Image# 15970272073					PAGE 1 / 194
	PORT OF F ND DISBURS Other Than An Author	SEMENTS	S		Dffice Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print V	Example: If typing over the lines.	g, type	12FE4M5	
American Society of Anes	thesiologists Politic	al Action Com	mittee		
ADDRESS (number and street)	061 American Lane				
Check if different					
than previously reported. (ACC)	chaumburg				60173
2. FEC IDENTIFICATION NUMB	ER V CITY	A	S	TATE 🔺	ZIP CODE
C C00255752	3. IS RE	THIS N PORT (N	EW J) OR	× AME (A)	NDED
 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) 	Report Due On: Mar 2	0 (M3) Ju 0 (M4) Ju Primary (12P) Convention (1 on //	2C) / /	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30F	(M9) (M9) (M9) (M10) 2G) In the State of (Non-Election Year Only) (M10) X Jan 31 (YE) Runoff (12R)
5. Covering Period	25 / 2014	through	M M 12	/ D D / 31	2014
I certify that I have examined this Re Type or Print Name of Treasurer M	eport and to the best of m Ir. Thomas Conway	iy knowledge and b	ellet it is true	, correct and c	complete.
Signature of Treasurer		[Electronically	Filed] Da	te 02	/ D D / Y Y Y Y 19 2015
NOTE: Submission of false, erroneous	or incomplete information	may subject the perso	on signing this	Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

02/19/2015 17 : 24

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	1 25 2014 To	b: 12 / D D / Y Y Y Y Y 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		2060382.15
	(b) Cash on Hand at Beginning of Reporting Period	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

		TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	/rite or Type Committee Name		
A	merican Society of Anesthesiologis	ts Political Action Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 25 2014 To	p: 12 / D D / Y Y Y Y 31 / 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	58324.90	1549189.53
			7 7
	(ii) Unitemized	13291.69	376485.84
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	71616.59	1925675.37
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		4005075.07
	Totals to Line 33, page 5)▶	71616.59	1925675.37
12.	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
	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	17 17 17 18	7 7 7
	(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
	1	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),	71010 50	1000405-00
	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

FE6AN026

Image# 15970272075

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
I. 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
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	14000.00	1893700.00
Independent Expenditures	0.00	952317.62
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	375.01	6411.7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	375.01	6411.7
Other Disbursements	4000.00	528300.00
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	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ► 	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30716.65	3465567.2
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	30716.65	3465567.29

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	71616.59	1925675.37			
 Total Contribution Refunds (from Line 28(d)) 	375.01	6411.71			
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	71241.58	1919263.66			
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	12341.64	84837.96			
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	12341.64	84837.96			

FE6AN026

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(chec	k only	/ on	ie)							
ILEWIZED NECEIPIS		for each category of the Detailed Summary Page	X			11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using t			erson fo										
NAME OF COMMITTEE (In Full)													
American Society of Anesthes	iologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. Basem B. Abdelmalak M.D.			Da	ate of	Re	ceipt							
Mailing Address Dept of General Anesthesio 9500 Euclid Ave.	logy E-3			12 12 2014									
City Cleveland	State OH	Zip Code 44195		Transaction ID : C2887169 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					7			1.67				
Name of Employer Cleveland Clinic	Occupation physician	1											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04]										
Full Name (Last, First, Middle Initial) B. John P. Abenstein M.S.E.E.,			Da	ate of	Re	ceipt							
Mailing Address 10978 Eleventh Ave N.W.	Ctoto	Zin Code	12 05 2014										
City Oronoco	State MN	Zip Code 55960-2110					C288023 Receipt th		ł				
FEC ID number of contributing federal political committee.	С					,			3.34				
Name of Employer Mayo Clinic	Occupation Physician	1											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08]										
Full Name (Last, First, Middle Initial) C. Amr E. Abouleish M.D., M.B.			Di	ate of	Re	ceipt							
Mailing Address 4303 Evergreen Elm Ct				и м 12	/	01		2014	Y				
City Houston	State TX	Zip Code 77059-3120					C287680 Receipt th		3				
FEC ID number of contributing federal political committee.	С					,		8	3.34				
Name of Employer	Occupation	I											
University of Texas Medical Branch Receipt For:	Professor		_										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1049.72]										
SUBTOTAL of Receipts This Page (optional).						7	7	208	3.35				

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PAGE 7 OF

IT.			Use separate schedule(s)	(che	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b	11c		2			
	ny information copied from such Reports and S for commercial purposes, other than using the								ig conti				
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e									
A .	Full Name (Last, First, Middle Initial) Simon M Adanin D.O. Mailing Address 2516 Waukegan Rd #353				Date of		ceipt			V			
	City	State IL	Zip Code 60025		12 05 2014 Transaction ID : C2880242								
	Glenview FEC ID number of contributing federal political committee.	C	60025	A	imoun	t of	Each F	Receipt t	his Per	riod 41.6	7		
	Name of Employer Midwest Anesthesia Partners Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 583.38										
в.	Full Name (Last, First, Middle Initial) Bruce T Adelman M.D. Mailing Address 4896 Woodcliff Hill Rd N				Date of		ceipt		2014		7		
	City West Bloomfield	State MI	Zip Code 48323		Trans		on ID :	C28983 Receipt t	70				
	FEC ID number of contributing federal political committee.	С					5			41.6	7		
	Name of Employer Henry Ford Hospital West Bloomfield	Occupation Physician											
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 500.04										
с.	Full Name (Last, First, Middle Initial) Farzana Afroze M.D.				Date of	f Re	ceipt						
	Mailing Address 524 Sir Charles Way		7.0.1		м м 12		22	_ L	201				
	City Albany	State NY	Zip Code 12203	A				C28988 Receipt t		riod			
	FEC ID number of contributing federal political committee.	С					,			25.0	00		
	Name of Employer Albany Medical Center	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00										
	UBTOTAL of Receipts This Page (optional)		· · ·		-		7	7	+	108.3	4		

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8 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c 15	12	Γ	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	, contrik	oution ittee.	s			
\setminus	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesio	logists Po	olitical Action Committe	ee										
A.	Full Name (Last, First, Middle Initial) Eric J. Albrecht M.D.				Date of	Re	ceipt							
	Mailing Address 938 Hanover Ave				M = M / D = D / Y = Y = Y = Y Y 12 14 2014									
	City	State	Zip Code											
	Norfolk	VA	23508	_	Amount	of	Each R	leceipt th	is Peric	d				
	FEC ID number of contributing federal political committee.	С					7		٤	33.34				
	Name of Employer	Occupation												
	Atlantic Anesthesia, Inc.	anesthesiol	ogist											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		800.06											
	Full Name (Last, First, Middle Initial) Kelly J. Allen M.D.				Data of	De	agint							
р.	Mailing Address 291 Southhall Lane				Date of			/ Y	Y Y	Y				
					12	Ľ	13		2014					
	City	State	Zip Code					C288729						
	Maitland	FL	32751	_	Amount	of	Each R	leceipt th	is Peric	od	_			
	FEC ID number of contributing federal political committee.	С				,	 J	2	1.67					
	Name of Employer JLR Anesth. Assoc.	Occupation												
	Receipt For:	Anesthesiol	0	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		208.35											
с.	Full Name (Last, First, Middle Initial) Quaison Alleyne M.D.				Date of	Re	ceipt							
	Mailing Address PO Box 3528				M M	/	19) / Y	2014	Y				
	City	State	Zip Code			act		C289838	_					
	Milton	FL	32572-3528		Amount	of	Each R	leceipt th	is Peric	bd				
	FEC ID number of contributing federal political committee.	С				_	7			41.67				
	Name of Employer	Occupation												
	Panhandle Anesthesia Associates	Anesthesiol		_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		583.36											
s	UBTOTAL of Receipts This Page (optional)			•		1	7		16	6.68				
Т	OTAL This Period (last page this line number of	only)		•			,							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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PAGE 9 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page							
or for commercial purposes, other than usin		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.						
American Society of Anesthe	esiologists Political Action Com	mittee						
A. Full Name (Last, First, Middle Initial) Jennifer L. Anderson M.D. Mailing Address 929 Fair Oaks Ave		Date of Receipt						
City	State Zip Code	11 30 2014 Transaction ID : C2876730						
Oak Park	IL 60302	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer	Occupation							
Univ of Chicago Receipt For:	ANesthesiologist							
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.0	0						
Full Name (Last, First, Middle Initial) B. Jennifer L. Anderson M.D.	Date of Receipt							
Mailing Address 929 Fair Oaks Ave								
City Oak Park	State Zip Code IL 60302	Transaction ID : C2900465 Amount of Each Receipt this Period						
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 ▼ 250.0	0						
Full Name (Last, First, Middle Initial) C. Shane C. Angus A.AC, M.		Date of Receipt						
Mailing Address 820 1st N.E. LL-150, Mail 25		M M / D D / Y Y Y Y 11 30 2014						
City Washington	State Zip Code DC 20002	Transaction ID : C2876823 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	83.34						
Name of Employer	Occupation							
Case Western Reserve University	Assistant Program Director							
	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼								
SUBTOTAL of Receipts This Page (optiona	al)	133.34						
TOTAL This Period (last page this line num	nber only)	···· •						

FOR LINE NUMBER:

PAGE 10 OF

194

17			Use separate schedule(s)	(ch	eck only	v one)				-
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13	11b	11c	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				for the	purpose d	of soliciting	g contribu	tions	-
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Shane C. Angus A.AC, M.				Date of	Receipt				
	Mailing Address 820 1st N.E. LL-150, Mail 25				м м 12	/ D 3		2014	Y	
	City Washington	State DC	Zip Code 20002				: C29004 Receipt th	95 his Period		
	FEC ID number of contributing federal political committee.	С				- 7		83	3.34	
	Name of Employer Case Western Reserve University Receipt For:		ogram Director							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08							
в.	Full Name (Last, First, Middle Initial) David M. Arend M.D.				Date of	Receipt				
	Mailing Address 62 Eagle Dr	01-11-			M M	/ D	D / Y 1	2014	Y	
	City Bedford	State NH	Zip Code 03110-4412				: C289999 Receipt th	80 his Period		
	FEC ID number of contributing federal political committee.	С				- y - 1		250	_	
	Name of Employer Amoskeag Anesthesia	Occupation ANESTHES	IOLOGIST							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 250.00							
c.	Full Name (Last, First, Middle Initial) Lee E. Arthur M.D.				Date of	Receipt				
	Mailing Address 504 Medical Center Blvd				м м 12	/ D 1		2014	Y	
	City Conroe	State TX	Zip Code 77304-2808				: C28872	. 90 his Period		
	FEC ID number of contributing federal political committee.	С					,		5.00	
	Name of Employer	Occupation								
	North Houston Anesthesiologists PA Receipt For:	Physician Aggregate	Year-to-Date ▼	_						
	Primary General Other (specify) ▼		1025.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	•			- 7	358	.34	-
т	OTAL This Period (last page this line number of	only)	••••••	•		, ,	7			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 194 (check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee
Α.	Full Name (Last, First, Middle Initial) Nathapong Arunakul M.D. Mailing Address 15 Bowman Ct Unit 2 City	State	Zip Code	Date of Receipt
	Delmar	NY	12054-8217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		
	Albany Medical Center	Anesthesiol	ogist	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Sana Ata M.D.	Date of Receipt		
	Mailing Address 41 Mall Rd			12 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : C2887151
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer	Occupation		
	Lahey Hospital and Medical Center	Medical Doo	ctor	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1416.78	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 41 Mall Rd			12 13 / Y Y Y Y 12 13
	City Burlington	State MA	Zip Code 01805-0001	Transaction ID : C2887300 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer	Occupation		-
	Lahey Hospital and Medical Center	Medical Do	ctor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1416.78	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			266.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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PAGE 12 OF

	EIVIIZED RECEIPIS		Detailed Summary Page		(11a		11b	11c		12			
					13		14	15		16	17		
	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesic	ologists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Jennifer P. Aunspaugh M.D.				Date of Receipt								
	Mailing Address 1 CHILDRENS WAY												
	City	State	Zip Code			acti		C28781		J14			
	LITTLE ROCK	AR	72202					Receipt th		eriod			
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer	Occupation	1										
	Arkansas Childrens Hospital	Assistant P	rofessor Pediatric Anes an										
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)]											
в.	Full Name (Last, First, Middle Initial) Glenn S. Avidon M.D.						ceipt						
	Mailing Address P.O. Box 621749				12 30 / Y Y Y Y 2014								
	City	State	Zip Code		Trans	actio	on ID :	C290049	99		_		
	Orlando	FL	32862-1749	_	Amount	of	Each F	Receipt th	nis P	'eriod			
	FEC ID number of contributing federal political committee.		250.00										
	Name of Employer												
	G Steven Avidon MDPA	Medical Do	ctor										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		350.00]									
С.	Full Name (Last, First, Middle Initial) Shawn E. Banks M.D.				Date of	Re	ceipt						
	Mailing Address 601 NE 36th St Apt 3407				м м 11	/	D [ү)14	Y		
	City Miami	State FL	Zip Code 33137-3976					C28767		eriod			
	FEC ID number of contributing federal political committee.	C					,			83	.34		
	Name of Employer	Occupation	1										
	University of Miami School of Medicine	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		1020.08	11									
	Other (specify)		7										
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	7		433.	34		
т	OTAL This Period (last page this line number	only)		•			,						

FOR LINE NUMBER:

PAGE 13 OF

194

		Use separate schedule(s)	(ch	eck only	on	ie)	L		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	
Any information copied from such Reports and S		ay not be sold or used by any pe							
or for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit con	trib	utions	from suc	h committ	ee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	Jogiete D	olitical Action Committe	~~						
	nogisis r		66						
Full Name (Last, First, Middle Initial) A. Shawn E. Banks M.D.				Date of	Re	ceipt			
Mailing Address 601 NE 36th St Apt 3407				M M	/	29		ү ү 2014	Y
City	State	Zip Code		Transa	acti		C29002		
Miami	FL	33137-3976		Amount	of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					y		83	.34
Name of Employer	Occupation	1							
University of Miami School of Medicine	Physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1020.08							
Full Name (Last, First, Middle Initial) B. Jaime L. Baratta M.D.				Date of	Re	ceipt			
Mailing Address 111 S 11th St				MM	/	D		Y Y	Y
Suite 8290, Gibbon Building - City	Anes State	Zip Code		12 Transa		11 on ID :	C288290	2014	_
Philadelphia	PA	19107-4824				-		nis Period	
FEC ID number of contributing federal political committee.	С					,			.67
Name of Employer	Occupation	1							
Thomas Jefferson University Hospital	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		500.04							
Full Name (Last, First, Middle Initial) C. Joel W. Barton M.D.				Date of	Re	ceipt			
Mailing Address 1735 Ashley Hall Rd. Apt 332				M M	/	09		2014	Y
City	State	Zip Code		Transa	acti	ion ID	: C28820	94	_
Charleston	SC	29407	_	Amount	of	Each F	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					9		25	.00
Name of Employer	Occupation	1							
Physician Anesthesia Services	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		300.00							
		7 7							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 14 OF

