgers-Robert Wood Johnson MS

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

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

Transaction ID : C2887171

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua R. Berris D.O.

Mailing Address 4340 Strathdale Ln.

City State Zip Code
West Bloomfield MI 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 22 2014

Transaction ID : C2898856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anirudha M. Bhandiwad M.D.

Mailing Address 2940 W. Pepperberry

City State Zip Code
Bay City MI 48706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anesthesia P.C.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C2880327

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 05 2014

Transaction ID : C2880238

Amount of Each Receipt this Period

83.34

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

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

433.34

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)

PAGE 17 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882913

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876711

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ronald S. Brown Jr., M.D.

Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.

City

Mobile

State

AL

Zip Code

36607-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services Mobile Alabama

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 Y
11 / 30 / 2014

Transaction ID : C2876790

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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

FOR LINE NUMBER: PAGE 18 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald S. Brown Jr., M.D.

Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.

City State Zip Code
Mobile AL 36607-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services Mobile Alabama

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
12 30 2014

Transaction ID : C2900483

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 22 2014

Transaction ID : C2898870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew E. Buckon M.D.

Mailing Address 1945 N.W. 28th Pl.

City State Zip Code
Portland OR 97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2014

Transaction ID : C2902860

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt T. Budenbender D.O.

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 Anes. Consultants, LTD

Occupation

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
 12 11 2014

Transaction ID : C2882892

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William H. Buntin A.A.-C

Mailing Address 2407 Pendleton St.

City State Zip Code
 Albany GA 31721-9220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phoebe Putney Hospital

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2014

Transaction ID : C2893553

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James R. Burch M.D.

Mailing Address 1755 Kirby Pky., Suite #330

City State Zip Code
 Memphis TN 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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887293

Amount of Each Receipt this Period

83.34

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

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

191.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911

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 ▼

916.38

Date of Receipt

12 / 04 / 2014

Transaction ID : C2878104

Amount of Each Receipt this Period

83.34

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 ▼

385.00

Date of Receipt

12 / 30 / 2014

Transaction ID : C2902863

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Soren A. Campbell A.A.

Mailing Address 14341 Brown Rd

City

Verona

State

KY

Zip Code

41092-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Cincinnati

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880316

Amount of Each Receipt this Period

41.67

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

275.01

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876742

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887305

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. James Carlsen M.D.

Mailing Address P.O. Box 2889

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 24 / 2014

Transaction ID : C2900040

Amount of Each Receipt this Period

41.67

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

183.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Carney M.D.

Mailing Address 534 Ridgeview Drive

City
Erie

State
PA

Zip Code
16505

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 ▼

333.36

Date of Receipt

12 / 04 / 2014

Transaction ID : C2878097

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Debra L. Caroli M.D.

Mailing Address 4548 Burke St

City
Orlando

State
FL

Zip Code
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 ▼

1000.08

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876738

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

749.64

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876696

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER: PAGE 23 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

749.64

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900463

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Peter L. Castro M.D.

Mailing Address 2910 17th Street

City

Boulder

State

CO

Zip Code

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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898801

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Andrei Cernea M.D.

Mailing Address 6708 Kenhill Rd

City

Bethesda

State

MD

Zip Code

20817-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887302

Amount of Each Receipt this Period

41.67

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

125.01

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard I. Chait M.B.

Mailing Address 3031 Danny Hill Dr.

City

Los Angeles

State

CA

Zip Code

90064

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899053

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Donn A. Chambers M.D.

Mailing Address St. Josephs Hosp., Anes. Dept.
5665 Peachtree Dunwoody Rd., N.E.

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

341.69

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876750

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Donn A. Chambers M.D.

Mailing Address St. Josephs Hosp., Anes. Dept.
5665 Peachtree Dunwoody Rd., N.E.

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

341.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900159

Amount of Each Receipt this Period

41.67

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

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

233.34

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)

PAGE 25 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chun K. Chan M.D.

Mailing Address 168 Riverwalk Pl

City

Memphis

State

TN

Zip Code

38103

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

12 / 14 / 2014

Transaction ID : C2887332

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City

Little Rock

State

AR

Zip Code

72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

univeristy of arkansas for medical sci

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

832.84

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887314

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jiravud Chanvitayapongs M.D.

Mailing Address 7737 E Purple Desert Pass

City

Tucson

State

AZ

Zip Code

85715-3656

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 ▼

416.70

Date of Receipt

12 / 16 / 2014

Transaction ID : C2888992

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER: PAGE 26 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew W. Chapman M.D.

Mailing Address 2118 Hanover Ave Apt 1

City State Zip Code
 Richmond VA 23220-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Virginia commonwealth university

Occupation
 Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 12 / 2014

Transaction ID : C2887159

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Samuel A. Cherry III, M.D.

Mailing Address 149 Lucerne Blvd

City State Zip Code
 Birmingham AL 35209-6657

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Birmingham VA Medical Center

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 18 / 2014

Transaction ID : C2897984

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jonathan W. Chin M.D.

Mailing Address 2701 Bellefontaine Street #B23

City State Zip Code
 Houston TX 77025

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baylor College of Medicine

Occupation
 Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 14 / 2014

Transaction ID : C2887331

Amount of Each Receipt this Period

25.00

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

128.34

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

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

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

FOR LINE NUMBER: PAGE 27 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah G. Clarke D.O.

Mailing Address 111 S 11th St Ste 8490

Department of Anesthesiology

City Philadelphia State PA Zip Code 19107-4824

FEC ID number of contributing federal political committee.

C

Name of Employer

Thomas Jefferson Hospital

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876743

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

458.35

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876761

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City Detroit State MI Zip Code 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 ▼

1083.42

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876822

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City
Detroit

State Zip Code
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 ▼

1083.42

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2014

Transaction ID : C2900494

Amount of Each Receipt this Period

83.34

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 Zip Code
TN 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2014

Transaction ID : C2887284

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert M. Craft M.D.

Mailing Address Dept. of Anesthesiology

1924 Alcoa Highway, Box-U109

City
Knoxville

State Zip Code
TN 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2014

Transaction ID : C2899597

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James J. Crawford M.D.

Mailing Address 6951 Highfields Farm Dr., S.W.

City

Roanoke

State

VA

Zip Code

24018-5632

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2888999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A. Crone M.D.

Mailing Address 124 E. Cherry Dr.

City

Memphis

State

TN

Zip Code

38117-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group, PA

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 Y
12 / 13 / 2014

Transaction ID : C2887307

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Susan G. Curling M.D.

Mailing Address 2727 Kirby Dr Apt 11D

City

Houston

State

TX

Zip Code

77098-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887336

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)..... ►

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

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

FOR LINE NUMBER: PAGE 30 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887287

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Stephen Dainesi M.D.

Mailing Address 28 Barrington Dr

City
Bedford

State
NH

Zip Code
03110-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag 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
12 / 11 / 2014

Transaction ID : C2899979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Khaled Dajani M.D.

Mailing Address 522 Montegut St
Apt 204

City
New Orleans

State
LA

Zip Code
70117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ochsner

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2888988

Amount of Each Receipt this Period

50.00

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

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

320.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2897980

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876733

Amount of Each Receipt this Period

41.67

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900157

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victor Davila M.D.

Mailing Address 4400 Kipling Rd

City
Columbus

State Zip Code
OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876701

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Arup De M.D.

Mailing Address 32 Forest Rd

City
Delmar

State Zip Code
NY 12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876695

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City
Metairie

State Zip Code
LA 70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Slidell Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882361

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin L. De Ruyter M.D.

Mailing Address Dept. Anesthesiology, Mail Stop 10
3901 Rainbow Blvd.

City State Zip Code
Kansas City KS 66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ. Medical Center

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 28 / 2014

Transaction ID : C2876756

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Martin L. De Ruyter M.D.

Mailing Address Dept. Anesthesiology, Mail Stop 10
3901 Rainbow Blvd.

City State Zip Code
Kansas City KS 66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ. Medical Center

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 28 / 2014

Transaction ID : C2900224

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. David A. Debenham M.D.

Mailing Address P.O. Box 910369

City State Zip Code
St. George UT 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 ▼

500.04

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876703

Amount of Each Receipt this Period

41.67

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

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

131.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900464

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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876751

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900160

Amount of Each Receipt this Period

83.34

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

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

208.35

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

PAGE 35 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City
ColumbiaState
SCZip Code
29205-3149FEC ID number of contributing
federal political committee.

C

Name of Employer

Camden Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

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

Transaction ID : C2880368

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John P. Delaney M.D.

Mailing Address 3260 Somerset St., S.W.

City

Roanoke

State

VA

Zip Code

24014-3137

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

M M	/	D D	/	Y Y Y Y
12	/	16	/	2014

Transaction ID : C288998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Matthew C. Delph M.D.

Mailing Address 34 Mossy Oak Dr

City

Winfield

State

WV

Zip Code

25213

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 ▼

291.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	09	/	2014

Transaction ID : C2882099

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**

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

FOR LINE NUMBER: PAGE 36 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward H. Dench Jr., M.D.

Mailing Address 945 Outer Drive

City State Zip Code
 State College PA 16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pocono Anesthesia Associates

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
 12 / 14 / 2014

Transaction ID : C2887343

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced pain care

Occupation

Pain physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2014

Transaction ID : C2882092

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City State Zip Code
 Longmeadow MA 01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.74

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : C2878106

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura I. Dew M.D.

Mailing Address 3721 Robinhood Street

City State Zip Code
Houston TX 77005

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

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878093

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City State Zip Code
Armonk NY 10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.22

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898816

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City State Zip Code
Miami FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

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

Transaction ID : C2887155

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine J. Digregorio M.D.