194

			Detailed Summary Page		11a 13		11b 14		1c	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose c	of soli	citing of	contribu	itions
	NAME OF COMMITTEE (In Full) American Society of Anesthesic								Such		
A.	Full Name (Last, First, Middle Initial) Richard P. Bassi A.AC				Date of	f Re	eceipt				
	Mailing Address 106 Sweet Bailey Cv				12	/	D 20		Y	y y 2014	Y
	City	State GA	Zip Code 31410						98812		
	Savannah	GA	31410	_	Amoun	t of	Each	Rece	ipt this	Perioc	
	FEC ID number of contributing federal political committee.	С			L		,		7	4	.67
	Name of Employer	Occupation	I								
	South University	Anesthesio	ogist Assistant								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.36								
В.	Full Name (Last, First, Middle Initial) Roderick W. Beer M.D.				Date of	f Re	eceipt				
	Mailing Address 3966 Holden Dr.				M M 12	/	28			ү ү 2014	Y
	City	State	Zip Code		Trans	acti	ion ID	: C29	00241		
	Ann Arbor	MI	48103-9415		Amoun	t of	Each	Rece	ipt this	Period	
	FEC ID number of contributing federal political committee.	С					,		7	250	0.00
	Name of Employer Anesthesia Associates of Ann Arbor	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Jeffre J. Benson M.D.				Date of	f Re	eceipt				
	Mailing Address 3218 Chisholm Trail				^M 12	/	D 12			y 2014	Y
	City Bismarck	State ND	Zip Code 58503	-	Trans Amount				887161 ipt this		
	FEC ID number of contributing federal political committee.	С					7		7		1.67
	Name of Employer	Occupation	I								
	St Alexius Heart and Lung Clinic	Staff Anest	hesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		208.35								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 15 OF

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	y information copied from such Reports and S				for the		pose (17
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit co	ntrib	outions	s fror	m such	commi	ttee.	
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) David B. Berger M.D.				Date o	f Re	eceipt					
	Mailing Address 7 Sandra Ct.				M M	/		9	/ Y	ү ү 2014	Y	
	City	State NY	Zip Code 11542						2898709			
	Glen Cove	INT	11342	_	Amoun	t of	Each	Rec	eipt this	Perio	t	
	FEC ID number of contributing federal political committee.	С					,		7	8	3.34	
	Name of Employer	Occupation										
	North American Partners in Anesthesia	Physician		_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		583.38									
В.	Full Name (Last, First, Middle Initial) Jeffrey S. Berger M.D., M.B.				Date o	f Re	eceipt					
	Mailing Address 900 23rd St NW Ste G-2092				^M M	/	2	D 24	/ Y	у у у 2014	Y	
	City	State	Zip Code						2900129			
	Washington	DC	20037	_	Amoun	t of	Each	Rec	eipt this	Perio	ł	_
	FEC ID number of contributing federal political committee.	С					3		7	25	0.00	
	Name of Employer	Occupation	I									
	The George Washington University	Associate F	Professor of Anesthesiology									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		250.00									
C.	Full Name (Last, First, Middle Initial) Mordechai Bermann M.D.				Date o	f Re	eceipt					
	Mailing Address 7 Plymouth Ln				м м 12	/	D 1	D 12	/ Y	у у 2014	Y	
	City East Brunswick	State NJ	Zip Code 08816	_					2887171			
		INU	00010	_	Amoun	t of	Each	Rec	eipt this	Perio	t	_
	FEC ID number of contributing federal political committee.	С					,		7	4	1.67	
	Name of Employer	Occupation	l									
	Rutgers-Robert Wood Johnson MS	Anesthesio	logist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		875.07									
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PAGE 16 OF

ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
		iny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Comr	nittee
Full Name (Last, First, Middle Initial) Joshua R. Berris D.O. Mailing Address 4340 Strathdale Ln. City West Bloomfield	State Zip Code MI 48323	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Botsford Hospital Dept of Anesthesiolo Receipt For: Primary General Other (specify) ▼	C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Anirudha M. Bhandiwad M.D. Mailing Address 2940 W. Pepperberry City Bay City FEC ID number of contributing federal political committee. Name of Employer Valley Anesthesia P.C. Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48706 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Wendy B. Binstock M.D. Mailing Address 1122 W Montana St City Chicago FEC ID number of contributing federal political committee. Name of Employer University of Chicago Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60614-2221 C Occupation Physician Aggregate Year-to-Date ▼ 1166.40	Date of Receipt 12 05 2014 Transaction ID : C2880238 Amount of Each Receipt this Period 83.34
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PAGE 17 OF

194

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or for commercial purposes, other than using th	e name and a	duress of any political committee	: 10 :	SONCIL CON	ntrib	utions ii	om suci	T CON	imitte	e.	
American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Wendy B. Binstock M.D.				Date of	f Re	ceipt					
Mailing Address 1122 W Montana St				M M 12	/	D D 11	/ Y	۲ 202	14	Y	
City Chicago	State IL	Zip Code 60614-2221					C28829 1 eceipt th	13			
FEC ID number of contributing federal political committee.	С					7	7		83.3	34	
Name of Employer University of Chicago	Occupation Physician										
Receipt For:		Year-to-Date ▼									
Other (specify) ▼		, 1166.40									
Full Name (Last, First, Middle Initial) B. Josue Brainin-Mattos M.D.	I			Date of	f Re	ceipt					
Mailing Address 7891 Mount Ranier Dr				^M ^M	/	02	/ Y	y 201	Y 4	ŕ	
City Jacksonville	State FL	Zip Code 32256-2999	-				C287671 eceipt th		riod		
FEC ID number of contributing	С			Amouri			eceipt til	lis re			1
federal political committee.				L	_	7	7	-	83.3	64	
Name of Employer Florida Anesthesia Associates	Occupation anesthesiol										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1000.08									
Full Name (Last, First, Middle Initial) C. Ronald S. Brown Jr., M.D.				Date of	f Re	ceipt					
Mailing Address 1 Mobile Infirmary Cir., 2nd F	1.			M M 11	/	D D 30	/ Y	y 201	Y 4	Y	
City Mobile	State AL	Zip Code 36607-3522	_				C287679 eceipt th		eriod		
FEC ID number of contributing federal political committee.	С					,			83.3	34	
Name of Employer	Occupation										
Anesthesia Services Mobile Alabama	anesthesiol										
Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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PAGE 18 OF

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	y information copied from such Reports and St		y not be sold or used by any pe							
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	e to s	olicit con	ITID	utions	from suci	n commit	lee.
	American Society of Anesthesiol	logists Po	olitical Action Committe	ee						
A.	Full Name (Last, First, Middle Initial) Ronald S. Brown Jr., M.D.				Date of	Re	ceipt			
	Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.				M M	/	30		ү ү 2014	Y
	City	State	Zip Code	_		acti		C290048		
	Mobile	AL	36607-3522	_	Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	,	7	83	.34
	Name of Employer	Occupation								
	Anesthesia Services Mobile Alabama	anesthesiolo	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		333.36							
	Full Name (Last, First, Middle Initial) Paul J. Bruha M.D.				Date of	Ro	ceint			
υ.	Mailing Address 1194 Mary Kate Dr				12	/	22		2014	Y
	City	State	Zip Code			acti		C289887		
	Gulf Breeze	FL	32563					Receipt th		
	FEC ID number of contributing federal political committee.	С					,	7	250	.00
	Name of Employer	Occupation		_						
	Broad Anesthesia	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		500.00							
<u></u> с.	Full Name (Last, First, Middle Initial) Matthew E. Buckon M.D.				Date of	Re	ceipt			
	Mailing Address 1945 N.W. 28th Pl.				м м 12	/	D 30		2014	Y
	City	State OR	Zip Code					C29028		
	Portland	UR	97210	_	Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	7		250	0.00
	Name of Employer	Occupation								
	Oregon Anesthesiology Group, P.C.	anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
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PAGE 19 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(chec	c only	one	e)			
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Any information copied from such Reports or for commercial purposes, other than usin			erson for	the p	ourpo	ose of s	oliciting	contribu	utions
NAME OF COMMITTEE (In Full)									
ight angle American Society of Anesth	esiologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Kurt T. Budenbender D.O.			Da	ite of	Rec	eipt			
Mailing Address 1850 N. Central Ave Ste	9 1600		The second secon	10	1		/ Y	Y Y	Y
City	State	Zip Code		12 rans a	ictio	11 on ID : C	288289	2014 2	
Phoenix	AZ	85004	An	nount	of E	ach Re	ceipt th	is Period	k
FEC ID number of contributing federal political committee.	С				7		7	83	3.34
Name of Employer	Occupation	I							
Valley Anes. Consultants, LTD	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify)		416.70							
Full Name (Last, First, Middle Initial) B. William H. Buntin A.AC			Da	ite of	Rec	eint			
Mailing Address 2407 Pendleton St.				12	/	17	/ Y	2014	Y
City	State	Zip Code	T	ransa	ctio	n ID : C	289355		
Albany	GA	31721-9220	An	nount	of E	ach Re	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	С				,		7	25	5.00
Name of Employer Phoebe Putney Hospital	Occupation								
Receipt For:		ogist Assistant							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)	_ L	400.00							
Full Name (Last, First, Middle Initial) C. James R. Burch M.D.			Da	ite of	Rec	eipt			
Mailing Address 1755 Kirby Pky., Suite #	330			12	1	D ■ D 13	/ Y	2014	Y
City	State	Zip Code		ransa	actio	on ID : C	288729	13	
Memphis	TN	38120-4398	An	nount	of E	ach Re	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	С				,		7	8:	3.34
Name of Employer	Occupation								
Medical Anesthesia Group Receipt For:	anesthesio	-	_						
Primary General	Aggregate	Year-to-Date ▼							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 20 OF

			Detailed Summary Page		< 11a 13		11b	11c		12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio										
A.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D Mailing Address 569 Fruit Hill Ave City North Providence FEC ID number of contributing federal political committee. Name of Employer Providence VAMC Receipt For: Primary General Other (specify)	State RI Occupation anesthesiol Aggregate				/ acti	04	/ Y C28781 leceipt ti	20 04	014 Period 83.	Y 34
в.	Full Name (Last, First, Middle Initial) Marino Camaioni M.D. Mailing Address 9317 S. Alder Dr. City	State	Zip Code		Date of	/	30		20)14	Y
	Tempe FEC ID number of contributing federal political committee. Name of Employer self employed Receipt For: Primary General Other (specify) ▼	AZ Occupation physician	85284-3367					C29028		Period 150.	00
C.	Full Name (Last, First, Middle Initial) Soren A. Campbell A.A. Mailing Address 14341 Brown Rd City Verona FEC ID number of contributing federal political committee. Name of Employer Anesthesia Assoc. of Cincinnati Receipt For: Primary General Other (specify) ▼		Zip Code 41092-9214 logist Assistant Year-to-Date ▼ 3333.36			/ acti	06 ion ID :	C28803 leceipt tl	20 16	014 Period 41.	
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PAGE 21 OF

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	ME OF COMMITTEE (In Full) merican Society of Anesthesiol	logists P	olitical Action Committe	ee							
A . Ja	I Name (Last, First, Middle Initial) ames D. Cantoni M.D. iling Address 58 Great Oak Dr	State	Zip Code		Date o	/	02	2	287674	2014 2	Y
Hu FE	udson C ID number of contributing leral political committee.	он	44236-2296	_			-			is Perio	d 00.00
Hu	me of Employer dson Physicians Associates, Inc. ceipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate									
B . <u>N</u>	I Name (Last, First, Middle Initial) icholas Capone D.O. iling Address 9146 Bay Point Drive	State	Zip Code		Date o	/	1:	3	/ Y	2014	¥
<u>Or</u> FE	y lando C ID number of contributing leral political committee.	FL C	32819	_					288730 eipt thi	is Perio	d 1.67
JLF	me of Employer	Occupation Anesthesiol Aggregate									
c J	I Name (Last, First, Middle Initial) ames Carlsen M.D. iling Address P.O. Box 2889			_	Date o		eceipt		/ Y	2014	Ý
FE fed Na JLI	y inter Park C ID number of contributing eral political committee. me of Employer R Medical Group ceipt For: Primary General Other (specify)	State FL Occupation Anesthesio Aggregate			Trans		ion ID	: C2	290004 eipt thi	. 0 is Perio	d 11.67
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PAGE 22 OF

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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	e to s	SOLICIT COL	ITID	utions	from sucr	1 commit	lee.
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
A.	Full Name (Last, First, Middle Initial) John Carney M.D.				Date of	Re	ceipt			
	Mailing Address 534 Ridgeview Drive				м м 12	/	04		2014	Y
	City	State PA	Zip Code 16505		Trans		ion ID :	C287809	97	
	Erie	FA	10303	_	Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_	,		83	9.34
	Name of Employer	Occupation								
	North American Partners in Anesthesia	ANESTHES	IOLOGIST							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		333.36							
— В.	Full Name (Last, First, Middle Initial) Debra L. Caroli M.D.				Date of	Re	ceipt			
	Mailing Address 4548 Burke St				M M 12	/	01		2014	Y
	City	State	Zip Code			acti		C287673		
	Orlando	FL	32814		Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	7	83	.34
	Name of Employer	Occupation								
	LCAA	anesthesiolo	ogist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify) ▼		, 1000.08							
<u>с.</u>	Full Name (Last, First, Middle Initial) Dominic S. Carollo M.D.				Date of	Re	ceipt			
	Mailing Address 6511 Louis XIV St				M M 11	/	30		y y 2014	Y
	City New Orleans	State LA	Zip Code 70124-3219	\neg				C287669		
		LA	10124-3219		Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			L	_	7		41	.67
	Name of Employer	Occupation								
	Ochsner Clinic	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		749.64							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 23 OF

194

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\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Dominic S. Carollo M.D.				Date o	f Rec	eipt				
	Mailing Address 6511 Louis XIV St				M M 12	/	D I 30) / Y	20	ү 14	Y
	City	State	Zip Code		Trans	sactio	on ID :	C29004	63		
	New Orleans	LA	70124-3219		Amoun	t of E	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,			41.	67
	Name of Employer	Occupation									
	Ochsner Clinic	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		749.64								
	Full Name (Last, First, Middle Initial) Peter L. Castro M.D.				Date o	f Rec	eipt				
	Mailing Address 2910 17th Street				M M		DE		V	V	V
	2310 1711 01001				12	,	20		201	4	
	City	State	Zip Code		Trans	actio	n ID :	C289880			
	Boulder	СО	80304		Amoun	t of E	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,	- 7		41.6	67
	Name of Employer	Occupation		_							
	Boulder Valley Anesthesiology	Physician									
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate									
	Other (specify)		583.38								
	Full Name (Last, First, Middle Initial) Andrei Cernea M.D.				Date of	f Rec	ceipt				
	Mailing Address 6708 Kenhill Rd				M M 12	/	D 13		20 ²	Y 4	Y
	City	State	Zip Code		Trans	sactio	on ID :	C28873	02		
	Bethesda	MD	20817-6016		Amoun	t of E	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,			41.	67
	Name of Employer	Occupation		_							
	self	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
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PAGE 24 OF