Mailing Address 1455 Boot Road

City
West Chester

State Zip Code
PA 19380

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2899967

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Sandy R. Dillard M.D.

Mailing Address 1175 N Rutland Ct

City
Wichita

State Zip Code
KS 67206-3833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consulting Services

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878913

Amount of Each Receipt this Period

500.00

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 ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893552

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)..... ►

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa M. Donart M.D.

Mailing Address N7838 Braun Dr

City

Malone

State

WI

Zip Code

53049-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Agnes Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 25 / 2014

Transaction ID : C2872592

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew Donovan M.D.

Mailing Address 3333 Evergreen Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

12 / 22 / 2014

Transaction ID : C2898860

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Patrick M. Dooley M.D.

Mailing Address 1713 cottage wood way

City

Knoxville

State

TN

Zip Code

37919-9351

FEC ID number of contributing
federal political committee.

C

Name of Employer

american anesthesiology of tennessee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 28 / 2014

Transaction ID : C2900244

Amount of Each Receipt this Period

250.00

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

1291.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1083.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2014

Transaction ID : C2880340

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John J. Doyle M.D.

Mailing Address 128 Sea Hammock Way

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : C2898378

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jonathan A. Eash M.D.

Mailing Address 3101 Robinhood Ln

City

South Bend

State

IN

Zip Code

46614-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michiana Anesthesia Care

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
11 / 25 / 2014

Transaction ID : C2872541

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan A. Eash M.D.

Mailing Address 3101 Robinhood Ln

City

South Bend

State

IN

Zip Code

46614-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michiana Anesthesia Care

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
12 / 25 / 2014

Transaction ID : C2900137

Amount of Each Receipt this Period

83.34

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

Capital Area Anesthesia, P.C.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876803

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Gregory L. Enders M.D.

Mailing Address 206 Windlake Dr.

City

Seneca

State

SC

Zip Code

29672-6872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of the Upst

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
12 / 22 / 2014

Transaction ID : C2898864

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 3127 Windsong Dr

City

Oakton

State

VA

Zip Code

22124-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.61

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876807

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899598

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy Pl Anes. Dept.

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 ▼

1333.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876814

Amount of Each Receipt this Period

83.34

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

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

166.68

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

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

FOR LINE NUMBER: PAGE 43 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLD PUEBLO ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2014

Transaction ID : C2899970

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLD PUEBLO ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2014

Transaction ID : C2904957

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Monique Espinosa M.D.

Mailing Address PO Box 16370
Anes. Dept.

City State Zip Code
Miami FL 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 ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y
11 28 2014

Transaction ID : C2876745

Amount of Each Receipt this Period

83.34

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

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

253.34

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)

PAGE 44 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Monique Espinosa M.D.

Mailing Address PO Box 16370

Anes. Dept.

City State Zip Code
 Miami FL 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 ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2014

Transaction ID : C2900222

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James Evans M.D.

Mailing Address 2302 Kingsmill Cir

City State Zip Code
 Tyler TX 75703-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Clinic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 02 2014

Transaction ID : C2876722

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City State Zip Code
 Seal Beah CA 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 ▼

2416.54

Date of Receipt

M M / D D / Y Y Y Y Y
 11 27 2014

Transaction ID : C2876697

Amount of Each Receipt this Period

83.34

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

216.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

2416.54

Date of Receipt

12 / 27 / 2014

Transaction ID : C2900191

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

666.70

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880312

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Gregory Fiasconaro M.D.

Mailing Address 505 Chestnut St

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Middletown

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 23 / 2014

Transaction ID : C2899066

Amount of Each Receipt this Period

50.00

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

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

175.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City

Tucson

State

AZ

Zip Code

85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C2880365

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Roberto C. Flores M.D.

Mailing Address 1602 Governors Dr Apt 1922

City

Pensacola

State

FL

Zip Code

32514-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876715

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Roberto C. Flores M.D.

Mailing Address 1602 Governors Dr Apt 1922

City

Pensacola

State

FL

Zip Code

32514-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900250

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**

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

FOR LINE NUMBER: PAGE 47 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City
Falmouth

State
ME

Zip Code
04105-1407

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 ▼

666.72

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882907

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael R. Flynn M.D.

Mailing Address 6808 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882855

Amount of Each Receipt this Period

83.34

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 ▼

516.70

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880311

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : C2900038

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William A. Frame M.D.

Mailing Address 2300 N Edward St

City State Zip Code
Decatur IL 62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Mem Hosp Anes Dept

Occupation
Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2014

Transaction ID : C2882900

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Christopher Frandrup M.D.

Mailing Address 11201 Benton St
mailstop: 112A

City State Zip Code
Loma Linda CA 92357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Defense

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 19 2014

Transaction ID : C2898371

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence P. Frank M.D.

Mailing Address P.O. Box 9779

City

Coral Springs

State

FL

Zip Code

33075

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876737

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lawrence P. Frank M.D.

Mailing Address P.O. Box 9779

City

Coral Springs

State

FL

Zip Code

33075

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2014

Transaction ID : C2900195

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Eugene Freid M.D.

Mailing Address 291 Southhall Ln

City

Maitland

State

FL

Zip Code

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876793

Amount of Each Receipt this Period

41.67

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

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

91.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eugene Freid 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

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
12 / 30 / 2014

Transaction ID : C2900486

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

State

Zip Code

Muskegon

MI

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lakeshore Anes. of Muskegon

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.54

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882889

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City

State

Zip Code

Knoxville

TN

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Anesthesiology of Tennessee

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
12 / 02 / 2014

Transaction ID : C2876685

Amount of Each Receipt this Period

100.00

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

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

225.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Meera Gangadharan M.B.,B.S.

Mailing Address 1717 Wittner Place

City

Corpus Christi

State

TX

Zip Code

78418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Driscoll Childrens Hospital Anesthesio

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 22 / 2014

Transaction ID : C2899052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian Gebhardt M.D.

Mailing Address 1614 Timber Ln.

City

Boulder

State

CO

Zip Code

80304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brian Gebhardt

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

12 / 12 / 2014

Transaction ID : C2887160

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Patrick Giam M.D.

Mailing Address 2411 Fountain View, Suite 200

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882357

Amount of Each Receipt this Period

83.34

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

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

358.34

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

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

FOR LINE NUMBER: PAGE 52 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence M. Gibbons D.O.

Mailing Address 42 Cromwell Dr

City

Portsmouth

State

RI

Zip Code

02871-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Massachusetts

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2889381

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Martin L. Ginsberg M.D.

Mailing Address One Elliot Way, #200

City

Manchester

State

NH

Zip Code

03103-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag Anesthesia

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
12 / 11 / 2014

Transaction ID : C2899978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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 Healthcare

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876717

Amount of Each Receipt this Period

41.67

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

316.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 Healthcare

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2014

Transaction ID : C2900196

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2875546

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. 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 ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2920815

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876808

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.08

Date of Receipt

12 / 07 / 2014

Transaction ID : C2880343

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Kimberly M. Greenwald M.D.

Mailing Address PO Box 18623

City

Raleigh

State

NC

Zip Code

27619-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

530.04

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882349

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880240

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Andrew E. Grimes M.D.

Mailing Address 6402 Dry Bend Cv

City State Zip Code
Austin TX 78731-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology

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
12 / 10 / 2014

Transaction ID : C2882337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Albert J. Gros M.D.

Mailing Address P.O. Box 459

City State Zip Code
Opelousas LA 70571

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAO

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
12 / 22 / 2014

Transaction ID : C2899045

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin J. Grudinskas M.D.

Mailing Address 11 Cobbler Ln

City

Bedford

State

NH

Zip Code

03110-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2899973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rebecca D. Guess M.D.

Mailing Address 12002 Woodfall cir.

City

Waco

State

TX

Zip Code

76712-3174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Tex Anesthesia Associates PA

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
12 / 27 / 2014

Transaction ID : C2900206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Nelson V. Guevara M.D.

Mailing Address 8780 NW 98TH CT

City

Doral

State

FL

Zip Code

33178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan HealthCorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2014

Transaction ID : C2880342

Amount of Each Receipt this Period

50.00

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

FOR LINE NUMBER: PAGE 57 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam Gumbert M.D.

Mailing Address 6431 Fannin St Ste 5-196

Dept of Anes

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Med Sch-Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 28 / 2014

Transaction ID : C2876699

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Sam Gumbert M.D.

Mailing Address 6431 Fannin St Ste 5-196

Dept of Anes

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Med Sch-Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 28 / 2014

Transaction ID : C2900237

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mary A. Gurkowski M.D.

Mailing Address 9960 Oakland Rd

City

San Antonio

State

TX

Zip Code

78240-1729

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 ▼

350.02

Date of Receipt

12 / 14 / 2014

Transaction ID : C2887326

Amount of Each Receipt this Period

41.67

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

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

81.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Loyola Department of Anesthesiology

Occupation

Associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2899981

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City
Chicago

State
IL

Zip Code
60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola Department of Anesthesiology

Occupation

Associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 30 / 2014

Transaction ID : C2904958

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carlos R. Guzman M.D.

Mailing Address 30 Amberville Rd

City
North Andover

State
MA

Zip Code
01845-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 08 / 2014

Transaction ID : C2880364

Amount of Each Receipt this Period

25.00

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

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

125.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

666.72

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876740

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

833.40

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882347

Amount of Each Receipt this Period

83.34

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 ▼

750.04

Date of Receipt

12 / 23 / 2014

Transaction ID : C2899059

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Malik A. Hamid M.D.