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			ay not be sold or used by any p ddress of any political committee						soliciting		ntribut	ions
American Soc	ety of Anesthesi	ologists P	olitical Action Committ	ee								
Full Name (Last, Firs A. Howard I. Chait I				ı	Date of	Re	eceipt					
Mailing Address 303	1 Danny Hill Dr.				^M M	/	2	D 3	/ Y) 14	Y
City		State	Zip Code		Trans	acti	ion ID) : C	289905	53		
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Name of Employer self		Occupation anesthesiol										
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Name of Employer Physician Specialists	in Anesthesia, P	Occupation anesthesiol										
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SUBTOTAL of Receipt	s This Page (optional)						7		7	-	233.	34
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PAGE 25 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	eck onl	y or	ne)					
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	e								
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	Mailing Address 168 Riverwalk Pl				м м 12	/	D 14)14	Y	
	City Memphis	State TN	Zip Code 38103					C28873 Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			41.6	67	
	Name of Employer	Occupation										
	Medical Anesthesia Group	anesthesiol	ogist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		208.35									
в.	Full Name (Last, First, Middle Initial) Joshua C. Chance M.D.				Date o	f Re	eceipt					
	Mailing Address 9 Ecurie Ct				M M	/	D 13		201	ү 14	Y	
	City Little Rock	State AR	Zip Code 72223-8917					C28873		· .		
	FEC ID number of contributing federal political committee.	C			Amoun	τοτ		Receipt t	nis Pe	eriod 83.3	34	
	Name of Employer univeristy of arkansas for medical sci	Occupation										
	Receipt For:	physician	Voor to Doto	_								
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 832.84									
<u> </u>	Full Name (Last, First, Middle Initial) Jiravud Chanvitayapongs M.D.				Date o	f Re	eceipt					
	Mailing Address 7737 E Purple Desert Pass				M M	/	16		201	14	Y	
	City	State	Zip Code		Trans	sact	ion ID :	C28889	92			
	Tucson	AZ	85715-3656	_	Amoun	t of	Each F	Receipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С					,			83.3	34	
	Name of Employer	Occupation										
	Old Pueblo Anesthesia	Anesthesiol	ogist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.								
	Other (specify)		416.70									
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PAGE 26 OF

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\	DF COMMITTEE (In Full) ican Society of Anesthesio	logists P	olitical Action Committe	ee								
	ne (Last, First, Middle Initial) w W. Chapman M.D.				Date	of R	lece	eipt				
	Address 2118 Hanover Ave Apt 1	01-1-	Zo Ooto		[™] 12		/	D 12) /		ү ү 2014	Y
City Richmo	nd	State VA	Zip Code 23220-3428					n ID :			Period	
	number of contributing political committee.	С					1 1		ieceip			.00
	f Employer commonwealth university	Occupation Resident										
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	imary General ther (specify) ▼		240.00									
	ne (Last, First, Middle Initial) el A. Cherry III, M.D.				Date	of R	lece	eipt				
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City Birming	ham	State AL	Zip Code 35209-6657					n ID : ach R			Period	
	number of contributing political committee.	С					7				83	.34
	f Employer nam VA Medical Center	Occupation Anesthesiol										
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	ne (Last, First, Middle Initial) than W. Chin M.D.				Date	of R	lece	eipt				
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	number of contributing political committee.	С					3				25	.00
Name o	f Employer	Occupation										
	College of Medicine	Resident										
	ror: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 275.00									
SUBTOTA	L of Receipts This Page (optional)			 •	[,				128	34
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PAGE 27 OF

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NAME OF COMMITTEE (In Full)						
ight angle American Society of Anest	hesiologists P	olitical Action Committ	ee			
Full Name (Last, First, Middle Initial)						
A. Sarah G. Clarke D.O.	-		Date of I			
Mailing Address 111 S 11th St Ste 849 Department of Anesthe			^M M	/ D D / Y	2014	Y
City	State	Zip Code		ction ID : C28767		
Philadelphia	PA	19107-4824		of Each Receipt t		
FEC ID number of contributing	С				41.	67
federal political committee.	U					
Name of Employer	Occupation					
Thomas Jefferson Hospital	Resident					
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		333.36	1			
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B. Melissa A. Conte M.D. Mailing Address 9219 Cromwell Woods			Date of I			X
Maning Address 9219 Cromwell Woods	s 5q.		12	02	2014	Y
City	State	Zip Code	Transa	ction ID : C28767		
Orlando	FL	32827	Amount of	of Each Receipt t	his Period	
FEC ID number of contributing federal political committee.	C			7 7	41.	67
Name of Employer	Occupation					
JLR Medical Group	Anesthesiol	ogist				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		458.35				
Full Name (Last, First, Middle Initial) C. Lebron Cooper M.D.			Date of I	Receipt		
Mailing Address 444 W. Willis St #514			M M 11	/ D D / 30	2014	Y
City	State	Zip Code	Transa	ction ID : C28768	22	
Detroit	MI	48201	Amount of	of Each Receipt t	his Period	
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Name of Employer	Occupation					
Henry Ford Hospital	Anesthesio	logist				
Receipt For:	Aggregate	Year-to-Date ▼	_			
Other (specify) ▼		1083.42				
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\rangle	American Society of Anesthesio	logists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Lebron Cooper M.D.				Date of	Re	eceipt			
	Mailing Address 444 W. Willis St #514				M M	/	30		ү ү 2014	Y
	City Detroit	State MI	Zip Code 48201	_				C29004 9 Receipt th	94	4
	FEC ID number of contributing federal political committee.	С					,	,		3.34
	Name of Employer Henry Ford Hospital	Occupation Anesthesiol	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.42]						
в.	Full Name (Last, First, Middle Initial) W. Eric Cox M.D.				Date of	Re	eceipt			
	Mailing Address 1924 Alcoa Highway UT Medical Center, Dept. of A				^M M 12	1	D 13		у у 2014	Y
	City Knoxville	State TN	Zip Code 37920	-			-	C288728 Receipt th		ł
	FEC ID number of contributing federal political committee.	С					,			3.34
	Name of Employer University Anesthesiologists	Occupation Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼ 583.38							
с.	Full Name (Last, First, Middle Initial) Robert M. Craft M.D.				Date of	Re	eceipt			
	Mailing Address Dept. of Anesthesiology 1924 Alcoa Highway, Box-U10				м м 12	1	D 23		ү ү 2014	Y
	City Knoxville	State TN	Zip Code 37920					C289959 Receipt th		ł
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	Name of Employer	Occupation		\neg						
	University Anesthesiologists	Physician -	Anesthesiologist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04]						
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 29 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c	12 16	17	
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	NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	tee							
Α.					Date o	f Rece	eipt				
	Mailing Address 6951 Highfields Farm Dr.,	S.W.			м м 12	/	D 16) / Y	2014	Y	
	City Roanoke	State VA	Zip Code 24018-5632					C288899		d	
	FEC ID number of contributing federal political committee.	С							25	0.00	
	Name of Employer Anesthesiology Consultants of Virginia	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
В.	Full Name (Last, First, Middle Initial) Robert A. Crone M.D.				Date o	f Rece	eipt				
	Mailing Address 124 E. Cherry Dr.				м м 12	/	13		2014	Y	
	City Memphis	State TN	Zip Code 38117-3111					C288730 Receipt th		d	
	FEC ID number of contributing federal political committee.	С				. ,			4	1.67	
	Name of Employer Medical Anesthesia Group, PA	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Susan G. Curling M.D.				Date o	f Rece	eipt				
	Mailing Address 2727 Kirby Dr Apt 11D				м м 12	/	D 14) / Y	2014	- Y	
	City Houston	State TX	Zip Code 77098-1152					C28873: Receipt th	36	d	
	FEC ID number of contributing federal political committee.	C						- 7	8	3.34	
	Name of Employer	Occupation	1	_							
	North Houston Anesthesiologists	Doctor									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		333.36								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 30 OF

194

			Detailed Summary Page		< 11a		11b	11c		12	<u> </u>				
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$\left[\right]$	NAME OF COMMITTEE (In Full)														
	American Society of Anesthes	ologists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Judson P. Cuttino M.D.				Date o	f Re	eceipt								
	Mailing Address 3 Hawkins Ln				M M	/	13			2014	Y				
	City	State	Zip Code		Trans	sact	ion ID	: C28872							
	Savannah	GA	31411-1407	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,		_	20	.00				
	Name of Employer	Occupation													
	Anesthesia Associates of Savannah, P.C	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		700.00	11											
	Other (specify)		720.00	4											
B	Full Name (Last, First, Middle Initial) Stephen Dainesi M.D.	•			Date o	f Re	coint								
υ.	Mailing Address 28 Barrington Dr						D		v	v	V				
					12	,	11		_2/	014					
	City	State	Zip Code		Trans	act	ion ID :	: C28999	79						
	Bedford	NH	03110-5601		Amoun	t of	Each	Receipt t	his I	Period					
	FEC ID number of contributing federal political committee.	С					7			250.	.00				
	Name of Employer	Occupation													
	Amoskeag Anesthesia	ANESTHES	GIOLOGIST												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		050.00	11											
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<u>с</u> .	Full Name (Last, First, Middle Initial) Khaled Dajani M.D.	1			Date o	f Re	eceipt								
	Mailing Address 522 Montegut St				M M	/	D	D / _	Y Y	Y	Y				
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	New Orleans	LA	70117	_	Amoun	t of	Each	Receipt t	his F	Period					
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	Primary General			11											
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 31 OF

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ITEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		2	
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NAME OF COMMITTEE (In Full)										
ight angle American Society of Anesthe	esiologists P	olitical Action Commit	tee							
Full Name (Last, First, Middle Initial) A. Michael Danic M.D.				Date c	of Re	eceipt				
Mailing Address 14726 Fox				M N	/	18		201	Y V	Y
City	State	Zip Code		Tran	sact		: C28979			
Redford	MI	48239-3163		Amour	nt of	Each F	Receipt tl	his Pei	riod	
FEC ID number of contributing federal political committee.	С					<u>т</u>			83.3	34
Name of Employer	Occupation									
American Anesthesiology		nesthesiologist								
Receipt For:		Year-to-Date ▼	\neg							
Primary General	, iggi ogulo		- I							
Other (specify)		666.72								
Full Name (Last, First, Middle Initial) B. Sharon M. Darrow D.O.				Date c	of Re	eceipt				
Mailing Address 1115 Huntington Ave				M N	/	D	D / Y	Y	Y	1
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City	State	Zip Code		Trans	sacti	ion ID :	C28767			
Nichols Hills	OK	73116-6212		Amour	nt of	Each I	Receipt t	his Per	riod	
FEC ID number of contributing federal political committee.	С					7			41.6	57
Name of Employer	Occupation		_							
Northwest Anesthesia	Anesthesio	ogist								
Receipt For:		Year-to-Date ▼								
Primary General	7.99.09410		- I -							
Other (specify) v		375.03								
Full Name (Last, First, Middle Initial) C. Sharon M. Darrow D.O.				Date c	of Re	eceipt				
Mailing Address 1115 Huntington Ave				M 12	/	26		2014		Y
City	State	Zip Code		Tran	sact	ion ID	: C29001			
Nichols Hills	OK	73116-6212		Amour	nt of	Each I	Receipt tl	his Pei	riod	
FEC ID number of contributing federal political committee.	С					7			41.6	67
Name of Employer	Occupation									
Northwest Anesthesia	Anesthesio	logist								
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		- 1 -							
Other (specify)		375.03								
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PAGE 32 OF

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A.	Full Name (Last, First, Middle Initial) Victor Davila M.D.				Date of	Re	ceipt			
	Mailing Address 4400 Kipling Rd				M M	/	01) / Y	ү ү 2014	Y
	City	State	Zip Code			acti		C287670		
	Columbus	OH	43220	_	Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	y		83	.34
	Name of Employer	Occupation								
	Ohio State University	Assistant Pr	ofessor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1000.08							
	Full Name (Last, First, Middle Initial)				Doto of	Po	agint			
D.	Mailing Address 32 Forest Rd				Date of	пе /	02		2014	Y
	City	State	Zip Code			acti		C287669		
	Delmar	NY	12054-3039		Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					y		41	.67
	Name of Employer	Occupation								
	Albany Medical Center	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		500.04							
с.	Full Name (Last, First, Middle Initial) Kraig S. de Lanzac M.D.				Date of	Re	ceipt			
	Mailing Address 12 Tara Pl				M M 12	/	10		2014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C288236	51	
	Metairie	LA	70002-1559	_	Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_	y	7	83	.34
	Name of Employer	Occupation								
	Slidell Memorial Hospital	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		1166.74							
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PAGE 33 OF

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NAME OF COMMITTEE (In Full)		any pointed committee	0 30					
American Society of Anesthes	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Martin L. De Ruyter M.D.				Date of	Receipt			
Mailing Address Dept. Anesthesiology, Mail 	Stop 10			M M 11	/ 2		ү ү 2014	Y
City Kansas City	State KS	Zip Code 66160-7415				: C28767		
FEC ID number of contributing federal political committee.	C				7			5.00
Name of Employer	Occupation							
Kansas Univ. Medical Center Receipt For:			_					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1					
Full Name (Last, First, Middle Initial)				.				
B. Martin L. De Ruyter M.D. Mailing Address Dept. Anesthesiology, Mail 3901 Rainbow Blvd.	Stop 10			Date of 12	Receipt		y y 2014	Y
City	State	Zip Code				: C290022		
Kansas City	KS	66160-7415		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C						45	.00
Name of Employer Kansas Univ. Medical Center	Occupation							
Receipt For:								
Primary General	Aggregate	Year-to-Date ▼	1					
Other (specify)	L	270.00	4					
Full Name (Last, First, Middle Initial) C. David A. Debenham M.D.	·			Date of	Receipt			
Mailing Address P.O. Box 910369				M M 11	/ 0		2014	Y
City	State	Zip Code				: C287670		
St. George	UT	84791-0369		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C						41	.67
Name of Employer	Occupation							
Mtn. West anesthesia Receipt For:	Physician							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04]					
SUBTOTAL of Receipts This Page (optional)							131.	.67
TOTAL This Period (last page this line numb	er only)				7			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 34 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a]11b		11c		12	
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) David A. Debenham M.D. Mailing Address P.O. Box 910369				Date o		· ·	t	/ Y	Y	Y	Y
	City	State	Zip Code	_	12			30	C290046		014	
	St. George	UT	84791-0369						eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7				41.	67
	Name of Employer Mtn. West anesthesia	Occupation Physician										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		500.04									
в.	Full Name (Last, First, Middle Initial) Kjersti K. Deckert M.D.				Date o	f Re	eceip	t				
	Mailing Address 2155 S 116th Cir				M M	1		26	/ Y	2() 14	Y
	City	State	Zip Code		Trans	acti	ion II	D:(C287675	51		
	Walton	NE	68461-2026		Amoun	t of	Eacl	h R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,		7	_	83.	34
	Name of Employer Associated Anesthesiologists, PC	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38									
<u>с.</u>	Full Name (Last, First, Middle Initial) Kjersti K. Deckert M.D.				Date o	f Re	eceip	t				
	Mailing Address 2155 S 116th Cir				^M M	/		26	/ Y		у 014	Y
	City Walton	State NE	Zip Code 68461-2026						C29001 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					,		7		83	34
	Name of Employer	Occupation										
	Associated Anesthesiologists, PC	Anesthesio	ogists									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		583.38									
s	UBTOTAL of Receipts This Page (optional)						7				208.	35
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PAGE 35 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X			11b	11c	12	
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NAME OF COMMITTEE (In Full)									
angle American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Vincent J. Degenhart M.D.			Da	ate of	Rec	ceipt			
Mailing Address 415 Harden St				M M	/	DDD	/ Y	Y Y	Y
City	State	Zip Code		12 Fransa	actio	08 on ID : C	288036	2014 5 8	
Columbia	SC	29205-3149	Ar	nount	of E	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7	7	4	1.67
Name of Employer	Occupation								
Camden Anesthesiology Associates	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		208.35							
Full Name (Last, First, Middle Initial) B. John P. Delaney M.D.			Da	ate of	Rec	ceipt			
Mailing Address 3260 Somerset St., S.W.				12	/	16	/ Y	ү ү 2014	Y
City	State	Zip Code				on ID : C		-	
Roanoke	VA	24014-3137	Ar	nount	of E	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					9	- 1	25	0.00
Name of Employer ACV INC	Occupation ANESTHES								
Receipt For:		Year-to-Date ▼	_						
Primary General	Aggregate		1						
Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial) C. Matthew C. Delph M.D.			Da	ate of	Rec	ceipt			
Mailing Address 34 Mossy Oak Dr				и м 12	/	09	/ Y	ү ү 2014	Y
City Winfield	State WV	Zip Code 25213				on ID : (
		23213	Ar	nount	of E	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					9		4	1.67
Name of Employer	Occupation Anesthesio								
General Anesthesia Services, Inc. Receipt For:		Year-to-Date ▼	_						
Primary General	Aggregate		11						
Other (specify)		291.69							
SUBTOTAL of Receipts This Page (optional)					,	3	333	3.34
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PAGE 36 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	neck onl	y or	ıe)				
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	ee							
Α.					Date o	f Re	ceipt				
	Mailing Address 945 Outer Drive				^M M	/	D 14		2014	Y	
	City State College	State PA	Zip Code 16801				-	C28873 Receipt t	43 his Perio	d	
	FEC ID number of contributing federal political committee.	С					,		4	41.67	
	Name of Employer	Occupation									
	Pocono Anesthesia Associates	physician		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		291.69								
в.	Full Name (Last, First, Middle Initial) Allen Dennis M.D.				Date o	f Re	ceipt				
	Mailing Address 14857 Holly Leaf Dr				12	1	09		2014	Y	
	City	State	Zip Code					C28820			
	Frisco	TX	75035-7451	_	Amoun	t of	Each F	Receipt t	his Perio	d	
	FEC ID number of contributing federal political committee.	С					,		8	33.34	
	Name of Employer Advanced pain care	Occupation									
	Receipt For:	Pain physici		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.08								
c.	Full Name (Last, First, Middle Initial) Abhijit Desai M.D.				Date o	f Re	ceipt				
	Mailing Address 74 Clairmont St				м м 12	/	D 04		2014	Y	1
	City	State	Zip Code					C28781			
	Longmeadow	MA	01106-1002	_	Amoun	t of	Each F	Receipt t	his Perio	d	
	FEC ID number of contributing federal political committee.	С							2	41.67	
	Name of Employer	Occupation									
	Milford Anesthesia Associates, Inc Ane	Anesthesiol	-	_							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		457.74								
s	UBTOTAL of Receipts This Page (optional)			•			,		16	6.68	
т	OTAL This Period (last page this line number of	only)		-	Γ.		,				
SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 37 OF

194

	EIVIIZED RECEIPIS		Detailed Summary Page		11a		11b	11c		12		
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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Laura I. Dew M.D.			[Date of	f Re	ceipt					
	Mailing Address 3721 Robinhood Street				м м 12	1	04	D / Y		ү 014	Y	
	City	State TX	Zip Code 77005					C28780				
	Houston	1	77005	/	Amount	t of	Each I	Receipt th	nis P	'eriod		_
	FEC ID number of contributing federal political committee.	С				_	,	7	_	83.	34	
	Name of Employer	Occupation										
	Greater Houston Anesthesiology	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		666.72									
В.	Full Name (Last, First, Middle Initial) John F. Di Capua M.D.			[Date of	f Re	ceipt					
	Mailing Address 74 Byram Ridge Road				м м 12	/	20	D / Y) 14	Y	
	City	State	Zip Code		Trans	acti	on ID :	C28988 ⁻				
	Armonk	NY	10504-1210	A	Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,	7		83.	34	
	Name of Employer North Shore University Hospital Anesth	Occupation Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		583.22									
С.	Full Name (Last, First, Middle Initial) Christian Diez M.D.				Date of	f Re	ceipt					
	Mailing Address 7915 SW 55 Avenue				м м 12	/	D 12			у 014	Y	
	City	State	Zip Code		Trans	sacti	ion ID	C28871	55			
	Miami	FL	33143	/	Amount	t of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					,			83	.34	
	Name of Employer	Occupation		_								
	University of Miami	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		916.74									
s	UBTOTAL of Receipts This Page (optional)		······				7		_	250.	02	
т	OTAL This Period (last page this line number of	only)					,					1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 38 OF

	LIMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c		12	
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or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson fo e to sol	or the icit cor	purp ntrib	oose of utions	f so fror	liciting n such	cor 1 CO	ntribut mmitte	ions e.
\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Catherine J. Digregorio M.D.			C	Date of	Re	ceipt					
	Mailing Address 1455 Boot Road				м м 12	/	D 11		/ Y		y 014	Y
	City	State	Zip Code		Trans	acti	ion ID :	C2	289996	7		
	West Chester	PA	19380	A	mount	t of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	400.	00
	Name of Employer	Occupation										
	Self	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		400.00									
	Full Name (Last, First, Middle Initial) Sandy R. Dillard M.D.				Date of	Re	ceipt					
	Mailing Address 1175 N Rutland Ct				M M	/	04		/ Y	20	Y 14	Y
	City	State	Zip Code		Trans	acti	87891	3				
	Wichita	KS	67206-3833	A	mount	t of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	500.	00
	Name of Employer Anesthesia Consulting Services	Occupation anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
с.	Full Name (Last, First, Middle Initial) Aristeidie M. Diveris M.D.				Date of	Re	ceipt					
	Mailing Address 825 N Sheridan Rd				м м 12	/	D 17		/ Y) 14	Y
	City Lake Forest	State IL	Zip Code 60045-2226				ion ID :					
		12	00043-2220	A	mount	t of	Each F	Rec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,	_	7	_	41.	67
	Name of Employer	Occupation										
	Forerunner Anesthesia Ltd	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		450.07	11								
	Other (specify)		458.37									
s	UBTOTAL of Receipts This Page (optional)						,		7	_	941.	67
т	OTAL This Period (last page this line numbe	r only)		. [7			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 39 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14		11c 15	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the				or the		pose d		oliciting	contrib	utions
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Teresa M. Donart M.D.				Date o	f Re	eceipt				
Mailing Address N7838 Braun Dr	State	Zip Code		M M 11		2	5	/	2014	Y
Malone	WI	53049-1713	A					287259 ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7	_	7		0.00
Name of Employer St. Agnes Hospital	Occupation Anesthesiol									
Receipt For: Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) B. Matthew Donovan M.D.				Date o	f Re	eceipt				
Mailing Address 3333 Evergreen Drive N.E.				M M 12	/	D 2		/ Y	2014	Y
City Grand Rapids	State MI	Zip Code 49525-9756	A					2 89886 ceipt th	i o is Perio	d
FEC ID number of contributing federal political committee.	С					7		7	4	1.67
Name of Employer Anesthesia Practice Consultants, P.C.	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.37								
Full Name (Last, First, Middle Initial) C. Patrick M. Dooley M.D.				Date o	f Re	ceipt				
Mailing Address 1713 cottage wood way				м м 12	/	D 2		/ Y	үү 2014	Y
City Knoxville	State TN	Zip Code 37919-9351						29002 4 ceipt th	14 is Perio	d
FEC ID number of contributing federal political committee.	С					7		7	25	0.00
Name of Employer	Occupation	l								
american anesthesiology of tennessee	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)						7		7	129	1.67
TOTAL This Period (last page this line number	only)					,		7		

FOR LINE NUMBER:

PAGE 40 OF

194

11	EMIZED RECEIPTS										
			for each category of the Detailed Summary Page		1 1a		11b	11c		Г	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	L ay not be sold or used by any po ddress of any political committee	erson	13 for the olicit cor	purp ntrib	14 bose of utions f	15 soliciting rom sucl	g contr h comi	ibutic	17 ns e.
5	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Donald D. Downs M.D.				Date of	f Re	ceipt				
	Mailing Address 7351 Oliver Woods Dr SE				M M 12	/	07	/ Y	201		1
	City Grand Rapids	State MI	Zip Code 49546-9707					C288034 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					9			83.3	4
	Name of Employer	Occupation	1								
	Anesthesia Practice Consultants	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1083.40	11							
			7 7	4							
В.	Full Name (Last, First, Middle Initial) John J. Doyle M.D.	1			Date of	f Re	ceipt				
	Mailing Address 128 Sea Hammock Way				M M 12	/	19	/ Y	2014		1
	City	State	Zip Code			acti		C289837			
	Ponte Vedra Beach	FL	32082					eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			41.6	7
	Name of Employer Anesthesia Associates of Clay County	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify)	, iggi oguto	500.04								
			/j /j // /*	<u> </u>							
C.	Full Name (Last, First, Middle Initial) Jonathan A. Eash M.D.				Date of	f Re	ceipt				
	Mailing Address 3101 Robinhood Ln				M M 11	/	D D D 25	/ Y	2014		1
	City	State IN	Zip Code		Trans	acti	ion ID :	C287254	41		
	South Bend	IIN	46614-2113	_	Amount	t of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С				_	9			83.3	4
	Name of Employer	Occupation									
	Michiana Anesthesia Care	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		333.36	1							
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PAGE 41 OF

194

116	IMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11	- F	11c		12 16	17				
	v information copied from such Reports and for commercial purposes, other than using the				for the		rpos	e of		g con	tributi	ons				
	NAME OF COMMITTEE (In Full)			0 10 00			June									
	American Society of Anesthesi	ologists P	olitical Action Committ	ee												
A.	Full Name (Last, First, Middle Initial) Jonathan A. Eash M.D.				Date c	of Re	eceij	pt								
1	Mailing Address 3101 Robinhood Ln				^M 12	/		25	/ Y	20	ү 14	Y				
	City	State	Zip Code		Tran	sact	tion	ID :	C29001	37						
_	South Bend	IN	46614-2113		Amour	nt of	Ead	ch R	eceipt th	nis Pe	eriod					
	FEC ID number of contributing rederal political committee.	С					7				83.	34				
ī	Name of Employer	Occupation														
I	Michiana Anesthesia Care	Physician														
Ī	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		333.36													
	Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.				Date c	of Re	eceii	pt								
Ī	Mailing Address 2399 Pine Hollow Dr.			12 01 2014												
ī	City	State	Zip Code	_			L		C287680		4					
	East Lansing	MI						eceipt th		eriod						
F	FEC ID number of contributing rederal political committee.	С									83.3	34				
ī	Name of Employer	Occupation		_												
	Capital Area Anesthesia, P.C.		nesthesiologist													
Ī	Receipt For:		Year-to-Date ▼													
	Primary General	Aggregate		11.												
	Other (specify)	L	1000.08	4												
	Full Name (Last, First, Middle Initial) Gregory L. Enders M.D.				Date c	of Re	eceij	pt								
I	Mailing Address 206 Windlake Dr.				M 12	/		22	/ Y	201	Y 14	Y				
(City	State	Zip Code		Tran	sact	tion	ID :	C28988	64						
_	Seneca	SC	29672-6872		Amour	nt of	Ead	ch R	eceipt th	nis Pe	eriod					
	FEC ID number of contributing rederal political committee.	С					7	_			41.	67				
Ī	Name of Employer	Occupation		\neg												
	Anesthesiology Consultants of the Upst	Anesthesio	logist													
	Receipt For:		Year-to-Date ▼													
	Primary General	gg. ogulo		1												
	Other (specify)		333.36													
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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PAGE 42 OF

194

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NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committ	ee	_						
Full Name (Last, First, Middle Initial) A. Emil D. Engels M.D., M.B.				ate of	Re	ceipt				
Mailing Address 3127 Windsong Dr				м м 12	1	01	/ Y) 14	Y
City	State	Zip Code		Trans	acti	on ID :	C28768	07		
Oakton	VA	22124-1832	A	mount	of	Each R	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	C					,			41	.67
Name of Employer	Occupation	l	-							
Inova Fairfax Hospital	Anesthesio	logist								
	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		374.61	1							
Full Name (Last, First, Middle Initial) B. Michael R. England M.D.			Г	ate of	Re	ceipt				
Mailing Address 250 Beacon St # 5				M M M	/	23	/ Y	Р 20	Y 14	Y
City	State	Zip Code	۹ ۲		acti		C28995		14	
Boston	MA	02116-1203					eceipt th		eriod	
FEC ID number of contributing federal political committee.	С					7			41	.67
Name of Employer	Occupation	1	_							
tufts medical center	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		500.04	1							
Other (specify)		, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D.			C	ate of	Re	ceipt				
Mailing Address 1 Gustave L Levy PI Anes	s. Dept.			^M ^M 12	/	03	/ Y		ү 14	Y
City	State	Zip Code					C28768			
New York	NY	10029-6504	A	mount	of	Each R	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	C					7	7		83	.34
Name of Employer	Occupation	1								
Mount Sinai School of Medicine	Physician A	Anesthesiologist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1333.08	1							
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SUBTOTAL of Receipts This Page (optiona	l)								166	68
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PAGE 43 OF

194

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Luis Esparza M.D. Mailing Address 2810 N Swan Rd Ste 100 City Tucson FEC ID number of contributing federal political committee. Name of Employer OLD PUEBLO ANESTH Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85712-6300 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1020.00	Date of Receipt 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 Tucson FEC ID number of contributing federal political committee. Name of Employer OLD PUEBLO ANESTH Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85712-6300 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1020.00	Date of Receipt 12 23 2014 Transaction ID : C2904957 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Initial) Mailing Address PO Box 16370 Mailing Address PO Box 16370 Anes. Dept. City Miami FEC ID number of contributing federal political committee. Name of Employer Univ. of Miami Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33101 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 786.72	Date of Receipt 11 28 2014 Transaction ID : C2876745 Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (optional)		253.34

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FOR LINE NUMBER:

PAGE 44 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	only o	ne)	L		
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NAME OF COMMITTEE (In Full)								
American Society of Anesth	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Monique Espinosa M.D.			Date	of R	eceipt			
Mailing Address PO Box 16370			М		/ D	7 / Y	YY	Y
Anes. Dept.	State	Zip Code	1: 		28 tion ID :	C290022	2014 2	
Miami	FL	33101				Receipt th		
FEC ID number of contributing federal political committee.	С				,		83	.34
Name of Employer	Occupation	l						
Univ. of Miami	Anesthesio	-						
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify)		786.72						
Full Name (Last, First, Middle Initial) B. James Evans M.D.			Date	of R	eceipt			
Mailing Address 2302 Kingsmill Cir			M 1.		02		2014	Y
City	State TX	Zip Code 75703-5819				C287672		
Tyler FEC ID number of contributing		75705-5619	Amo	unt of	Each F	Receipt th	is Period	_
federal political committee.	C				9		50.	00
Name of Employer Trinity Clinic Anesthesia	Occupation							
Receipt For:	Anesthesiol	5						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		550.00						
Full Name (Last, First, Middle Initial) C. William Feaster M.D.			Date	of R	eceipt			
Mailing Address 507 Ocean Avenue			м 1		27		2014	Y
City Seal Beah	State CA	Zip Code				C287669		
	CA	90740	Amo	unt of	f Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7	7	83	.34
Name of Employer	Occupation							
Childrens Hospital Orange County Receipt For:	anesthesio	-						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		2416.54						
SUBTOTAL of Receipts This Page (option	,		F	-	3	7	216.	68
TOTAL This Period (last page this line nul	mber only)	······]	<u>ا ا</u>		7			