Mailing Address Anes Dept

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Staff 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
12 / 10 / 2014

Transaction ID : C2882351

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Aaron Hammond D.O.

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

City

Tucson

State

AZ

Zip Code

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880230

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Richard Eun Han M.D., M.P.

Mailing Address 23604 Wintergreen Cir

City

Novi

State

MI

Zip Code

48374

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882353

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

916.70

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880317

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Alison D. Hartvigson M.D.

Mailing Address 5323 NE 42nd St

City

Seattle

State

WA

Zip Code

98105-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

475.03

Date of Receipt

12 / 04 / 2014

Transaction ID : C2880222

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steven Hattamer M.D.

Mailing Address 8 Prospect St

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.72

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876810

Amount of Each Receipt this Period

83.34

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

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

266.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin W. Hatton M.D.

Mailing Address 756 Cottage Grove Ln

City

Lexington

State

KY

Zip Code

40502-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kentucky

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 20 / 2014

Transaction ID : C2898818

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Scott K. Henderson M.D.

Mailing Address 325 Blandford Dr

City

Worthington

State

OH

Zip Code

43085-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Physician Anesthesia Service,

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 04 / 2014

Transaction ID : C2879289

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard L. Henry M.D.

Mailing Address 3046 Obrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

12 / 12 / 2014

Transaction ID : C2887163

Amount of Each Receipt this Period

41.67

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

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

311.67

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

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

FOR LINE NUMBER: PAGE 63 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2876681

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David L. Hepner M.D.

Mailing Address Department of Anesthesiology
75 Francis St L1

City 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2014

Transaction ID : C2900143

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

UPMC Mercy

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882365

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.08

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882903

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mali Hetmaniuk M.D.

Mailing Address 6206 44th Avenue NE
Apt. 603

City

Seattle

State

WA

Zip Code

98115

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 ▼

450.00

Date of Receipt

12 / 05 / 2014

Transaction ID : C2880246

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Charles F. Hewell M.D.

Mailing Address 519 Wing Ln

City

Saint Charles

State

IL

Zip Code

60174-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kane Anesthesia Associates, S.C.

Occupation

Physician-Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 16 / 2014

Transaction ID : C2889839

Amount of Each Receipt this Period

500.00

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

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

633.34

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

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

FOR LINE NUMBER: PAGE 65 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1166.70

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2872538

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

1166.70

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 25 / 2014

Transaction ID : C2900135

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 State Zip Code
 Belleair FL 33756-1525

FEC ID number of contributing federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.38

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2014

Transaction ID : C2880337

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

FOR LINE NUMBER: PAGE 66 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas A. Hof M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City State Zip Code
Memphis TN 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887281

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2892946

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Ingrid B. Hollinger M.D.

Mailing Address 1 Gustave L Levy Pl # 1010

City State Zip Code
New York NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Ctr Anes Dept

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : C2898382

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Honska M.D.

Mailing Address P.O. Box 162026

City

Altamonte Springs

State

FL

Zip Code

32716-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880314

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

12 / 04 / 2014

Transaction ID : C2878091

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mark E. Hudson M.D.

Mailing Address 36 Little Mingo Rd

City

Finleyville

State

PA

Zip Code

15332

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 ▼

1208.35

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887298

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.49

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876754

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

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.49

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900474

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Jonathan R. Hughes M.D.

Mailing Address 350 Blountville Hwy Ste 207
Bristol Anesthesia Services

City

Bristol

State

TN

Zip Code

37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

12 / 17 / 2014

Transaction ID : C2892947

Amount of Each Receipt this Period

83.34

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

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

166.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Hunter Jr., M.D.

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City Birmingham State AL Zip Code 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 12 / 2014

Transaction ID : C2887153

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William E. Hurford M.D.

Mailing Address Department of Anesthesiology
231 Albert Sabin Way

City Cincinnati State OH Zip Code 45267-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 17 / 2014

Transaction ID : C2893551

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. 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 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.71

Date of Receipt

12 / 07 / 2014

Transaction ID : C2880339

Amount of Each Receipt this Period

41.67

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

133.34

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

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

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

FOR LINE NUMBER: PAGE 70 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaemy M. Hwang M.D.

Mailing Address 250 Breakwater

City State Zip Code
Fishers IN 46037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists PC

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.71

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887347

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joseph T. Hyatt M.D.

Mailing Address 23 Puritan Dr

City State Zip Code
Bedford NH 03110-6046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag 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
12 / 11 / 2014

Transaction ID : C2899977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Igor Ianov M.D.

Mailing Address 12934 Shirewood Ln

City State Zip Code
Jacksonville FL 32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

UF College of Medicine-Jacksonville

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.35

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876768

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Igor Ianov M.D.

Mailing Address 12934 Shirewood Ln

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

UF College of Medicine-Jacksonville

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2900226

Amount of Each Receipt this Period

41.67

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876712

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900255

Amount of Each Receipt this Period

83.34

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

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

208.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 194
(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			

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City	State	Zip Code
Rensselaer	NY	12144-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : C2872617

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Venesa J. Ingold M.D.Mailing Address 3901 Rainbow Blvd
Mail Stop 1034

City	State	Zip Code
Kansas City	KS	66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2014

Transaction ID : C2898841

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City	State	Zip Code
Davie	FL	33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : C2882910

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

FOR LINE NUMBER: PAGE 73 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1000.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899064

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

American Anesthesiology of Michigan

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
12 / 11 / 2014

Transaction ID : C2882912

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. John M. Jaworowicz M.D.

Mailing Address 2810 Gill Street

City

Bloomington

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Normal Bloomington Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898825

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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

FOR LINE NUMBER: PAGE 74 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. Scott Jellish M.D., Ph.D

Mailing Address 2160 S 1st Ave Bldg 103
 Building 103 - 3111

City State Zip Code
 Maywood IL 60153-3328

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887309

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City State Zip Code
 San Luis Obispo CA 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2876700

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Brian D. Johnson M.D.

Mailing Address 11415 Blair Rd.

City State Zip Code
 Apison TN 37302-9577

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887306

Amount of Each Receipt this Period

50.00

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jodie Johnson M.D.

Mailing Address 702 Barnhill Dr., Room 2001

City
Indianapolis

State Zip Code
IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riley Hosp. for Children

Occupation
Attending 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
12 / 01 / 2014

Transaction ID : C2874216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chauncey T. Jones M.D.

Mailing Address 33910 High Point Dr

City
Magnolia

State Zip Code
TX 77355-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Anesthesiology and Pain

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
12 / 14 / 2014

Transaction ID : C2887345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. D. Kurt K. Jones M.D.

Mailing Address 2043 Alaqua Lakes Blvd

City
Longwood

State Zip Code
FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAP

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876762

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary P. Jones A.A.

Mailing Address 6410 Fannin St
Ste 480

City Houston State TX Zip Code 77030-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University UTHous

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882909

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James W. Jones M.D.

Mailing Address 367 Bluff Ridge Cv

City Cordova State TN Zip Code 38018-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887282

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. 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

Metropolitan Aensthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876812

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sherry Jose M.D.

Mailing Address 2 Rachel Dr

City

State

Zip Code

Media

PA

19063-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates In Anesthesia Inc., Upland

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 07 / 2014

Transaction ID : C2880351

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 1160 S Michigan Ave Apt 2507

City

State

Zip Code

Chicago

IL

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 ▼

436.70

Date of Receipt

12 / 19 / 2014

Transaction ID : C2898373

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jacob Kaczmariski M.D.

Mailing Address 7265 SW 89th St Apt A414

City

State

Zip Code

Miami

FL

33156-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Hospital of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 29 / 2014

Transaction ID : C2874139

Amount of Each Receipt this Period

250.00

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

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

691.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott T. Kane M.D.

Mailing Address 4242 Medical Dr Ste 3100
 Tejas Anesthesia, P.A.

City State Zip Code
 San Antonio TX 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : C2887358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Wendy B. Kang M.D., J.D.

Mailing Address 7703 Floyd Curl Dr Mail Code 7838

City State Zip Code
 San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

Clinical Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2881456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Geetha Kannan M.D.

Mailing Address 249 Maison Ct

City State Zip Code
 Altamonte Springs FL 32714-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 12 16 2014

Transaction ID : C2888991

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan B. Kaper M.D.

Mailing Address 5413 Waldenhill Ct

City

Ypsilanti

State

MI

Zip Code

48198-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876799

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jonathan B. Kaper M.D.

Mailing Address 5413 Waldenhill Ct

City

Ypsilanti

State

MI

Zip Code

48198-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900492

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Paul J. Keating M.D.

Mailing Address 416 N Rose Ln

City

Haverford

State

PA

Zip Code

19041-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asssociates in Anesthesiology

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
12 / 04 / 2014

Transaction ID : C2880224

Amount of Each Receipt this Period

400.00

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

483.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric R. Kelhoffer M.D.

Mailing Address 250 E 53rd St Apt 504

City
New York

State Zip Code
NY 10022-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sloan-Kettering Cancer Center Anes. De

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2014

Transaction ID : C2898845

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jessica Kenaston M.D.

Mailing Address 6 Alden Rd

City
Poughkeepsie

State Zip Code
NY 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2897979

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Scott Kercheville M.D.

Mailing Address 14 Eton Green Circle

City
San Antonio

State Zip Code
TX 78257

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882905

Amount of Each Receipt this Period

83.34

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

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

216.68

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

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

FOR LINE NUMBER: PAGE 81 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kerr III, M.D.

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Anesthesia Consultants P

Occupation

lanesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876677

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James Kerr III, M.D.