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PAGE 45 OF

194

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	I ay not be sold or used by any po Iddress of any political committee	erson for the	purpose o	f soliciting	contribu	utions					
NAME OF COMMITTEE (In Full)												
American Society of Anesth	esiologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. William Feaster M.D.			Date o	of Receipt								
Mailing Address 507 Ocean Avenue			12	/ D 27	D / Y	у у 2014	Y					
City Seal Beah	State CA	Zip Code 90740		saction ID : nt of Each F			k					
FEC ID number of contributing federal political committee.	С						3.34					
Name of Employer Childrens Hospital Orange County	Occupation anesthesiol											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2416.54										
Full Name (Last, First, Middle Initial) B. David Feinstein M.D.	I		Date of	of Receipt								
Mailing Address Department of Anesthes 330 Brookline Avenue	ia		M 12	/ D 06	D / Y	у у 2014	Y					
City	State	Zip Code	Transaction ID : C2880312 Amount of Each Receipt this Period									
Boston	MA	02215	Amour	nt of Each F	Receipt th	is Period	ł					
FEC ID number of contributing federal political committee.	С					4	1.67					
Name of Employer Beth Israel Deaconess Medical Center	Occupation Anesthesiol											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.70										
Full Name (Last, First, Middle Initial) C. Gregory Fiasconaro M.D.			Date o	of Receipt								
Mailing Address 505 Chestnut St			12	/ D 23		ү ү 2014	Y					
City	State CT	Zip Code		saction ID								
Cheshire	CI	06410	Amour	nt of Each F	Receipt th	is Period	k					
FEC ID number of contributing federal political committee.	С					5	0.00					
Name of Employer	Occupation	I										
Anesthesiology of Middletown	physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		550.00										
SUBTOTAL of Receipts This Page (option	al)					175	5.01					

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PAGE 46 OF

194

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(c	heck on	ly or	ne)	L				-
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NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Gerhard W. Flacke M.D.				Date o	f Re	eceipt					
Mailing Address 3947 E Ina Rd				^M M	/	080	/ Y		014	Y	
City Tucson	State AZ	Zip Code 85718-1531				<mark>ion ID :</mark> Each R			Period	_	
FEC ID number of contributing federal political committee.	C					7			50.	00	
Name of Employer Old Pueblo Anesthesia	Occupation physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		300.00									
Full Name (Last, First, Middle Initial) B. Roberto C. Flores M.D.				Date o	f Re	eceipt					
Mailing Address 1602 Governors Dr Apt 19	22			M M	/	29	/ Y)14	Y	
City	State	Zip Code		Trans	sacti	ion ID :	C28767	15			
Pensacola	FL	32514-9424		Amoun	t of	Each R	eceipt tl	his P	Period		
FEC ID number of contributing federal political committee.	С					7	. ,	_	41.	67	
Name of Employer Panhandle Anesthesiology Associates, P	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1								
Full Name (Last, First, Middle Initial) C. Roberto C. Flores M.D.				Date o	f Re	eceipt					
Mailing Address 1602 Governors Dr Apt 19	22			^M 12	/	D D 29	/ Y) 14	Y	
City	State	Zip Code		Trans	sact	ion ID :	C29002	.50			
Pensacola	FL	32514-9424		Amoun	t of	Each R	eceipt tl	his P	Period		
FEC ID number of contributing federal political committee.	С					7	7		41.	67	
Name of Employer	Occupation	1									
Panhandle Anesthesiology Associates, P	Anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.04									
SUBTOTAL of Receipts This Page (optional)			•		_	7		-	133.3	34]

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PAGE 47 OF

ITEMIZED RECEIPTS	-						(check only one)								
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NAME OF COMMITTEE (In Full)															
angle American Society of Anesth	esiologists P	olitical Action Committe	ee												
Full Name (Last, First, Middle Initial) A. Richard M. Flowerdew M.D.			Da	te of	Receip	ot									
Mailing Address 38 Hedgerow Dr			M	 12	/ D	11	/ Y	2014	Y						
City	State	Zip Code	Т		ction		288290								
Falmouth	ME	04105-1407	Am	nount	of Eac	ch Re	ceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	С				y		3	8	3.34						
Name of Employer	Occupation														
Spectrum Medical Group	Anesthesiol	ogist	_												
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		666.72													
Full Name (Last, First, Middle Initial) B. Michael R. Flynn M.D.			Da	te of	Receip	ot									
Mailing Address 6808 Stone Mill Dr				[™] 12		11	/ Y	2014	Y						
City	State	State Zip Code TN 37919-7496					288285								
Knoxville	TN						ceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	С				3			8	3.34						
Name of Employer University Anesthesiologists	Occupation														
Receipt For:	Anesthesiol	-	_												
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)		1000.08													
Full Name (Last, First, Middle Initial) C. Joseph F. Foss M.D., B.S.			Da	te of	Receip	ot									
Mailing Address Dept of Anesthesiology 9500 Euclid Ave E31			M	м 12	/ D	06	/ Y	ү ү 2014	Y						
City Cleveland	State OH	Zip Code 44195-0001					288031								
		44193-0001	Am	ount	of Eac	ch Re	ceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	C				y		y	4	1.67						
Name of Employer	Occupation														
Cleveland Clinic Foundation Receipt For:	Physician		_												
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)	L	516.70													
SUBTOTAL of Receipts This Page (option	al)				3		7	208	8.35						
TOTAL This Period (last page this line nu	mber only)				7										

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PAGE 48 OF

T	EMIZED RECEIPTS		for each category of the		(check only one)						
			Detailed Summary Page		< 11a 13		11b	11c		r	17
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\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Charles J. Fox M.D.				Date of	Re	· ·				
	Mailing Address 1501 King Hwy LSU Health				12	1	24	/ Y	201		
	City shreveport	State LA	Zip Code 71130				on ID : (Each Re			riod	
	FEC ID number of contributing federal political committee.	С					7		_	83.3	34
	Name of Employer	Occupation									
	Louisiana State University Health Scie	Professor a	nd Chair								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.08								
B	Full Name (Last, First, Middle Initial) William A. Frame M.D.				Date of	Re	ceint				
	Mailing Address 2300 N Edward St				12 and a	/	11	/ Y	_2014	Y Y 4 _	
	City	State	Zip Code								
	Decatur	IL	62526-4163	_	Amount	of	Each Re	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					7	7		83.3	4
	Name of Employer Decatur Mem Hosp Anes Dept	Occupation Physician a	nesthesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		916.74								
с.	Full Name (Last, First, Middle Initial) Christopher Frandrup M.D.				Date of	Re	ceipt				
	Mailing Address 11201 Benton St mailstop: 112A				м м 12	/	D D 19	/ Y	2014		
	City Loma Linda	State CA	Zip Code 92357	-			ion ID : (ri a al	
	FEC ID number of contributing federal political committee.	С			Amouni		Each Re	eceipt tr	is Per	83.3	34
	Name of Employer	Occupation									
	Department of Defense	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		833.40								
s	UBTOTAL of Receipts This Page (optional)			•			,		2	250.0	2
т	OTAL This Period (last page this line number	only)		•			,	7			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 49 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Lawrence P. Frank M.D. Mailing Address P.O. Box 9779 City Coral Springs FEC ID number of contributing federal political committee	State Zip Code FL 33075	Date of Receipt 11 27 2014 Transaction ID : C2876737 Amount of Each Receipt this Period 25.00
federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Medical Doctor Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Lawrence P. Frank M.D. Mailing Address P.O. Box 9779		Date of Receipt
City Coral Springs FEC ID number of contributing federal political committee.	State Zip Code FL 33075	Transaction ID : C2900195 Amount of Each Receipt this Period 25.00
Name of Employer self Receipt For: Primary General Other (specify)	Occupation Medical Doctor Aggregate Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Eugene Freid M.D. Mailing Address 291 Southhall Ln City Maitland FEC ID number of contributing	State Zip Code FL 32751-7274	Date of Receipt M M / D / Y Y Y Y 11 30 / 2014 2014 Transaction ID : C2876793 Amount of Each Receipt this Period
federal political committee. Name of Employer JLR Medical Group Receipt For: Primary General Other (specify) ▼	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 416.70	41.67
SUBTOTAL of Receipts This Page (optional)		91.67

FOR LINE NUMBER:

PAGE 50 OF

194

17	r for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Society of Anesthe: Full Name (Last, First, Middle Initial)	Use separate schedule(s)					(check only one)							
11			for each category of the Detailed Summary Page		1a 3	11b	11c	12	Г	17				
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and a	I ay not be sold or used by any p ddress of any political committee	erson for	the p	ourpose o	f soliciting	g contrib	oution	ns				
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$ \rangle$	American Society of Anesthesi	ologists P	olitical Action Committe	ee										
A .	Full Name (Last, First, Middle Initial) Eugene Freid M.D.			Da	ite of	Receipt								
	Mailing Address 291 Southhall Ln			N	12	/ D 30	D / Y	2014		1				
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	Maitland	FL	32751-7274	An	nount	of Each I	Receipt tl	nis Peric	bd					
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	Name of Employer	Occupation	l											
	•	Anesthesio	logist											
	·	Aggregate	Year-to-Date ▼											
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	-	Anesthesio	ogist											
		Aggregate	Year-to-Date ▼	_										
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	Mailing Address 12419 Mallard Bay Dr.			N	12	/ D 02		2014	Y	1				
	-	State	Zip Code	1	rans	action ID	: C28766	85						
	Knoxville	TN	37922	An	nount	of Each I	Receipt tl	nis Perio	bd					
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	Name of Employer	Occupation	l											
		Anesthesio	logist											
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PAGE 51 OF

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	y information copied from such Reports and S for commercial purposes, other than using the									butio	
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$\Big\rangle$	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Meera Gangadharan M.B.,B.S.				Date of	Re	ceipt				
	Mailing Address 1717 Wittner Place				M M	1	D D D 22	/ Y	2014		1
	-	State	Zip Code			acti		C289905			
	Corpus Christi	ТХ	78418	_	Amount	of	Each R	eceipt th	is Peri	od	
	5	С					,	7	2	50.0	D
	Name of Employer	Occupation									
		Physician A	nesthesiologist								
		Aggregate	Year-to-Date ▼								
			250.00								
в.					Date of	Re	ceipt				
	Mailing Address 1614 Timber Ln.				M M	/	12	/ Y	2014		1
		State	Zip Code		Transa	actio	on ID : (C288716			
	Boulder	CO	80304		Amount	of	Each R	eceipt th	is Peri	od	
	5	С					7	7		25.00)
	1 3	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
			275.00								
<u></u> с.	Full Name (Last, First, Middle Initial) Patrick Giam M.D.				Date of	Re	ceipt				
	Mailing Address 2411 Fountain View, Suite 20	0			м м 12	/	D D D 10	/ Y	2014		1
	City	State	Zip Code		Trans	acti	on ID :	C28823			
	Houston	ТХ	77057-4817		Amount	of	Each R	eceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					,	7		83.3	4
	Name of Employer	Occupation									
	US Anesthesia Partners	physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		916.74								
s	UBTOTAL of Receipts This Page (optional)		•	•			,		3!	58.34	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 52 OF

194

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\backslash	NAME OF COMMITTEE (In Full)													
	American Society of Anesthes	iologists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Lawrence M. Gibbons D.O.				Date of Receipt									
	Mailing Address 42 Cromwell Dr				^M M	1	D 16			ү 014	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C28893	81					
	Portsmouth	RI	02871-1346		Amount	of	Each F	Receipt t	his P	'eriod				
	FEC ID number of contributing federal political committee.	С					,		_	25	.00			
	Name of Employer	Occupation	1											
	Anesthesia Associates of Massachusetts	Anesthesio	logist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			1 -										
	Other (specify)		300.00	4										
в.	Full Name (Last, First, Middle Initial) Martin L. Ginsberg M.D.	1			Date of	Re	eceipt							
	Mailing Address One Elliot Way, #200				M M	/	D		Y	Y	Y			
					12		11	_ L	20	014				
	City	State	Zip Code		Trans	acti	on ID :	C28999	78					
	Manchester	NH	03103-0350	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			250	.00			
	Name of Employer	Occupation	1											
	Amoskeag Anesthesia	ANESTHES	SIOLOGIST											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 250.00]										
<u> </u>	Full Name (Last, First, Middle Initial) Jose M. Goldar M.D.				Date of	Re	eceipt							
	Mailing Address 1453 SW 156th Way				M M 11	/	D 27) 14	Y			
	City Pembroke Pines	State FL	Zip Code 33027-2379					: C28767 Receipt t		Period				
	FEC ID number of contributing federal political committee.	С					,				.67			
	Name of Employer	Occupation	1	-										
	Sheridan Healthcare	Physician A	Anesthesiologist											
	Receipt For:		Year-to-Date ▼											
	Primary General	00 - 0		٦L.										
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PAGE 53 OF

194

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	I orts and Statements may not be sold or used by any using the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	sthesiologists Political Action Commi	
Full Name (Last, First, Middle Initial Jose M. Goldar M.D. Mailing Address 1453 SW 156th Wa City Pembroke Pines FEC ID number of contributing federal political committee. Name of Employer	y State Zip Code FL 33027-2379 C Occupation	Date of Receipt 12 27 2014 Transaction ID : C2900196 Amount of Each Receipt this Period 41.67
Sheridan Healthcare Receipt For: Primary General Other (specify)	Physician Anesthesiologist Aggregate Year-to-Date ▼ 1100.04	
B. Marilyn J. Goldstein M.D. Mailing Address 412 Ridgepoint Cou		Date of Receipt
City	State Zip Code	Transaction ID : C2875546
Piney Flats	TN 37686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Bristol Anesthesia Services	Physician- Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
Full Name (Last, First, Middle Initial C. Marilyn J. Goldstein M.D.		Date of Receipt
Mailing Address 412 Ridgepoint Cou		12 28 2014
City Piney Flats	StateZip CodeTN37686	Transaction ID : C2920815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Bristol Anesthesia Services	Physician- Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (o	Dtional)	208.35

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 54 OF

194

11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		X 11a		11b 14	11c	12	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purpo	ose of	f soliciting	contrib	utions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Commit	tee						
Α.	Full Name (Last, First, Middle Initial) Peter Goldzweig D.O. Mailing Address 942 Wood Hollow Ln				Date o	f Rec	eipt	D / Y	YY	- Y
	City	State	Zip Code		12 Trans	sactio	01	C287680	2014	
	Ridgewood	NJ	07450					Receipt th		d
	FEC ID number of contributing federal political committee.	С				. ,			4	1.67
	Name of Employer teamhealth	Occupation physician	1							
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		458.37							
— В.	Full Name (Last, First, Middle Initial) Michael C. Gosney M.D.				Date o	f Rec	eipt			
	Mailing Address 108 Chase Dr				12	/	07		2014	Y
	City	State	Zip Code		Trans	actio	<u>n ID :</u>	C288034		
	Muscle Shoals	AL	35661		Amoun	t of E	ach F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С				. ,		-	8	3.34
	Name of Employer Anesthesia Medical Consultants, LLC	Occupation Physician	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.08]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Kimberly M. Greenwald M.D.				Date o	f Rec	eipt			
	Mailing Address PO Box 18623				M M	/	10		2014	Y
	City Raleigh	State NC	Zip Code 27619-8623					C28823 4 Receipt th		d
	FEC ID number of contributing federal political committee.	С							4	1.67
	Name of Employer	Occupation	1	\neg						
	Mednax	physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		530.04							
	UBTOTAL of Receipts This Page (optional)			▶ ►	-				160	6.68
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PAGE 55 OF

EMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
		for each category of the Detailed Summary Page			11b	11c	12	17				
Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	I ay not be sold or used by any p Iddress of any political committe	erson for	the pu	urpose of	soliciting	g contribu	itions				
NAME OF COMMITTEE (In Full) American Society of Anesth	nesiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) Stefan J. Grenvik M.D. Mailing Address 350 Blountville Hwy			Date of Receipt									
Suite 207				12	05		2014					
City Bristol	State TN	Zip Code 37620				C288024 Receipt th						
FEC ID number of contributing federal political committee.	С				7	7	8:	3.34				
Name of Employer	Occupation	1										
Bristol Anesthesia Services	MD Anesth	esiologist										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	1									
Full Name (Last, First, Middle Initial) B. Andrew E. Grimes M.D.			Dat	e of F	Receipt							
Mailing Address 6402 Dry Bend Cv			M	12	/ 10		2014	Y				
City	State	Zip Code				C288233						
Austin	ТХ	78731-3925	Am	ount c	of Each F	Receipt th	nis Period	I				
FEC ID number of contributing federal political committee.	С			_	7	7	250	0.00				
Name of Employer Capitol Anesthesiology	Occupation Physician	I										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 250.00]									
Full Name (Last, First, Middle Initial) C. Albert J. Gros M.D.			Dat	e of F	Receipt							
Mailing Address P.O. Box 459				м 12	/ 0 1		2014	Y				
City Opelousas	State LA	Zip Code 70571				C289904						
		70371	Am	ount o	of Each F	Receipt th	nis Perioc					
FEC ID number of contributing federal political committee.	С					7	100	0.00				
Name of Employer	Occupation											
AAO Receipt For:	Anesthesio											
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		1000.00										
SUBTOTAL of Receipts This Page (option	nal)				7		1333	.34				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 56 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
American Society of Anesthesio	logists Political Action Committe	e
Full Name (Last, First, Middle Initial) A. Benjamin J. Grudinskas M.D. Mailing Address 11 Cobbler Ln City Bedford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03110-6100 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer Mid-Tex Anesthesia Associates PA Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76712-3174 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 12 27 2014 Transaction ID : C2900206 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Nelson V. Guevara M.D. Mailing Address 8780 NW 98TH CT City Doral FEC ID number of contributing federal political committee. Name of Employer Sheridan HealthCorp Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33178 C Occupation Occupation Anesthesiologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		550.00

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PAGE 57 OF

IТ			Use separate schedule(s)										
			for each category of the Detailed Summary Page		< 11a		11b	11c	12				
	y information copied from such Reports and s for commercial purposes, other than using th												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	American Society of Anesthesi	ologists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Sam Gumbert M.D.				Date of	Re	ceipt						
	Mailing Address 6431 Fannin St Ste 5-196 Dept of Anes				11 28 2014								
	City	State	Zip Code			acti		C287669					
	Houston	ТХ	77030-1501		Amount	of	Each F	Receipt th	is Perio	k			
	FEC ID number of contributing federal political committee.	С					7		2	0.00			
	Name of Employer	Occupation											
	Univ of TX Med Sch-Houston	Anesthesio	ogist										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		240.00										
B.	Full Name (Last, First, Middle Initial) Sam Gumbert M.D.				Date of	Re	ceipt						
	Mailing Address 6431 Fannin St Ste 5-196 Dept of Anes	-	Zip Code		^M M	/	28		ү ү 2014	Y			
	City Houston	State TX				-	C290023						
			77030-1501		Amount	of	Each F	Receipt th	iis Period	1			
	FEC ID number of contributing federal political committee.	C			L.	_	7		20	0.00			
	Name of Employer Univ of TX Med Sch-Houston	Occupation Anesthesiol											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		240.00										
С.	Full Name (Last, First, Middle Initial) Mary A. Gurkowski M.D.				Date of	Re	ceipt						
-	Mailing Address 9960 Oakland Rd				м м 12	/	D 14		2014	Y			
	City	State TX	Zip Code		Trans	acti	ion ID :	C288732	26				
	San Antonio	17	78240-1729	_	Amount	of	Each F	Receipt th	is Period	ł			
	FEC ID number of contributing federal political committee.	С				_	,		4	1.67			
	Name of Employer	Occupation											
	self Receipt For:	anesthesiol	•										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		350.02										
	UBTOTAL of Receipts This Page (optional)			•			7		81	.67			
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PAGE 58 OF

194

177			Use separate schedule(s)	(C	heck on	14 15 16 e purpose of soliciting contributions contributions from such committee. of Receipt 1 2014 nsaction ID : C2899981 int of Each Receipt this Period 50.00 of Receipt 1 2014 saction ID : C2899981 int of Each Receipt this Period 2 30 2014 nsaction ID : C2904958 int of Each Receipt this Period 50.00 of Receipt 0 2014 nsaction ID : C2904958 int of Each Receipt this Period 50.00 of Receipt 0 50.00				
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		-			17
An	y information copied from such Reports and for commercial purposes, other than using tl	Statements ma he name and a	l ay not be sold or used by any pe ddress of any political committee	ersoi ersoi	n for the	pur pur	pose of	f soliciting	g contribu	l 17 tions ee.
	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	iologists P	olitical Action Committe	ee						
	Full Name (Last, First, Middle Initial) Allen N. Gustin M.D.				Date c	of Re	eceipt			
	Mailing Address 653 W Briar PI Apt 1				M 12	/	D 11	D / Y		Y
	City Chicago	State IL	Zip Code 60657-8406	_						
	FEC ID number of contributing federal political committee.	С					7	7	50	.00
	Name of Employer Loyola Department of Anesthesiology	Occupation Associate F	Professor of Anesthesiology							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		650.00							
	Full Name (Last, First, Middle Initial) Allen N. Gustin M.D.				Date o	of Re	eceipt			
	Mailing Address 653 W Briar PI Apt 1				M 12	/	30	D / Y		Y
	City	State	Zip Code							
	Chicago	IL	60657-8406	_	Amour	nt of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,		50	.00
	Name of Employer Loyola Department of Anesthesiology	Occupation Associate P	rofessor of Anesthesiology							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		650.00							
	Full Name (Last, First, Middle Initial) Carlos R. Guzman M.D.				Date o	of Re	eceipt			
	Mailing Address 30 Amberville Rd				M 12	/				Y
	City	State	Zip Code		Tran	sact	ion ID :	C28803	64	
	North Andover	MA	01845-3375	_	Amour	nt of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,	3	25	.00
	Name of Employer	Occupation								
	North Shore Medical Center	Anesthesio	logist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		250.00							
s	UBTOTAL of Receipts This Page (optional)		····· •	•		_	,		125.	00

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18

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PAGE 59 OF

ITEMIZED RECEIPTS			Use separate schedule(s)				(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	Г	17				
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any poddress of any political committee	erson f e to so	or the	pur; ntrib	pose of	soliciting	g contr	ibutic	ns				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee											
A .	Full Name (Last, First, Middle Initial) Douglas W. Hagen M.D. Mailing Address 9027 W 114th St City Overland Park FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES OF KANSAS CITY Receipt For: Primary General Other (specify) ▼	State KS C Occupation ANESTHES Aggregate				sacti	eceipt 01 ion ID : f	C287674		4	4				
В.	Full Name (Last, First, Middle Initial) Ezra A. Hallam M.D. Mailing Address 883 Augusta Cir		000.72		Date o		D . D	/ Y	2014		_				
	City North Liberty FEC ID number of contributing federal political committee.	State IA	Zip Code 52317-9419				10 ion ID : (Each Re				4				
	Name of Employer Linn County Anesthesiologists Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 833.40												
C.	Full Name (Last, First, Middle Initial) Kimberley D. Haluski M.D. Mailing Address 4565 Mystic Dr. NE City	State	Zip Code		Date o	/	eceipt 23 ion ID :		2014						
	Atlanta FEC ID number of contributing federal political committee. Name of Employer Physician Specialists in Anes., P.C. Receipt For: Primary General Other (specify) ▼	GA C Occupation Anesthesiol	30342-2516				Each R			iod 41.6	7				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			• •			7	- 7	2	208.3	5				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 60 OF

194

			Detailed Summary Page		K 11a		11b	11c		12	
					13		14	15		16	17
	nformation copied from such Reports and St commercial purposes, other than using the										
NA	ME OF COMMITTEE (In Full)										
) A	merican Society of Anesthesio	logists P	olitical Action Committ	ee							
	ll Name (Last, First, Middle Initial) Ialik A. Hamid M.D.				Date c	of Re	eceipt				
Ma	iling Address Anes Dept 3901 Rainbow Blvd				M N	1 /	10			014	Y
Cit	У	State	Zip Code		Tran	sact	ion ID	: C28823	51		
Ka	ansas City	KS	66103-2937		Amour	nt of	Each I	Receipt tl	his F	Period	
	C ID number of contributing leral political committee.	С					y		_	41	.67
	me of Employer	Occupation									
	iversity of Kansas Medical Center ceipt For:	Staff Anest		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		291.69	4							
	II Name (Last, First, Middle Initial) aron Hammond D.O.				Date c	of Re	eceipt				
Ma	iling Address 3390 N. Campbell Ave., Ste. 1	10			M	/	D	D / Y	Y	Y	Y
	,,,,,,,				12		05	5	20	014	
Cit	у	State	Zip Code		Trans	sact	ion ID :	C28802	30		
Tu	cson	AZ	85719		Amour	nt of	Each I	Receipt tl	his F	Period	
	C ID number of contributing leral political committee.	С					7		_	83.	34
	me of Employer uthern Arizona Anesthesia	Occupation Anesthesiol									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08]							
	II Name (Last, First, Middle Initial) Lichard Eun Han M.D., M.P.				Date c	of Re	eceipt				
Ma	iling Address 23604 Wintergreen Cir				M N 12	/	10			у 014	Y
Cit	y ovi	State MI	Zip Code 48374					: C28823 Receipt tl		Period	
	C ID number of contributing leral political committee.	С					7				.67
Na	me of Employer	Occupation	I	_							
Wi	lliam Beaumont Hospital	Anesthesio	logist								
	ceipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify) ▼		250.02	1							
SUB	TOTAL of Receipts This Page (optional)						7			166.	68
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 61 OF

194

TEMIZED RECEIPTS		Detailed Summary Page		(11a		11b	11c	12	2	
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Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mand the name and a	ay not be sold or used by any p address of any political committee	person f e to so	for the licit co	pur ntrib	pose o outions	f soliciting	g contr comi	ibutio mitte	ons e.
NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committ	tee							
Full Name (Last, First, Middle Initial) A. Ronald L. Harter M.D.				Date o	of Re	eceipt				
Mailing Address 7825 Holiston Ct				M M	/	06		2014		
City	State	Zip Code		Trans	sact	ion ID :	C28803	17		
Dublin	OH	43016-8659	/	Amoun	t of	Each F	Receipt th	his Per	iod	
FEC ID number of contributing federal political committee.	С					7	5		83.3	34
Name of Employer	Occupation	1								
Ohio State University Medical Center	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General										
Other (specify)		916.70								
Full Name (Last, First, Middle Initial) B. Alison D. Hartvigson M.D.				Date o	f Re	eceint				
Mailing Address 5323 NE 42nd St			- '			D			V	
Maining Address 5323 NE 4210 St				12		04		2014	Y = Y 1	ſ
City	State	Zip Code			sacti		C28802			
Seattle	WA	98105-4910					Receipt th		iod	
FEC ID number of contributing federal political committee.	С					7			100.0	0
Name of Employer	Occupation	1								
Virginia Mason	Anesthesio	ogist								
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		- 1							
Other (specify)		475.03	4							
Full Name (Last, First, Middle Initial) C. Steven Hattamer M.D.				Date o	of Re	eceipt				
Mailing Address 8 Prospect St				M M 12	/	01		2014		
City	State	Zip Code		Tran	sact	ion ID	: C28768	10		
Nashua	NH	03060-3925		Amoun	t of	Each F	Receipt tl	his Per	iod	
FEC ID number of contributing federal political committee.	C					,			83.3	34
Name of Employer	Occupatior	1								
Nashua Anesthesia Partners	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		999.72								
		555.72	┛║							
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PAGE 62 OF

194

		for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				for the		rpose c	of soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) American Society of Anesthe									
Full Name (Last, First, Middle Initial) Kevin W. Hatton M.D. Mailing Address 756 Cottage Grove Ln City Lexington FEC ID number of contributing	State KY	Zip Code 40502-2704			sact	20 tion ID		his Period	
federal political committee. Name of Employer University of Kentucky Receipt For: Primary General Other (specify)	C Occupation Anesthesiol Aggregate]	L.				2	0.00
B. Full Name (Last, First, Middle Initial) B. Scott K. Henderson M.D. Mailing Address 325 Blandford Dr				Date o	of Re	eceipt	D / Y 4	2014	Y
City Worthington FEC ID number of contributing federal political committee. Name of Employer Midwest Physician Anesthesia Service, Receipt For: Primary General Other (specify) ▼	State OH C Occupation Anesthesiol Aggregate]				: C287923 Receipt th	89 his Period	0.00
Full Name (Last, First, Middle Initial) Richard L. Henry M.D. Mailing Address 3046 Obrien Dr City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Anesthesiology Associates of Tallahass Receipt For: Primary General Other (specify) ▼	State FL C Occupation Anesthesio Aggregate				sac	tion ID		his Period	_
SUBTOTAL of Receipts This Page (optional)			<u> </u>		7	7	311	1.67

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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 63 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Society of Anesthes	siologists Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. David L. Hepner M.D. Mailing Address Department of Anesthesiol 75 Francis St L1 City Boston	ogy State Zip Code MA 02115-6110	Date of Receipt
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Brigham and Womens Hosp - Harvard Med Receipt For: Primary General Other (specify)	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1000.08]
Full Name (Last, First, Middle Initial) B. David L. Hepner M.D.		Date of Receipt
Mailing Address Department of Anesthesiol 75 Francis St L1 City Boston	State Zip Code MA 02115-6110	12 25 2014 Transaction ID : C2900143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	83.34
Brigham and Womens Hosp - Harvard Med Receipt For: Primary General Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) C. Andrew Herlich M.D. Mailing Address 116 Haverford Cir	·	Date of Receipt
City Pittsburgh	State Zip Code PA 15228-2380	12 10 2014 Transaction ID : C2882365 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer UPMC Mercy	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional)		250.02
TOTAL This Period (last page this line numb	er only)	• • • • • • • • • • • • • • • • • • •

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PAGE 64 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c		12 16	17
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	NAME OF COMMITTEE (In Full)									
\rangle	American Society of Anesthesi	ologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Linda B. Hertzberg M.D.				Date of	f Receipt				
	Mailing Address 6622 N. Forkner Ave.				12	/ D 11	D / Y)14	Y
	City Fresno	State CA	Zip Code 93711			action ID t of Each I			eriod	
	FEC ID number of contributing federal political committee.	С						-	83.3	34
	Name of Employer Linda B Hertzberg MD Inc.	Occupation anesthesiol								
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		1100.08							
в.					Date of	f Receipt				
	Mailing Address 6206 44th Avenue NE Apt. 603				^M M	/ D 05	D / Y	201	Y 14	Y
	City	State WA	Zip Code			action ID :				
	Seattle	VVA	98115	_	Amoun	t of Each I	Receipt th	nis Pe	əriod	
	FEC ID number of contributing federal political committee.	С						_	50.0	00
	Name of Employer	Occupation								
	Virginia Mason Medical Center	Anesthesiol	ogist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		450.00							
с.	Full Name (Last, First, Middle Initial) Charles F. Hewell M.D.	1			Date of	f Receipt				
	Mailing Address 519 Wing Ln				^M M 12	/ D 16		20 [°]	ү 14	Y
	City	State IL	Zip Code		Trans	action ID	: C28898	39		
	Saint Charles	IL	60174-2339	_	Amoun	t of Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						_	500.0	00
	Name of Employer	Occupation	I							
	Kane Anesthesia Associates, S.C.	Physician-A	Anesthesiologist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		500.00							
s	UBTOTAL of Receipts This Page (optional)		▶					-	633.3	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

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PAGE 65 OF

	EMIZED RECEIPTS		Detailed Summary Page		1 1a		11b		11c		12		
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\backslash	NAME OF COMMITTEE (In Full)												
$\Big)$	American Society of Anesthesio	logists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) A. Blake Hillenbrand D.O.				Date o	f Re	eceipt						
	Mailing Address 651 Maxwell Ave				M M	/	2	D 5	/ Y) 014	Y	
	City	State	Zip Code		Trans	sact	ion ID):0	287253	88			
	Boulder	CO	80304-3940		Amoun	t of	Each	Re	eceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С					3		7		83	34	
	Name of Employer	Occupation	l										
	Boulder Valley Anesthesiology	anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1166.70										
В.	Full Name (Last, First, Middle Initial) A. Blake Hillenbrand D.O.				Date o	f Re	eceipt						
	Mailing Address 651 Maxwell Ave				м м 12	/	2	D 25	/ Y) 14	Y	
	City	State	Zip Code		Trans	acti	ion ID	: 0	290013				
	Boulder	CO	80304-3940	·	Amoun	t of	Each	Re	eceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С					,		7		83.	34	
	Name of Employer Boulder Valley Anesthesiology	Occupation anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1166.70										
C.	Full Name (Last, First, Middle Initial) Jonathan G. Hisghman D.O.				Date o	f Re	eceipt						
	Mailing Address 650 Poinsettia Rd				^M 12	/	0	D)7	/ Y)14	Y	
	City Belleair	State FL	Zip Code 33756-1525						2288033 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					,		- 1		83	.34	
	Name of Employer	Occupation	1	_									
	John Hisghman D.O.	Anesthesio	logist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)	L	833.38										
s	UBTOTAL of Receipts This Page (optional)			•			7		. ,		250.	02	
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PAGE 66 OF

194

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	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	American Society of Anesthesio	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Douglas A. Hof M.D.				Date o	of Re	eceipt				
	Mailing Address 1755 Kirby Pkwy Ste 330				M M	/	D D 13	/ Y	y 201	Y Y 14	ſ
	City Memphis	State TN	Zip Code 38120-4398	_			ion ID : (Each Re		81		
	FEC ID number of contributing federal political committee.	С					7			83.3	34
	Name of Employer Medical anesthesia group	Occupation Anesthesio									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.08								
в.	Full Name (Last, First, Middle Initial) Lauren B Hojdila A.AC, M.				Date o	of Re	eceipt				
	Mailing Address 15605 Hampton Village Drive				M M	/	D D 17	/ Y	2014	ү ү 4	
	City	State FL	Zip Code	+			on ID : (-	<u> </u>	
	Tampa	FL	33618		Amoun	nt of	Each Re	eceipt th	nis Per	riod	_
	FEC ID number of contributing federal political committee.	С			L		л. —			41.6	7
	Name of Employer sheridan heathcorp	Occupation anesthesiol	ogist assistant								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		458.37								
<u>с</u> .	Full Name (Last, First, Middle Initial) Ingrid B. Hollinger M.D.				Date o	of Re	eceipt				
	Mailing Address 1 Gustave L Levy PI # 1010				M N 12	/	D D	/ Y	2014		
	City New York	State NY	Zip Code 10029				ion ID :				
			10029		Amoun	nt of	Each Re	eceipt th	nis Per	riod	_
	FEC ID number of contributing federal political committee.	С			L		7			41.6	67
	Name of Employer	Occupation									
	Mount Sinai Medical Ctr Anes Dept	physician a	nesthesiologist								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 791.69								
						_					
s	UBTOTAL of Receipts This Page (optional)		•	•	Ļ	_		- 7		166.6	8

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PAGE 67 OF

194

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NAME OF COMMITTEE (In Full)		and be any pointed committee					5 0011		
American Society of Anesthesi	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Mark E. Honska M.D.				Date of	Receip	ot			
Mailing Address P.O. Box 162026				м м 12		06 /	γ γ 20 ²	Y Y 14	
City Altamonte Springs	State FL	Zip Code 32716-2026				I D : C2880 h Receipt	314		
FEC ID number of contributing federal political committee.	С							83.3	34
Name of Employer	Occupation								
JLR Medical Group	Anesthesio	ogists							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1000.08							
Full Name (Last, First, Middle Initial) B. Timothy W. Houseman M.D.				Date of	Receip	ot			
Mailing Address PO Box 1025				M M		04	y y 201	ү ү 4	
City	State	Zip Code		Transa	action I	D : C28780			
Fairhope	AL	36533-1025		Amount	of Eac	h Receipt	this Pe	riod	
FEC ID number of contributing federal political committee.	С							83.3	4
Name of Employer Eastern Shore Anesthesia	Occupation Anesthesiol								
Receipt For:		Year-to-Date ▼							
Primary General	, iggi oguto		11						
Other (specify)		1083.30							
Full Name (Last, First, Middle Initial) C. Mark E. Hudson M.D.				Date of	Receip	ot			
Mailing Address 36 Little Mingo Rd				м м 12	/ D	13 /	y y 201		
City	State	Zip Code			action	ID : C2887	_		
Finleyville	PA	15332		Amount	of Eac	h Receipt	this Pe	riod	
FEC ID number of contributing federal political committee.	С				,			41.6	67
Name of Employer	Occupation								
University of Pittsburgh Physicians	Anesthesio								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1208.35							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 68 OF

194

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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Politic	al Action Committ	ee			
Full Name (Last, First, Middle Initial) A. Hayden R. Hughes M.D.			Date of R	eceipt		
Mailing Address 1941 21st Ave S			11	· · · / · · · / · · · · · · · · · · · ·	2014	Y
City	State Z	ip Code	Transac	tion ID : C2876		
Birmingham	AL 3	5209-1345	Amount o	f Each Receipt	this Period	l
FEC ID number of contributing federal political committee.	C			A 1 4	41	1.67
Name of Employer	Occupation					
University of Alabama Medical Center D	physician					
Receipt For:	Aggregate Year-	o-Date 🔻				
Primary General Other (specify) ▼		791.49]			
Full Name (Last, First, Middle Initial) B. Hayden R. Hughes M.D.			Date of R	eceipt		
Mailing Address 1941 21st Ave S				/ D D / 30	2014	Y
City	State Z	ip Code		tion ID : C2900		
Birmingham	AL 3	5209-1345	Amount o	f Each Receipt	this Period	l
FEC ID number of contributing federal political committee.	C			5	41	.67
Name of Employer University of Alabama Medical Center D	Occupation physician					
Receipt For:	Aggregate Year-	o-Date ▼				
Primary General	Aggregate rear					
Other (specify)		791.49				
Full Name (Last, First, Middle Initial) C. Jonathan R. Hughes M.D.			Date of R	eceipt		
Mailing Address 350 Blountville Hwy Ste 2 Bristol Anesthesia Service	S		^M ^M 12	/ D D / 17	y y y 2014	Y
City		ip Code		tion ID : C2892		
Bristol	111 3	7620-1671	Amount o	f Each Receipt	this Period	
FEC ID number of contributing federal political committee.	С				8	3.34
Name of Employer	Occupation					
Bristol Anesthesia Services	Anesthesiologist					
Receipt For:	Aggregate Year-	o-Date 🔻				
Other (specify) ▼		916.74]			
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PAGE 69 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)			
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American Society of Anesthe	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. James M. Hunter Jr., M.D.			Date	of Re	eceipt			
Mailing Address Anesthesiology Departme 619 S. 19th Street JT9260			M - 12		D 12		үүү 2014	Y
City Birmingham	State AL	Zip Code 35249				C288715 Receipt th		
FEC ID number of contributing federal political committee.	С				7		50	.00
Name of Employer University of Alabama at Birmingham	Occupation Anesthesio	logist and Intensivist						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00]					
Full Name (Last, First, Middle Initial) B. William E. Hurford M.D.		, ,	Date	of Re	eceipt			
Mailing Address Department of Anesthesio 231 Albert Sabin Way		7in Orde	12	2	17		2014	Ŷ
City Cincinnati	State OH	Zip Code 45267-0531			-	C289355 Receipt th		
FEC ID number of contributing federal political committee.	С				3		41	.67
Name of Employer University of Cincinnati Medical Cente	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04]					
Full Name (Last, First, Middle Initial) C. Jaemy M. Hwang M.D.			Date	of Re	eceipt			
Mailing Address 250 Breakwater			12		07		2014	Y
City Fishers	State IN	Zip Code 46037				C288033 Receipt th		
FEC ID number of contributing federal political committee.	С				5			.67
Name of Employer	Occupation							
Southeast Anesthesiologists PC	Physician A	nesthesiologist						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 641.71	1					
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 70 OF

			for each category of the Detailed Summary Page	×	11a 13		11 14		11c 15	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pos	e of s	oliciting	g contrib	utions
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Jaemy M. Hwang M.D. Mailing Address 250 Breakwater			[Date o M M M		_	pt 14	/ Y	2014	Y
	City Fishers	State IN	Zip Code 46037		Trans			ID : C	288734		4
	FEC ID number of contributing federal political committee.	С			anoun		1		, j		1.67
	Name of Employer Southeast Anesthesiologists PC Receipt For: Primary General Other (specify) ▼	-	nesthesiologist Year-to-Date ▼ 641.71]							
	Full Name (Last, First, Middle Initial) Joseph T. Hyatt M.D. Mailing Address 23 Puritan Dr				Date o		_	pt	/ Y	Y Y	Y
	City Bedford	State NH	Zip Code 03110-6046						289997 ceipt th	2014 77 nis Period	d
	FEC ID number of contributing federal political committee.	С					7		7	25	0.00
	Name of Employer Amoskeag Anesthesia	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
-	Full Name (Last, First, Middle Initial) Igor Ianov M.D.				Date o	f Re	ecei	pt			
	Mailing Address 12934 Shirewood Ln				M M 11		L	28		у у 2014	Y
	City Jacksonville	State FL	Zip Code 32224	<i>A</i>					287670 ceipt th	68 nis Period	d
	FEC ID number of contributing federal political committee.	С					,		7		1.67
	Name of Employer	Occupation									
	UF College of Medicine-Jacksonville	Medical Do	ctor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.35								
s	UBTOTAL of Receipts This Page (optional)						7		7	333	3.34
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PAGE 71 OF

171	EMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)								
11			for each category of the Detailed Summary Page		11a		11b	11c	12				
	y information copied from such Reports and S for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	е									
A .	Full Name (Last, First, Middle Initial) Igor Ianov M.D. Mailing Address 12934 Shirewood Ln			_	Date of	Re	ceipt		YY	Y			
	City	State	Zip Code		12	acti	28	C290022	2014	_			
	Jacksonville	FL	32224	/	Amount	of	Each R	eceipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					7	7	4	1.67			
	Name of Employer	Occupation											
	UF College of Medicine-Jacksonville	Medical Do	ctor										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.35										
в.	Full Name (Last, First, Middle Initial) Robert Impastato M.D.				Date of	Re	ceipt						
	Mailing Address 19 Barrett Hill Rd.				^M M 1_1	1	D D D 29	/ Y	ү ү 2014	Y			
	City	State NY	Zip Code					C287671					
	Hopewell Junction FEC ID number of contributing federal political committee.	С	12533		Amount	of	Each R	eceipt tr	nis Perio 8	a 3.34			
	Name of Employer Vassar Brothers Hospital Anes. Dept.	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08										
<u></u> с.	Full Name (Last, First, Middle Initial) Robert Impastato M.D.				Date of	Re	ceipt						
	Mailing Address 19 Barrett Hill Rd.				^M M 12	/	D D 29	/ Y	2014	Y			
	City Hopewell Junction	State NY	Zip Code 12533					C29002					
	FEC ID number of contributing federal political committee.	С			Amount	of	Each R	eceipt tr	nis Perio 8	a 3.34			
	Name of Employer	Occupation		_									
	Vassar Brothers Hospital Anes. Dept.	Anesthesio	ogist										
	Receipt For:	1	Year-to-Date ▼										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 72 OF

194

TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	
		/ any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Cor	nmittee
A. Michael T Ingoglia M.D. Mailing Address 1014 Sterling Ridge Dr	State Zip Code	Date of Receipt 11 25 2014 Transaction ID : C2872617
Rensselaer FEC ID number of contributing federal political committee.	NY 12144-8460	Amount of Each Receipt this Period 83.34
Name of Employer Albany Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Anesthesiologist Aggregate Year-to-Date ▼ 916	.74
Full Name (Last, First, Middle Initial) Venesa J. Ingold M.D. Mailing Address 3901 Rainbow Blvd Mail Stop 1034 City Kansas City FEC ID number of contributing federal political committee. Name of Employer Kansas University Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code KS 66103-2937 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 833	Date of Receipt
Full Name (Last, First, Middle Initial) Jeffrey S. Jacobs M.D. Mailing Address 11041 Pine Lodge Trail City Davie FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Florida Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33328 C Occupation Physician Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 11 2014 Transaction ID : C2882910 Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (option	al)	

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PAGE 73 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check onl				
		Detailed Summary Page	X 11a	11b 14	11c	12	17
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NAME OF COMMITTEE (In Full)							
American Society of Anesthe	siologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) A. Muhammad Jaffar M.D.			Date of	Receipt			
Mailing Address 4301 W Markham St Lot 5	515		ММ	/ D D	/ Y	YY	Y
Dept_of Anes	State	Zip Code	12	23 action ID :	C280004	2014	
Little Rock	AR	72205-7101		of Each R			
FEC ID number of contributing federal political committee.	С					83	.34
Name of Employer	Occupation	1					
University of Arkansas Medical Science	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		1000.08	1				
		/5					
Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D.			Date of	Receipt			
Mailing Address 5070 Brookdale Road			12	, / D D 11	/ Y	2014	Y
City	State	Zip Code		action ID : (C288291		
Bloomfield Hills	MI	48304		of Each R			
FEC ID number of contributing federal political committee.	С			7		83.	.34
Name of Employer	Occupation	1					
American Anesthesiology of Michigan	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		1000.08					
Full Name (Last, First, Middle Initial) C. John M. Jaworowicz M.D.			Date of	Receipt			
Mailing Address 2810 Gill Street			12	/ D D 20	/ Y	2014	Y
City	State	Zip Code		action ID :	C289882		
Bloomington	IL	61704	Amoun	of Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С			7		500	.00
Name of Employer	Occupation	1					
Normal Bloomington Anesthesiologists Receipt For:	Anesthesio	•					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		, 750.02					
						000	60
SUBTOTAL of Receipts This Page (optional)					666.	80
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PAGE 74 OF

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\	OF COMMITTEE (In Full)									
Ame	erican Society of Anesthesic	ologists Po	olitical Action Committe	ee						
	ame (Last, First, Middle Initial) cott Jellish M.D., Ph.D				Date of	Re	ceipt			
Mailing	Address 2160 S 1st Ave Bldg 103 Building 103 - 3111				M M	/	D D D 13	/ Y	у у 2014	Y
City		State	Zip Code		Trans	acti	on ID : (C288730		
Maywo	ood	IL	60153-3328		Amount	of	Each Re	eceipt th	is Period	b
	D number of contributing I political committee.	С					7	7	4	1.67
Name	of Employer	Occupation								
	University Medical Center	Physician								
Receip		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) v		208.35							
	ame (Last, First, Middle Initial) by D. Jenkins D.O.				Data of		:t			
	Address 250 Cabrillo Ln				Date of	ке		(N	V V	X
Mainig	250 Cabilio En				12		01	/ Y	2014	Y
City		State	Zip Code			acti		2287670		
San Lu	uis Obispo	CA	93401-7910		Amount	of	Each Re	eceipt th	is Period	d
	D number of contributing political committee.	С					7	7	4	1.67
Name	of Employer	Occupation								
Self		Anesthesiol	ogist							
Receip		Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) v		500.04							
	ame (Last, First, Middle Initial) n D. Johnson M.D.				Date of	Re	ceipt			
Mailing	Address 11415 Blair Rd.				м м 12	/	D D 13	/ Y	y y 2014	Y
City		State	Zip Code		Trans	acti	on ID :	C288730)6	
Apisor	n	TN	37302-9577	_	Amount	of	Each Re	eceipt th	is Period	b
	D number of contributing I political committee.	С					7	7	5	0.00
Name	of Employer	Occupation								
	nesiology Consultants Exchange	Anesthesiol	ogist							
Receip		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) _		250.00							
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