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Anesthesia Consultants P

Occupation

lanesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2900214

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

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876714

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER: PAGE 82 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887308

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
 12 29 2014

Transaction ID : C2900249

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Salman A. Khan M.D.

Mailing Address 13260 Ashwood Dr.

City State Zip Code
 Fishers IN 46038-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU Health Ball Memorial Hospital

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
 12 06 2014

Transaction ID : C2880331

Amount of Each Receipt this Period

250.00

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

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

333.34

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)

PAGE 83 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Kidwell M.D.

Mailing Address 707 Ground Plum Circle

City
Solon

State
IA

Zip Code
52333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876731

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Matthew Kidwell M.D.

Mailing Address 707 Ground Plum Circle

City
Solon

State
IA

Zip Code
52333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900466

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2888987

Amount of Each Receipt this Period

50.00

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

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

216.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harold Kim M.D.

Mailing Address 68 South Service Road
Suite 350

City State Zip Code
Melville NY 11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876680

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Tony G. Kim M.D.

Mailing Address 1748 Banks St.

City State Zip Code
Houston TX 77098

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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887328

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Brian D. Klagges M.D.

Mailing Address 1 Elliot Way Ste 200

City State Zip Code
Manchester NH 03103-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2899976

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G. Klamik M.D.

Mailing Address 1225 Orchard Ln.

City

Elm Grove

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer

James G Klamik MDSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876047

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Andrew A. Knight M.D.

Mailing Address 224 Cheval Lane

City

Walnut Creek

State

CA

Zip Code

94596-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882093

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Andrew A. Knight M.D.

Mailing Address 224 Cheval Lane

City

Walnut Creek

State

CA

Zip Code

94596-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882312

Amount of Each Receipt this Period

25.00

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

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

345.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

500.04

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880308

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Robert F. Koeber M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.08

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882899

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Heidi M. Koenig M.D.

Mailing Address 507 Ridgewood Road

City

Louisville

State

KY

Zip Code

40207-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 26 / 2014

Transaction ID : C2873982

Amount of Each Receipt this Period

1000.00

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

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

1125.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Kogan M.D., Ph.D

Mailing Address 2106 Ari Ln

City

Los Angeles

State

CA

Zip Code

90049-6818

FEC ID number of contributing
federal political committee.

C

Name of Employer

RLK Anesthesia Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876759

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert L. Kogan M.D., Ph.D

Mailing Address 2106 Ari Ln

City

Los Angeles

State

CA

Zip Code

90049-6818

FEC ID number of contributing
federal political committee.

C

Name of Employer

RLK Anesthesia Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 09 / 2014

Transaction ID : C2882313

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert L. Kogan M.D., Ph.D

Mailing Address 2106 Ari Ln

City

Los Angeles

State

CA

Zip Code

90049-6818

FEC ID number of contributing
federal political committee.

C

Name of Employer

RLK Anesthesia Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900477

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878105

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St #435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880265

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Brian Kradel M.D.

Mailing Address 726 Gulf Aire Dr.
726 Gulf Aire Drive

City

Port Saint Joe

State

FL

Zip Code

32456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

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

Transaction ID : C2880370

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.72

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880319

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Department of Anesthes

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882897

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Services

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876726

Amount of Each Receipt this Period

83.34

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

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

266.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Lagman M.D.

Mailing Address 202 S Park St

City

Madison

State

WI

Zip Code

53715-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Anesthesiology Consultants LLP

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 26 / 2014

Transaction ID : C2876724

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Steven Lagman M.D.

Mailing Address 202 S Park St

City

Madison

State

WI

Zip Code

53715-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Anesthesiology Consultants LLP

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 26 / 2014

Transaction ID : C2900156

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael J. Lalich M.D.

Mailing Address 1501 S. Lake George Dr.

City

Mishawaka

State

IN

Zip Code

46545-4068

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 15 / 2014

Transaction ID : C2888976

Amount of Each Receipt this Period

250.00

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

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

290.00

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

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

FOR LINE NUMBER: PAGE 91 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven N. Landau M.D.

Mailing Address 2443 Dundee Dr

City

Ann Arbor

State

MI

Zip Code

48103-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, PC

Occupation

Physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876787

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven N. Landau M.D.

Mailing Address 2443 Dundee Dr

City

Ann Arbor

State

MI

Zip Code

48103-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, PC

Occupation

Physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900480

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Alice L. Landrum M.D.

Mailing Address 1121 S Hickory Grove School Rd

City

Columbia

State

MO

Zip Code

65279-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882917

Amount of Each Receipt this Period

50.00

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

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

216.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. E. W. Larsen M.D.

Mailing Address 1786 N. Main

City

Centerville

State

UT

Zip Code

84015

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

11 / 25 / 2014

Transaction ID : C2872597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric L. Larson M.D.

Mailing Address 2215 Cascade Lakes Cir SE

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 03 / 2014

Transaction ID : C2876688

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876694

Amount of Each Receipt this Period

41.67

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

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

341.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900462

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 7100 Hollyleaf Dr.

City

Burlington

State

KY

Zip Code

41005

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati College of Me

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882364

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Leachman M.D.

Mailing Address 7130 Coors Trl NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Specialists of Albuquerque

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 15 / 2014

Transaction ID : C2887360

Amount of Each Receipt this Period

50.00

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887288

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878088

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

616.63

Date of Receipt

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

Transaction ID : C2880310

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.43

Date of Receipt

11 / 28 / 2014

Transaction ID : C2876720

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.43

Date of Receipt

12 / 28 / 2014

Transaction ID : C2900218

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Marc L. Leib M.D.

Mailing Address PO Box 44527

City

Phoenix

State

AZ

Zip Code

85064-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

12 / 01 / 2014

Transaction ID : C2876802

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

FOR LINE NUMBER: PAGE 96 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1025.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876708

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

791.24

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876739

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

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.08

Date of Receipt

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

Transaction ID : C2887156

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

500.04

Date of Receipt

11 / 28 / 2014

Transaction ID : C2876719

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

500.04

Date of Receipt

12 / 28 / 2014

Transaction ID : C2900217

Amount of Each Receipt this Period

41.67

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

East Texas Anesthesiology Assc

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882363

Amount of Each Receipt this Period

83.34

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

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

166.68

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

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

FOR LINE NUMBER: PAGE 98 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City
Kingsport

State
TN

Zip Code
37664-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876758

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City
Kingsport

State
TN

Zip Code
37664-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900476

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Allison R. Losey M.D.

Mailing Address 8710 Crest Ridge Cir

City
Austin

State
TX

Zip Code
78750-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.01

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2892954

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 Interim Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joshua L. Lumbley M.D.

Mailing Address 4356 Olentangy Blvd

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing
federal political committee.

C

Name of Employer

NorthStar Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887316

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Philip E. Lund M.D.

Mailing Address 5441 SW View Point Terrace

City

Portland

State

OR

Zip Code

97239-3965

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Permanente

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
12 / 25 / 2014

Transaction ID : C2900148

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:
(check only one)

PAGE 100 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880241

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Sean C. Mackey M.D., Ph.D

Mailing Address 1070 Arastradero Rd Ste 200

City Palo Alto State CA Zip Code 94304-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univ Med Ctr Dept of Anes

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
12 / 31 / 2014

Transaction ID : C2903044

Amount of Each Receipt this Period

250.00

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882362

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce A. Malmer M.D.

Mailing Address 45 Linden St

City

Bangor

State

ME

Zip Code

04401-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group Northern Anesth

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2900020

Amount of Each Receipt this Period

500.00

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 ▼

1100.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876713

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lowell S. Mankin M.D.

Mailing Address 2709 Mesquite Ln

City

Grapevine

State

TX

Zip Code

76051-7150

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898806

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Marcovitz M.D.

Mailing Address 4483 Ford Rd.

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, P.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900041

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gregory Marino M.D.

Mailing Address 2626 E 66th St

City

Tulsa

State

OK

Zip Code

74136-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue cross oklahoma

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882345

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

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

Transaction ID : C2880372

Amount of Each Receipt this Period

83.34

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

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

175.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory F. Martin M.D.

Mailing Address 8 Prospect St

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern New Hampshire Med Ctr

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
12 / 29 / 2014

Transaction ID : C2900449

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Martin M.D.

Mailing Address 116 Hidden Cove Ct

City

Seneca

State

SC

Zip Code

29672-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of the Upstate

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
12 / 13 / 2014

Transaction ID : C2887292

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Nicole D. Martin M.D.

Mailing Address 8880 SW 113th Ave

City

Miami

State

FL

Zip Code

33176-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887327

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

FOR LINE NUMBER: PAGE 104 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878094

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Susan M. Martinelli M.D.

Mailing Address 101 Manning Dr # 7010
Anesthesia Department

City Chapel Hill State NC Zip Code 27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Carolina Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2902788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Donald M. Mathews M.D.

Mailing Address 40 College St., #501

City Burlington State VT Zip Code 05401

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Vermont

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2898041

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fredric J. Matlin M.D.

Mailing Address 23 Lodge Ln

City

Miller Place

State

NY

Zip Code

11764-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Anesthesia Physicians, LLP

Occupation

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
12 / 12 / 2014

Transaction ID : C2887165

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Nora Matus

Mailing Address 4511 delmont lane

City

bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Society of Anesthesiologists

Occupation

Director of Congressional and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882355

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Maria E. Matuszczak M.D.

Mailing Address 6431 Fannin St Msb 5.020

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical School

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882331

Amount of Each Receipt this Period

41.67

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

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

150.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall P. Maydew M.D.

Mailing Address 6910 Wildglen Drive

City State Zip Code
 Dallas TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Randall P Maydew, MD, MBA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 24 2014

Transaction ID : C2900123

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Mayo M.D.

Mailing Address 989 Cedar Drive

City State Zip Code
 Burlington WI 53105

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 28 2014

Transaction ID : C2873992

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Philip J. McArdle M.B.,B.Ch.

Mailing Address 3746 Dunbarton Dr

City State Zip Code
 Mountain Brook AL 35223-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Anesthesiology

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
 12 22 2014

Transaction ID : C2898868

Amount of Each Receipt this Period

83.34

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

2083.34

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

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

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

FOR LINE NUMBER: PAGE 107 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2014

Transaction ID : C2887299

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William A. McDade M.D., Ph.D

Mailing Address 5801 S Ellis Ave Rm 514
Dept of Anes and Critical Care

City State Zip Code
Chicago IL 60637-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer
The University of Chicago

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.21

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2014

Transaction ID : C2882924

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2014

Transaction ID : C2899060

Amount of Each Receipt this Period

83.34

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

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

225.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Meddows M.D.

Mailing Address 8508-B Atlantic Ave.

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

12 / 04 / 2014

Transaction ID : C2878092

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Spencer H. Menees M.D.

Mailing Address 2209 Burleigh Street
 Apartment 303

City

Yankton

State

SD

Zip Code

57078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yankton Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 17 / 2014

Transaction ID : C2896330

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David W. Mercier M.D.

Mailing Address 7433 Villanova St

City

Dallas

State

TX

Zip Code

75225-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Southwestern

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 23 / 2014

Transaction ID : C2899958

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**

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

FOR LINE NUMBER: PAGE 109 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R. Mesrobian M.D.

Mailing Address 827 E Birch Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878098

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882898

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882343

Amount of Each Receipt this Period

100.00

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

266.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876090

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876718

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2014

Transaction ID : C2900197

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER: PAGE 111 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William M. Miller M.D.

Mailing Address 444 Hermitage Dr

City

Deerfield

State

IL

Zip Code

60015-4443

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2903043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

Providence

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2899969

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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

Providence

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2892942

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul S. Mintz M.D.

Mailing Address 200 Reading Blvd

City

Wyomissing

State

PA

Zip Code

19610-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

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

Transaction ID : C2880367

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Brian Mitchell M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VA Medical Center P3- ANES

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
12 / 11 / 2014

Transaction ID : C2882906

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Karen P. Mitchell M.D.

Mailing Address 827 Old Oyster Trl

City

Sugarland

State

TX

Zip Code

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 ▼

2000.16

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876676

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

FOR LINE NUMBER: PAGE 113 OF 194

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen P. Mitchell M.D.

Mailing Address 827 Old Oyster Trl

City

Sugarland

State

TX

Zip Code

77478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hermann Southwest Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.16

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899065

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

TX

Zip Code

77478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hermann Southwest Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.16

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2014

Transaction ID : C2900189

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Larkin H. Mitchell M.D.

Mailing Address 309 S Gamwyn Park Dr

City

Greenville

State

MS

Zip Code

38701-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876767

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larkin H. Mitchell M.D.

Mailing Address 309 S Gamwyn Park Dr

City

Greenville

State

MS

Zip Code

38701-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

12 / 27 / 2014

Transaction ID : C2900194

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Patricia A. Moesner M.D.

Mailing Address 1135 Shelby St Apt 2611

City

Detroit

State

MI

Zip Code

48226-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Interventional Pain Center

Occupation

Interventional pain specialist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887297

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Christian D. Monson M.D.

Mailing Address 1821 Malibu Dr

City

Idaho Falls

State

ID

Zip Code

83404-6415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermountain Anesthesia, PA

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876049

Amount of Each Receipt this Period

250.00

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

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

333.34

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)

PAGE 115 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Month M.D.

Mailing Address 2001 Hamilton St Apt 2307

City
Philadelphia

State Zip Code
PA 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 10 2014

Transaction ID : C2882359

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Barry Moody M.D.

Mailing Address 216 Marengo St.,
Suite F

City
Florence

State Zip Code
AL 35630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barry J. Moody,DMD,MD,PC

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.68

Date of Receipt

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

Transaction ID : C2887173

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 12707 Crestmoor Cir

City
Prospect

State Zip Code
KY 40059-9182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Physician Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 25 2014

Transaction ID : C2876682

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 12707 Crestmoor Cir

City

State

Zip Code

Prospect

KY

40059-9182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Jewish Physician Group

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2014

Transaction ID : C2900144

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kevin L. Morneault D.O.

Mailing Address 29 Preservation Dr

City

State

Zip Code

Falmouth

ME

04105-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Associates of Lewiston-Aubu

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2897986

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

State

Zip Code

Germantown

TN

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Anesthesia Group

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882921

Amount of Each Receipt this Period

100.00

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

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

161.67

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

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

FOR LINE NUMBER: PAGE 117 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

966.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882922

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James L. Mosher M.D.

Mailing Address 6511 Foxchase Ln

City

Cincinnati

State

OH

Zip Code

45243-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Cincinnati

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900177

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. John P. Mrachek M.D.

Mailing Address 4520 W. Woodland Rd.

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2872544

Amount of Each Receipt this Period

83.34

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

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

483.34

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

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

FOR LINE NUMBER: PAGE 118 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 25 2014

Transaction ID : C2900141

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City State Zip Code
Springfield VT 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2014

Transaction ID : C2882914

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City State Zip Code
Allen TX 75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Partners In Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 19 2014

Transaction ID : C2898379

Amount of Each Receipt this Period

100.00

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

266.68

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

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

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

FOR LINE NUMBER: PAGE 119 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryant A. Murphy M.D.

Mailing Address 367 Kimberwicke Dr

City State Zip Code
 Fayetteville NC 28311

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876748

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Bryant A. Murphy M.D.

Mailing Address 367 Kimberwicke Dr

City State Zip Code
 Fayetteville NC 28311

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900472

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. James L. Murphy Jr., M.D.

Mailing Address 1122 E. Pike St., #1125

City State Zip Code
 Seattle WA 98122-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health

Occupation

Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 29 / 2014

Transaction ID : C2876691

Amount of Each Receipt this Period

20.00

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

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

103.34

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)

PAGE 120 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James L. Murphy Jr., M.D.

Mailing Address 1122 E. Pike St., #1125

City
Seattle

State
WA

Zip Code
98122-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health

Occupation

Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 29 / 2014

Transaction ID : C2900254

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887311

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

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

12 / 24 / 2014

Transaction ID : C2900042

Amount of Each Receipt this Period

33.00

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

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

136.34

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

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

FOR LINE NUMBER: PAGE 121 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark S. Nemiroff M.D.

Mailing Address 109 E Ferry Rd

City State Zip Code
Yardley PA 19067-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper University Hospital

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2580 Hillandale Cir

City State Zip Code
Cumming GA 30041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Specialists in Anesthesia

Occupation
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880237

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Michael P. Nikolov M.D.

Mailing Address 1421 Forest Ave

City State Zip Code
River Forest IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexian Brothers Medical Center Anes.

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
12 / 14 / 2014

Transaction ID : C2887346

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heather C. Nixon M.D.

Mailing Address 1740 W. Taylor Ave

Suite 3200: Anesthesiology Depart

City State Zip Code
Chicago IL 60612

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876821

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Heather C. Nixon M.D.

Mailing Address 1740 W. Taylor Ave

Suite 3200: Anesthesiology Depart

City State Zip Code
Chicago IL 60612

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900493

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jesse A. Noboa M.D.

Mailing Address 780 5th Ave S Apt 302

City State Zip Code
Naples FL 34102-6632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Collier Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : C2887349

Amount of Each Receipt this Period

20.00

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

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

103.34

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

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

FOR LINE NUMBER: PAGE 123 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter H. Norman M.D.

Mailing Address 3922 Amherst St.

City State Zip Code
Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT MD ANDERSON CANCER CENTER

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
12 11 2014

Transaction ID : C2882931

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City State Zip Code
Kingsport 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 ▼

1750.14

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2014

Transaction ID : C2887273

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City State Zip Code
Kingsport 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 ▼

1750.14

Date of Receipt

M M / D D / Y Y Y Y Y
12 19 2014

Transaction ID : C2898374

Amount of Each Receipt this Period

83.34

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

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

216.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Novo D.O.

Mailing Address 2727 N Highway A1A Apt 101

City
Indialantic

State
FL

Zip Code
32903-2282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Physician Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899061

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 511 Columbia Ave

City
Hinsdale

State
IL

Zip Code
60521-4747

FEC ID number of contributing
federal political committee.

C

Name of Employer

university anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899599

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 10 White Pine Ln.

City
Rose Valley

State
PA

Zip Code
19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882925

Amount of Each Receipt this Period

41.67

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

103.34

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

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

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

FOR LINE NUMBER: PAGE 125 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas A. Olin M.D.

Mailing Address 5270 Vista Club Run

City

Sanford

State

FL

Zip Code

32771-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAP-JLR Division

Occupation

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
12 / 03 / 2014

Transaction ID : C2876763

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kenneth E. Oswalt M.D.

Mailing Address 2500 N State St

City

Jackson

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Anesthesia Services, PLLC

Occupation

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
12 / 08 / 2014

Transaction ID : C2880369

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Sam L. Page M.D.

Mailing Address 17 Windsor Terrace Ln

City

Creve Coeur

State

MO

Zip Code

63141-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882358

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juhan Paiste M.D.

Mailing Address JT 845

619 19th St S

City

Birmingham

State

AL

Zip Code

35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB, Department of Anesthesiology

Occupation

Medical Doctor

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
12 / 01 / 2014

Transaction ID : C2876805

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jorge M. Palacios M.D.

Mailing Address 612 Walnut Bend Dr

City

Mansfield

State

TX

Zip Code

76063

FEC ID number of contributing
federal political committee.

C

Name of Employer

sheridan

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2014

Transaction ID : C2880341

Amount of Each Receipt this Period

25.00

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 ▼

1583.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878090

Amount of Each Receipt this Period

83.34

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

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

191.68

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

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

FOR LINE NUMBER: PAGE 127 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City State Zip Code
Pittsford NY 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 ▼

1583.46

Date of Receipt

M M / D D / Y Y Y Y Y
12 22 2014

Transaction ID : C2898863

Amount of Each Receipt this Period

83.34

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 09 2014

Transaction ID : C2882096

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City State Zip Code
Bloomfield Hills MI 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 ▼

916.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 16 2014

Transaction ID : C2888994

Amount of Each Receipt this Period

83.34

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

191.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Haresh D. Patel M.D.

Mailing Address 1120 Enclave Rd

City

Chattanooga

State

TN

Zip Code

37415-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876706

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.08

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900470

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Todd H. Patterson D.O.

Mailing Address 1439 Wedgewood Ave

City

Des Plaines

State

IL

Zip Code

60018-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran General Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 30 / 2014

Transaction ID : C2908331

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Y. Pauker M.D.

Mailing Address 18 Sierra Vista

City

Laguna Niguel

State

CA

Zip Code

92677-7952

FEC ID number of contributing
federal political committee.

C

Name of Employer

caamg, inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887313

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887335

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Emily Peoples M.D.

Mailing Address 1500 E Medical Center Dr Spc 5048

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

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.01

Date of Receipt

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

Transaction ID : C2887170

Amount of Each Receipt this Period

41.67

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

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

145.01

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

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

FOR LINE NUMBER: PAGE 130 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feyce M. Peralta M.D.

Mailing Address 251 E Huron St # F5-704

City
Chicago

State
IL

Zip Code
60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887315

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeremie J. Perry M.D.

Mailing Address 2410 Whispering Oaks Ct.

City
Abilene

State
TX

Zip Code
79606-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2888989

Amount of Each Receipt this Period

83.34

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 ▼

1500.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882902

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887342

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887283

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID : C2880313

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 28 / 2014

Transaction ID : C2876721

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

12 / 05 / 2014

Transaction ID : C2880243

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. 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

Medical Anesthesia Consultants

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

12 / 29 / 2014

Transaction ID : C2900315

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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

FOR LINE NUMBER: PAGE 133 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
 Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 26 2014

Transaction ID : C2876766

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
 Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 26 2014

Transaction ID : C2900163

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

1083.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 15 2014

Transaction ID : C2888975

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 RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Porter M.D.

Mailing Address 622 Geier Ave

City

St Henry

State

OH

Zip Code

45883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercer Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

558.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899063

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joseph N. Portnoy M.D.

Mailing Address 1201 West Ducasse Dr.

City

Phoenix

State

AZ

Zip Code

85013-1391

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882890

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Karl A. Poterack M.D.

Mailing Address 5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Foundation

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 Y
11 / 30 / 2014

Transaction ID : C2876798

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karl A. Poterack M.D.

Mailing Address 5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Foundation

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
12 / 30 / 2014

Transaction ID : C2900491

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887344

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. 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 ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876728

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clyde W. Pray M.D.

Mailing Address 303 Anchor Dr

City

Yorktown

State

VA

Zip Code

23692-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fair Oaks Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

12 / 29 / 2014

Transaction ID : C2900252

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Department of Anesthesiology and

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 04 / 2014

Transaction ID : C2878101

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Theodore J. Quilligan M.D.

Mailing Address 627 8th St

City

Huntington Beach

State

CA

Zip Code

92648-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allied Anesthesia Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882346

Amount of Each Receipt this Period

50.00

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

216.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876683

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Nathan M. Rachman M.D.

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900176

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876693

Amount of Each Receipt this Period

41.67

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

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

125.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric J. Radel D.O.

Mailing Address 1180 Dogwood Meadows Dr SE

City State Zip Code
 Ada MI 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 30 2014

Transaction ID : C2900468

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Melissa M. Rader M.D., M.P.

Mailing Address 130 Walnut Cir SW

City State Zip Code
 Marietta GA 30064-3285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesiology Consultants

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
 12 24 2014

Transaction ID : C2900043

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Thomas F. Rahlfs M.D.

Mailing Address 11406 Chartreuse Ct

City State Zip Code
 Houston TX 77082

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.T. M.J. Anderson Cancer Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2014

Transaction ID : C2882926

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Rainosek M.D.

Mailing Address 2400 Central Ave SE

City

Albuquerque

State

NM

Zip Code

87106

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 ▼

225.00

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887304

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Sally Raty M.D.

Mailing Address 6414 Rutgers Ave

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Director Residency Training

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

12 / 13 / 2014

Transaction ID : C2887294

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Syed A. Razvi M.D.

Mailing Address One Elliot Way, Suite 200

City

Manchester

State

NH

Zip Code

03103-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2899975

Amount of Each Receipt this Period

250.00

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

316.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887285

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Zed Reagan M.D.

Mailing Address 514 W Pueblo St Fl 2

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Medical Group of Santa Barbara

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887295

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jon Wells Reynolds M.D.

Mailing Address 822 Roslyn Rd

City

Winston Salem

State

NC

Zip Code

27104-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

WFUBMC Anesthesiology

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
12 / 24 / 2014

Transaction ID : C2900111

Amount of Each Receipt this Period

500.00

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.34

Date of Receipt

12 / 02 / 2014

Transaction ID : C2876825

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.08

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882908

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. John C. Rivard M.D.

Mailing Address 2104 Copley Ave.

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC ANN ARBOR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

11 / 29 / 2014

Transaction ID : C2876783

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**

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

FOR LINE NUMBER: PAGE 142 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Rivard M.D.

Mailing Address 2104 Copley Ave.

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC ANN ARBOR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2014

Transaction ID : C2904956

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John C. Rivard M.D.

Mailing Address 2104 Copley Ave.

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC ANN ARBOR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 29 2014

Transaction ID : C2900261

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Daniel Rivera M.D.

Mailing Address 26015 Meadowlark Bay

City State Zip Code
San Antonio TX 78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hutchinson Regional Medical Center Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 04 2014

Transaction ID : C2878089

Amount of Each Receipt this Period

41.67

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell S. Roberson M.D.

Mailing Address 2609 N. Pierce

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Regional Anesthesiology Consu

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
12 / 17 / 2014

Transaction ID : C2894029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin W. Roberts M.D.

Mailing Address 240 Walnut Ln.

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2897988

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Laurence Clayton Roberts M.D.

Mailing Address 6226 Mimosa Lane

City

Dallas

State

TX

Zip Code

75230-5133

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2890693

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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

FOR LINE NUMBER: PAGE 144 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2014

Transaction ID : C2892949

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Howard H. Robinson M.D.

Mailing Address 3600 Boulder Ridge Drive

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2014

Transaction ID : C2898375

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Howard H. Robinson M.D.

Mailing Address 3600 Boulder Ridge Drive

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2014

Transaction ID : C2898376

Amount of Each Receipt this Period

10.00

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

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

103.34

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)

PAGE 145 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luis I. Rodriguez M.D.

Mailing Address 1611 NW 12th Ave. C-300

City State Zip Code
 Miami FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesia

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887286

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City State Zip Code
 Leawood KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2014

Transaction ID : C2882929

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Anne T. Rogers M.B.,Ch.B.

Mailing Address 6005 River Rd

City State Zip Code
 Norfolk VA 23505-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia Inc

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2014

Transaction ID : C2880233

Amount of Each Receipt this Period

100.00

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

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

233.34

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)

PAGE 146 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2899971

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kalen J. Rogers M.D.

Mailing Address 18220 County Rd #1558

City

Ada

State

OK

Zip Code

74820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chickasaw Nation 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 Y
12 / 23 / 2014

Transaction ID : C2899070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : C2898859

Amount of Each Receipt this Period

41.67

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

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

341.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Rosemeier M.D.

Mailing Address 10004 Crystalline Ct

City

Orlando

State

FL

Zip Code

32836-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Attending Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.01

Date of Receipt

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

Transaction ID : C2880318

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

499.55

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887303

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jeffrey M. Rusheen M.D.

Mailing Address 6011 N Pointe Pl

City

Woodland Hills

State

CA

Zip Code

91367-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer

County of Los Angeles

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.35

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2014

Transaction ID : C2876729

Amount of Each Receipt this Period

20.00

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

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

103.34

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)

PAGE 148 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Rusheen M.D.

Mailing Address 6011 N Pointe PI

City

Woodland Hills

State

CA

Zip Code

91367-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer

County of Los Angeles

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887301

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jeffrey M. Rusheen M.D.

Mailing Address 6011 N Pointe PI

City

Woodland Hills

State

CA

Zip Code

91367-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer

County of Los Angeles

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900253

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Farrah K. Russell M.D.

Mailing Address 656 Trumpet Circle

City

Hoover

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children Hosp of Alabama

Occupation

Pediatric 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
11 / 29 / 2014

Transaction ID : C2876773

Amount of Each Receipt this Period

41.67

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

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

103.34

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)

PAGE 149 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Farrah K. Russell M.D.

Mailing Address 656 Trumpet Circle

City

Hoover

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children Hosp of Alabama

Occupation

Pediatric 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
12 / 29 / 2014

Transaction ID : C2900259

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876735

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Gabriel E. Sarah M.D.

Mailing Address 4075 17th St

City

San Francisco

State

CA

Zip Code

94114-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Memorial Hospital Unviersity o

Occupation

Pediatric 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
12 / 18 / 2014

Transaction ID : C2897981

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica A. Scarfe D.O.

Mailing Address 2045 Bear Creek Dr

City
Salem

State
VA

Zip Code
24153-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia 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
12 / 10 / 2014

Transaction ID : C2882767

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David G. Schaner M.D.

Mailing Address 8 Spruce St Apt 20A

City
New York

State
NY

Zip Code
10038-5212

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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876725

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Stephen F. Scharf M.D.

Mailing Address 103 Lee Cir

City
Lynchburg

State
VA

Zip Code
24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynchburg Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2014

Transaction ID : C2898846

Amount of Each Receipt this Period

100.00

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

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

641.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Schinelli M.D.

Mailing Address 1855 Vermack Ct.

City

Dunwoody

State

GA

Zip Code

30338-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSA

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : C2888990

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael L. Schmitz M.D.

Mailing Address 8500 Barrett Road

City

Roland

State

AR

Zip Code

72135-9282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Arkansas for Medical Sciences, D

Occupation

Pediatric Cardiac 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
12 / 14 / 2014

Transaction ID : C2887329

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Greg K. Schroeder D.O.

Mailing Address 3280 Lake Shore Dr

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2892951

Amount of Each Receipt this Period

41.67

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 152 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887272

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Paul J. Schwarz D.O.

Mailing Address 4226 24th St

City

San Francisco

State

CA

Zip Code

94114-3656

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876678

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Paul J. Schwarz D.O.

Mailing Address 4226 24th St

City

San Francisco

State

CA

Zip Code

94114-3656

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2900215

Amount of Each Receipt this Period

20.00

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

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

123.34

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)

PAGE 153 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert E. Shangraw M.D., Ph.D

Mailing Address 3181 SW Sam Jackson Park Rd # UHS-
Dept of Anesthesiology and Periope

City State Zip Code
Portland OR 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID : C2880328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert E. Shangraw M.D., Ph.D

Mailing Address 3181 SW Sam Jackson Park Rd # UHS-
Dept of Anesthesiology and Periope

City State Zip Code
Portland OR 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID : C2880329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mickel B. Sharp M.D.

Mailing Address 1878 E Somerset Ridge Dr

City State Zip Code
Draper UT 84020-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mickel Sharp MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876710

Amount of Each Receipt this Period

50.00

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

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay Shepherd M.D.

Mailing Address 103 Hickory Lane

City

Lavalette

State

WV

Zip Code

45535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Daughters Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 21 / 2014

Transaction ID : C2898842

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jay Shepherd M.D.

Mailing Address 103 Hickory Lane

City

Lavalette

State

WV

Zip Code

45535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Daughters Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 29 / 2014

Transaction ID : C2900308

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 26 / 2014

Transaction ID : C2900150

Amount of Each Receipt this Period

100.00

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

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

210.00

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

PAGE 155 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy R. Shipe M.D.

Mailing Address 1304 Masters Ct

City

Chesapeake

State

VA

Zip Code

23320-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chesapeake Regional 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
12	/	03	/	2014

Transaction ID : C2876598

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bret E. Shipley M.D.

Mailing Address 6918 Melrose Lane

City

Oklahoma City

State

OK

Zip Code

73127-6140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bret E. Shipley, M.D.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2014

Transaction ID : C2882100

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University of Alabama at Birmingha

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : C2887187

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 194

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1516.78

Date of Receipt

12 / 05 / 2014

Transaction ID : C2880239

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1516.78

Date of Receipt

12 / 22 / 2014

Transaction ID : C2898867

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Timothy M. Sievers M.D.

Mailing Address 1 Elliot Way, Suite 200

City

Manchester

State

NH

Zip Code

03103-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag Anesthesia, P.L.L.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2899974

Amount of Each Receipt this Period

250.00

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

416.68

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

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

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

FOR LINE NUMBER: PAGE 157 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1250.10

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882097

Amount of Each Receipt this Period

83.34

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 ▼

1250.10

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882360

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jean A. Simonson M.D.

Mailing Address 924 N 20th Avenue Cir

City State Zip Code
Blair NE 68008

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876752

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**

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

FOR LINE NUMBER: PAGE 158 OF 194
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jean A. Simonson M.D.

Mailing Address 924 N 20th Avenue Cir

City State Zip Code
Blair NE 68008

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2014

Transaction ID : C2900193

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 134 SE Via Verona

City State Zip Code
Port Saint Lucie FL 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 ▼

1025.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 04 2014

Transaction ID : C2878100

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address 410 W 10th Ave
Dept of Anes - N411 Doan Hall

City State Zip Code
Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2014

Transaction ID : C2882896

Amount of Each Receipt this Period

100.00

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

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

225.01

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City State Zip Code
 Vestavia AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Alabama Health Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2876806

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Shannon M. Sorah D.O.

Mailing Address 11743 Couch Mill Road

City State Zip Code
 Knoxville TN 37932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Med. Ctr. Anes. Gr.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2014

Transaction ID : C2898040

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Kortnee L. Sorbin M.D.

Mailing Address 10718 W 163rd Ter

City State Zip Code
 Overland Park KS 66062-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAKC-Menorah Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.36

Date of Receipt

M M / D D / Y Y Y Y Y
 11 29 2014

Transaction ID : C2874136

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

208.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kortnee L. Sorbin M.D.

Mailing Address 10718 W 163rd Ter

City

Overland Park

State

KS

Zip Code

66062-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC-Menorah Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900265

Amount of Each Receipt this Period

83.34

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882911

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 ▼

457.95

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887162

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

208.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887154

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Richard P. Spaulding M.D.

Mailing Address 18 Brick Mill Road

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amoskeag Anes., PLLC

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
12 / 11 / 2014

Transaction ID : C2899972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Matthew F. Spond M.D.

Mailing Address 31 Bayonne Dr

City

Little Rock

State

AR

Zip Code

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880305

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Myra C. Stamps M.D.

Mailing Address 4436 Jett Rd NW

City State Zip Code
 Atlanta GA 30327-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ambulatory Anesthesia of Atlanta

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2876732

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way Ste

City State Zip Code
 Tacoma WA 98405-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tacoma Anesthesia Associates, P.S.

Occupation
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.72

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2014

Transaction ID : C2882919

Amount of Each Receipt this Period

83.34

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2014

Transaction ID : C2887317

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

2000.16

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880306

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 ▼

2000.16

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880307

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.60

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2878099

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marjorie Stiegler M.D.

Mailing Address 10817 Round Brook Cir

City State Zip Code
 Raleigh NC 27617-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of NC

Occupation

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
 12 13 2014

Transaction ID : C2887291

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 associates of cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 11 2014

Transaction ID : C2882895

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Kenneth R. Stone M.D.

Mailing Address 317 Laurelwood Rd

City State Zip Code
 Orange CT 06477-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridgeport Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2876809

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Major James E. Stormo M.D.

Mailing Address 8424 Mayport Dr

City

Las Vegas

State

NV

Zip Code

89131-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centennial Hills Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876813

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Erin A Sullivan M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City

Pittsburgh

State

PA

Zip Code

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 ▼

599.88

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882104

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. George Sullivan D.O.

Mailing Address 2321 Butler Bay Dr. N.

City

Windermere

State

FL

Zip Code

34786-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesthesia

Occupation

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
12 / 04 / 2014

Transaction ID : C2878095

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
P3 ANES

City State Zip Code
Portland OR 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 ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2014

Transaction ID : C2880338

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen D. Surgenor M.B.A., M.

Mailing Address 1 Medical Center Dr

City State Zip Code
Lebanon NH 03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth Hitchcock 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
12 / 24 / 2014

Transaction ID : C2900047

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Benjamin J. Sutlive M.D.

Mailing Address 409 Park Ave

City State Zip Code
Birmingham AL 35226-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources Managment LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876811

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

483.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : C2887359

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joel W. Swanson M.D.

Mailing Address 903 Centennial Ave

City

Sewickley

State

PA

Zip Code

15143-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butler Anesthesia Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882851

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. 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 PC

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876815

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City State Zip Code
 Atlanta GA 30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physician Specialists in Anesthesia PC

Occupation
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.10

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2876709

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City State Zip Code
 Atlanta GA 30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physician Specialists in Anesthesia PC

Occupation
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.10

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2014

Transaction ID : C2900168

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Gary E. Takahashi D.O.

Mailing Address 5750 Stone Lake Dr.

City State Zip Code
 Dayton OH 45429

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Middletown Anesthesia Consultants

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 01 2014

Transaction ID : C2875769

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 169 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vivian J. Tanaka M.D.

Mailing Address 56 Twin Gables

City
Irvine

State
CA

Zip Code
92620-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allied Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : C2897983

Amount of Each Receipt this Period

20.00

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876704

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876741

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

161.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Damon A. Templeton M.D.

Mailing Address 3507 Lakestone Ct.

City

Martinez

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Augusta, 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
12 / 21 / 2014

Transaction ID : C2898850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sherif H. Tewfik M.D.

Mailing Address 7365 NW 107th St

City

Grimes

State

IA

Zip Code

50111-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887334

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Zuhair A. Thalji M.D.

Mailing Address 8434 Buckingham Ct.

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesiologists

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
12 / 06 / 2014

Transaction ID : C2880330

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian W. Thompson M.D.

Mailing Address 10350 Tuxford Dr

City
Alpharetta

State Zip Code
GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Anesthesiology Consultants

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
12 / 17 / 2014

Transaction ID : C2892950

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Sydney I. Thomson M.D.

Mailing Address 6224 Hidden Meadow Ct

City
San Jose

State Zip Code
CA 95135-1613

FEC 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 ▼

750.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882930

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Thomas M. Toal M.D.

Mailing Address PO Box 4497

City
Ithaca

State Zip Code
NY 14852-4497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cayuga 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
12 / 26 / 2014

Transaction ID : C2900184

Amount of Each Receipt this Period

250.00

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

FOR LINE NUMBER:
(check only one)

PAGE 172 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sebastian E. Tongson M.D.

Mailing Address 2656 Meeting Pl

City

Orlando

State

FL

Zip Code

32814-6109

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : C2898866

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City

Edmond

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887280

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. 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 ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876804

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876686

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Judi A. Turner M.D., Ph.D

Mailing Address 1002 Franklin Street

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887168

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Katja R. Turner M.D.

Mailing Address 410 West 10th Ave

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : C2887312

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacqueline L. Tutiven M.D.

Mailing Address 3280 NE 31st Ave

City

Lighthouse Point

State

FL

Zip Code

33064-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

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 Y
11 / 30 / 2014

Transaction ID : C2876753

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jacqueline L. Tutiven M.D.

Mailing Address 3280 NE 31st Ave

City

Lighthouse Point

State

FL

Zip Code

33064-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

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 Y
12 / 30 / 2014

Transaction ID : C2900473

Amount of Each Receipt this Period

41.67

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887157

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City State Zip Code
Tampa FL 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : C2876749

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Todd A Versteegh M.D.

Mailing Address 2500 North State Street
Department of Anesthesiology

City State Zip Code
Jackson MS 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2876690

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Todd A Versteegh M.D.

Mailing Address 2500 North State Street
Department of Anesthesiology

City State Zip Code
Jackson MS 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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : C2900158

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

166.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

428.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : C2882854

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

428.35

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887333

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Sandhya Rani Vinta M.D.

Mailing Address 1551 Moncrey Ave

City
League City

State Zip Code
TX 77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Anesthesiology

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876723

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2904955

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882354

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Stephanie S. Wade M.D.

Mailing Address 3725 Barry Knoll Dr

City

Ann Arbor

State

MI

Zip Code

48108-9409

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880229

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

158.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 194
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samuel H. Wald M.D.

Mailing Address 518 Torwood Lane

City	State	Zip Code
Los Altos	CA	94022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : C2882916

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael H. Wall M.D., FCCMMailing Address 420 Delaware St SE # MMC294
B515 Mayo Memorial Building

City	State	Zip Code
Minneapolis	MN	55455-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota Anes. Dept

Occupation

JJ Buckley Professor and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : C2876707

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Aaron D. Wallace M.D.Mailing Address 22244 Safe Harbor Ct
Suite B

City	State	Zip Code
Corona	CA	92883-5938

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 ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : C2887116

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

145.01

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

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

City

Puyallup

State

WA

Zip Code

98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 24 / 2014

Transaction ID : C2900039

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James J. Walsh M.D.

Mailing Address 166 83rd St.

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 06 / 2014

Transaction ID : C2880309

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Travis A. Warner M.D.

Mailing Address 10730 N. Oracle Road
Unit 5101

City

Oro Valley

State

AZ

Zip Code

85737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 03 / 2014

Transaction ID : C2876687

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erikka L. Washington M.D.

Mailing Address 6431 FANNIN
msb 5.020

City State Zip Code
HOUSTON TX 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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876727

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Erikka L. Washington M.D.

Mailing Address 6431 FANNIN
msb 5.020

City State Zip Code
HOUSTON TX 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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2900219

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Gregory J. Waters M.D.

Mailing Address 1345 Cambridge Dr SE

City State Zip Code
Grand Rapids MI 49506

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : C2882350

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

108.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887117

Amount of Each Receipt this Period

83.34

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 ▼

1333.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876705

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City

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 ▼

1333.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900469

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

250.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

726.72

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876702

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 ▼

726.72

Date of Receipt

12 / 18 / 2014

Transaction ID : C2897985

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. 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

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 10 / 2014

Transaction ID : C2882356

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynda Torfreda Wells M.D.

Mailing Address 4098 Wood Ln

City

Keswick

State

VA

Zip Code

22947-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887172

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : C2880231

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Martin D. Whigham M.D.

Mailing Address 102 Sanderling Ln

City

Greenville

State

SC

Zip Code

29607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Anesthesia Associates

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
12 / 31 / 2014

Transaction ID : C2902867

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S. Whittington M.D.

Mailing Address 11 Main St S Apt 312
Apt 312

City State Zip Code
Kirkland WA 98033-6291

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2014

Transaction ID : C2876684

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John S. Whittington M.D.

Mailing Address 11 Main St S Apt 312
Apt 312

City State Zip Code
Kirkland WA 98033-6291

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2014

Transaction ID : C2900190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lee H. Winter M.D.

Mailing Address 18 Stuyvesant Oval Apt MB

City State Zip Code
New York NY 10009-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Presbyterian

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
12 / 28 / 2014

Transaction ID : C2900209

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 194

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas F. Wiseman B.S., M.D.

Mailing Address 6836 Cookes Hope Rd

City
EastonState
MDZip Code
21601-8302FEC ID number of contributing
federal political committee.

C

Name of Employer

Tidewater Anesthesia Associates, PA

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
12	/	18	/	2014

Transaction ID : C2898306

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard N. Wissler M.D., Ph.D

Mailing Address 12 Great Oak Lane

City

Pittsford

State

NY

Zip Code

14534-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : C2880357

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel H. Woo M.D.

Mailing Address 3 Scotsmans Way

City

Basking Ridge

State

NJ

Zip Code

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 ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : C2898372

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

1020.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Byron B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City

Virginia Beach

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

anesthesiology

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

12 / 09 / 2014

Transaction ID : C2882102

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City

Las Vegas

State

NV

Zip Code

89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

11 / 27 / 2014

Transaction ID : C2876698

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City

Las Vegas

State

NV

Zip Code

89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 27 / 2014

Transaction ID : C2900192

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 194
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgery and Recovery Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876795

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

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgery and Recovery Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900488

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

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine Dept. of An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887158

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

600.00

Date of Receipt

11 / 27 / 2014

Transaction ID : C2876675

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 ▼

600.00

Date of Receipt

12 / 18 / 2014

Transaction ID : C2898042

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

600.00

Date of Receipt

12 / 27 / 2014

Transaction ID : C2900188

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898831

Amount of Each Receipt this Period

500.00

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
NW Anesthesia PC

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898830

Amount of Each Receipt this Period

250.00

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 ▼

1583.42

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : C2898387

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 194

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alen Zehnaly M.D.

Mailing Address 466 Foothill Blvd
#272

City State Zip Code
La Canada CA 91011

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 / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900300

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City State Zip Code
Atlanta GA 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 ▼

541.22

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : C2887164

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City State Zip Code
Atlanta GA 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 ▼

541.22

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : C2900269

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)..... ►

58324.90

**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 191 OF 194

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement
Credit Card Merchant Fees

003

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) ▼	

Credit Card Merchant

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2014

Transaction ID : D163911

Amount of Each Disbursement this Period

10186.69

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement
Credit Card Merchant Fees

003

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) ▼	

Credit Card Merchant

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2014

Transaction ID : D163912

Amount of Each Disbursement this Period

2154.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

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:

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)..... ►

12341.64

12341.64

**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 192 OF 194

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff PAC

Mailing Address 2150 River Plaza Dr. #150

City	State	Zip Code
Sacramento	CA	95833

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
11		25		2014

Transaction ID : D162935

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 270

City	State	Zip Code
ARCHIBALD	LA	71218

Purpose of Disbursement
2014 Debt Retirement Contribution Runoff

Candidate Name

Rep. Ralph AbrahamOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: LA District: 05 2014 Debt Retirement

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2014

Transaction ID : D163836

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. COTTON FOR CONGRESS

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement
2014 General Debt Retirement Contrib.

Candidate Name

Rep. Tom CottonOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

Transaction ID : D162934

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14000.00

14000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 193 OF 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John W. Bethea, Jr. M.D.

Mailing Address 414 Summerville Dr

City Madison	State MS	Zip Code 39110-6924
-----------------	-------------	------------------------

Purpose of Disbursement
refund of 11/14 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

refund of 11/14 cont

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2014

Transaction ID : D164615

Amount of Each Disbursement this Period

41.67

Full Name (Last, First, Middle Initial)

B. Soren A. Campbell A.A.

Mailing Address 14341 Brown Rd

City Verona	State KY	Zip Code 41092-9214
----------------	-------------	------------------------

Purpose of Disbursement
refund of 10/14 and 11/14

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

refund of contributi

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2014

Transaction ID : D164420

Amount of Each Disbursement this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert E. Shangraw M.D., Ph.DMailing Address 3181 SW Sam Jackson Park Rd # UHS-
Dept of Anesthesiology and Periope

City Portland	State OR	Zip Code 97239
------------------	-------------	-------------------

Purpose of Disbursement
refund of 12/14 contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of Contributi

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

Transaction ID : D164421

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.01

375.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 194

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hogan Victory Fund

Mailing Address PO Box 2247

City	State	Zip Code
Annapolis	MD	21404

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

Non-Federal Contribu

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2014

Transaction ID : D163835

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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)..... ►

4000.00

4000.00