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PAGE 75 OF

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11			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12		17		
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Jodie Johnson M.D. Mailing Address 702 Barnhill Dr., Room 2001			_	ate of	f Re	ceipt		YY				
					12	/	01	, , , , , ,	2014				
	City Indianapolis	State IN	Zip Code 46202					C28742 leceipt th		od			
	FEC ID number of contributing federal political committee.	С					,	7	2	50.00	D		
	Name of Employer	Occupation											
	Riley Hosp. for Children	Attending P	hysician										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									
В.	Full Name (Last, First, Middle Initial) Chauncey T. Jones M.D.			Da	ate of	f Re	ceipt						
	Mailing Address 33910 High Point Dr			_	12	/	14	/ Y	2014		1		
	City Magnolia	State TX	Zip Code 77355-1764				: C2887345 Receipt this Period						
	FEC ID number of contributing federal political committee.	C					Ţ		2	50.00)		
	Name of Employer Northwest Anesthesiology and Pain	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
С.	Full Name (Last, First, Middle Initial) D. Kurt K. Jones M.D.			Di	ate of	f Re	ceipt						
	Mailing Address 2043 Alaqua Lakes Blvd				м м 12	/	03) / Y	2014		1		
	City Longwood	State FL	Zip Code 32779					C28767 leceipt th		od			
	FEC ID number of contributing federal political committee.	С					5			41.67	7		
	Name of Employer	Occupation											
	USAP	Medical Do	ctor										
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PAGE 76 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check onl	́г ́г								
		Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose of	soliciting	g contribu	tions					
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	iologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Gary P. Jones A.A.			Date of	f Receipt								
Mailing Address 6410 Fannin St Ste 480			M M	/ D D 11	/ Y	2014	Y					
City Houston	State TX	Zip Code 77030-3012		action ID : t of Each R								
FEC ID number of contributing federal political committee.	С					83	8.34					
Name of Employer	Occupation	1										
Case Western Reserve University UTHous	Anesthesio	logist Assistant										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.02]									
Full Name (Last, First, Middle Initial) B. James W. Jones M.D.			Date o	f Receipt								
Mailing Address 367 Bluff Ridge Cv			12	/ D D 13	/ Y	2014	Y					
City	State	Zip Code	Transaction ID : C2887282									
Cordova	TN	38018-7618	Amoun	t of Each R	eceipt th	nis Period						
FEC ID number of contributing federal political committee.	С					41	.67					
Name of Employer	Occupation	l										
Medical Anesthesia Group Receipt For:	Anesthesio	-	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 500.04										
Full Name (Last, First, Middle Initial) C. Zachary S. Jones M.D.			Date o	f Receipt								
Mailing Address 6314 Eden Valley Dr			M M 12	/ D D 02	/ Y	y y 2014	Y					
City	State	Zip Code	Trans	action ID :	C28768	12						
Frisco	ТХ	75034-1129	Amoun	t of Each R	eceipt th	nis Period						
FEC ID number of contributing federal political committee.	С					83	3.34					
Name of Employer	Occupation	1										
Metropolitan Aensthesia	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		625.05										
SUBTOTAL of Receipts This Page (optional).						208	.35					
TOTAL This Period (last page this line number	er only)				,							

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PAGE 77 OF

194

116			for each category of the Detailed Summary Page	X	11a 13	\square	11b 14	11c 15	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	эе						
<u>к</u>	Full Name (Last, First, Middle Initial) Sherry Jose M.D.			C	Date of	f Red	ceipt			
	Mailing Address 2 Rachel Dr				м м 12	/	07	D / Y	2014	Y
	City Media	State PA	Zip Code 19063-4010					C28803 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,	7	40	0.00
	Name of Employer Asoociates In Anesthesia Inc., Upland	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
	Full Name (Last, First, Middle Initial) Aalok K. Kacha M.D., Ph.D				Date of	f Red	ceipt			
	Mailing Address 1160 S Michigan Ave Apt 250	7			M M 12	/	19	D / Y	2014	Y
	City Chicago	State IL	Zip Code 60605-3046					C289837 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,		4	1.67
	Name of Employer University of Chicago	Occupation Anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 436.70							
	Full Name (Last, First, Middle Initial) Jacob Kaczmarski M.D.				Date of	f Red	ceipt			
	Mailing Address 7265 SW 89th St Apt A414				™ M 11	/	29	D / Y	ү ү 2014	Y
	City Miami	State FL	Zip Code 33156-7788	A				: C28741 : Receipt th		d
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00
	Name of Employer	Occupation	1	_						
	Baptist Hospital of Miami	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	UBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number						y	· · ·	69 [,]	1.67

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PAGE 78 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	ck only	y or	ne)	L			
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NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Scott T. Kane M.D.				Date of	Re	eceipt				
Mailing Address 4242 Medical Dr Ste 3100			11	M M	/	DD	/ Y	- Y - Y		1
Tejas Anesthesia, P.A.	State	Zip Code		12 Trans	acti	15 ion ID ·	C288735	2014 58		
San Antonio	ТХ	78229-5642	A				eceipt th		od	
FEC ID number of contributing federal political committee.	C					,		1	00.0	0
Name of Employer	Occupation	1								
Tejas Anesthesia, P.A.	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1200.00								
Full Name (Last, First, Middle Initial) B. Wendy B. Kang M.D., J.D.					E Do	agint				
Mailing Address 7703 Floyd Curl Dr Mail Co	de 7838			Date of	/	D D	/ Y	Y Y		1
City	State	Zip Code	44	12 T rono		08	C200445	2014	-	
San Antonio	TX	78229-3901	A				C288145 eceipt th		od	
FEC ID number of contributing federal political committee.	С					л. I.			50.00	0
Name of Employer	Occupation	1	_							
University of Texas Health Science Cen	Clincial Pro	fessor of Anesthiology								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Geetha Kannan M.D.				Date of	Re	eceipt				
Mailing Address 249 Maison Ct				м м 12	/	16	/ Y	2014		1
City	State	Zip Code		Trans	act	ion ID :	C288899	91		
Altamonte Springs	FL	32714-5905	A	mount	t of	Each R	eceipt th	nis Perie	od	
FEC ID number of contributing federal political committee.	С					7			41.6	7
Name of Employer	Occupation									
JLR Medical Group	Anesthesio	logist	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.02								
SUBTOTAL of Receipts This Page (optional)				-		-		39	91.67	7
TOTAL This Period (last page this line numb	er only)					,	7			

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PAGE 79 OF

171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ıe)				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Jonathan B. Kaper M.D.				Date of	f Re	ceipt				
	Mailing Address 5413 Waldenhill Ct				M M	/	D D 30	/ Y	2014]
	City Ypsilanti	State MI	Zip Code 48198-9654					C287679 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7			41.67	7
	Name of Employer	Occupation									
	Anesthesia Assoc of Ann Arbor Receipt For:	Anesthesiol		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.68								
в.	Full Name (Last, First, Middle Initial) Jonathan B. Kaper M.D.				Date of	f Re	ceipt				
	Mailing Address 5413 Waldenhill Ct				M M 12	/	D D D 30	/ Y	2014	Y]
	City Ypsilanti	State MI	Zip Code 48198-9654					C290049		e el	
	FEC ID number of contributing federal political committee.	С			Amoun			eceipt th		5a 41.67	,
	Name of Employer Anesthesia Assoc of Ann Arbor	Occupation Anesthesiol	ogist	_							
	Receipt For:		Year-to-Date ▼								
	Other (specify) ▼		, 666.68								
С.	Full Name (Last, First, Middle Initial) Paul J. Keating M.D.				Date of	f Re	ceipt				
	Mailing Address 416 N Rose Ln				м м 12	/	D D 04	/ Y	2014	Y	1
	City Haverford	State PA	Zip Code 19041-1607					C28802: eceipt th		bd	-
	FEC ID number of contributing federal political committee.	С					,	,		00.00	D
	Name of Employer	Occupation									
	Asssociates in Anesthesiology	Anesthesiol	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		400.00								
s	UBTOTAL of Receipts This Page (optional)			•			7		48	33.34	
т	OTAL This Period (last page this line number of	only)		•			,				

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PAGE 80 OF

194

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11	F	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using t								solicitin			
	NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Commit	tee								
Α.	Full Name (Last, First, Middle Initial) Eric R. Kelhoffer M.D. Mailing Address 250 E 53rd St Apt 504	State	Zip Code		Date c	1 /	/	21	JL	20	ү 14	Ŷ
	New York	NY	10022-5247						C28988			
	FEC ID number of contributing federal political committee.	С			Amour	nt of	Ea		leceipt t	nis Pe	50.0	00
	Name of Employer	Occupation										
	Sloan-Kettering Cancer Center Anes. De	Anesthesio	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]								
в.	Full Name (Last, First, Middle Initial) Jessica Kenaston M.D.	- -			Date c	of Re	ecei	ipt				
	Mailing Address 6 Alden Rd				M N	/		D D 18		201	ү 14	Y
	City	State	Zip Code						C28979			
	Poughkeepsie	NY	12603-4002		Amour	nt of	Ea	ach R	leceipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		,		83.3	34
	Name of Employer	Occupation										
	North American Partners in Anesthesia	Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08]								
	Full Name (Last, First, Middle Initial) Scott Kercheville M.D.				Date c	of Be	ecei	int				
	Mailing Address 14 Eton Green Circle				M N 12		_	D D D		201		Y
	City	State	Zip Code		Tran	sact	tion	ו ID :	C28829	905		
	San Antonio	ТХ	78257		Amour	nt of	Ea	ach R	leceipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7				83.	34
	Name of Employer	Occupation										
	UTHSCSA	Anesthesio	logist									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40									
s	UBTOTAL of Receipts This Page (optional).						3	į		-	216.6	8

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PAGE 81 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. James Kerr III, M.D. Mailing Address 2165 Herschel St City Jacksonville FEC ID number of contributing federal political committee. Name of Employer North Florida Anesthesia Consultants P Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32204 C Occupation Ianesthesiologist Aggregate Year-to-Date ▼ 1000.08	Date of Receipt
Full Name (Last, First, Middle Initial) B. James Kerr III, M.D. Mailing Address 2165 Herschel St		Date of Receipt
City Jacksonville FEC ID number of contributing federal political committee.	State Zip Code FL 32204	Transaction ID : C2900214 Amount of Each Receipt this Period 83.34
Name of Employer North Florida Anesthesia Consultants P Receipt For: Primary General Other (specify) ▼	Occupation Ianesthesiologist Aggregate Year-to-Date ▼ 1000.08]
Full Name (Last, First, Middle Initial) Georgina O. Kesterson M.D. Mailing Address 5169 Rowen Oak Rd. City Collierville FEC ID number of contributing	State Zip Code TN 38017	Date of Receipt 11 29 2014 Transaction ID : C2876714 Amount of Each Receipt this Period
FEO ID Hamber of contributing federal political committee. Name of Employer Medical anesthesia group Receipt For: Primary General Other (specify) ▼	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 541.71	41.67
SUBTOTAL of Receipts This Page (optional)		208.35

FOR LINE NUMBER:

PAGE 82 OF

17			Use separate schedule(s)	(ch	neck on	ly or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c	12	г	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contri	ibutio	ns
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Po	olitical Action Committe	e							
Α.	· · · · · · · · · · · · · · · · · · ·				Date o						_
	Mailing Address 5169 Rowen Oak Rd.				12	/	13	D / Y	2014		
	Collierville	State TN	Zip Code 38017	_				C28873 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					7	7		41.6	7
	Name of Employer	Occupation									
	Medical anesthesia group Receipt For:	Anesthesiol	-	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		541.71								
в.	Full Name (Last, First, Middle Initial) Georgina O. Kesterson M.D.				Date o	f Re	eceipt				
	Mailing Address 5169 Rowen Oak Rd.				M M	/	29		y 2014	Y Y	1
	City	State	Zip Code					C290024			
	Collierville	TN	38017	_	Amoun	it of	Each F	Receipt th	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	C			L		7			41.6 ⁻	7
	Name of Employer Medical anesthesia group	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		541.71								
с.	Full Name (Last, First, Middle Initial) Salman A. Khan M.D.				Date o	of Re	eceipt				
	Mailing Address 13260 Ashwood Dr.				^M 12	/	06		y 2014		
	City Fishers	State IN	Zip Code 46038-6509					C28803			
			+0000-0003		Amoun	it of	Each F	Receipt th	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	С			L	-	7		2	250.0	0
	Name of Employer	Occupation									
	IU Health Ball Memorial Hospital Receipt For:	anesthesiol	•								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)		······				7	- 1	3	33.34	1
т	OTAL This Period (last page this line number	only)	••••••	•			,				

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PAGE 83 OF

194

		Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the		pose of	f soliciting	g con	ntribut	tions
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Matthew Kidwell M.D.			[Date of	Re	eceipt				
Mailing Address 707 Ground Plum Circle				M M	1	30			Y 14	Y
City	State	Zip Code		Trans	acti	ion ID :	C28767	31		
Solon	IA	52333	A	Amount	t of	Each F	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					,	7	_	83	.34
Name of Employer	Occupation	1								
Linn County Anesthesiologists	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	, iggi oguto									
Other (specify)		833.40								
Full Name (Last, First, Middle Initial) B. Matthew Kidwell M.D.				Date of	Re	eceipt				
Mailing Address 707 Ground Plum Circle				M M	1	30		20 ⁻	ү 14	Y
City	State	Zip Code		Trans	acti	on ID :	C290046			
Solon	IA	52333	A	Amount	t of	Each F	Receipt th	nis Po	eriod	
FEC ID number of contributing federal political committee.	С					ŋ	7	_	83	.34
Name of Employer	Occupatior	1								
Linn County Anesthesiologists	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General										
Other (specify)		, 833.40								
Full Name (Last, First, Middle Initial) c. Laura Kihlstrom M.D.			[Date of	Re	eceipt				
Mailing Address 915 Larchmont Cres.				м м 12	1	D 16		20		Y
City	State	Zip Code		Trans	act	ion ID :	C28889	87		
Norfolk	VA	23508	A	Amount	t of	Each F	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					л. I.	7		50	.00
Name of Employer	Occupation	1								
Atlantic Anesthesia, Inc.	physician									
Receipt For:	Aggregate	Year-to-Date V								
Primary General		E00.00								
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)		••••••				7		+	216.	68

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PAGE 84 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	a 🗌	11b	11c	12					
			13		14	15	16	17				
Any information copied from such Reports and or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	iologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Harold Kim M.D.			Date	of R	eceipt							
Mailing Address 68 South Service Road Suite 350				2 2	/ 03		ү ү 2014	Y				
City Melville	State NY	Zip Code 11747				: C287668 Receipt th						
FEC ID number of contributing federal political committee.	С				9		83	.34				
Name of Employer	Occupation	1										
North American Partners in Anesthesia	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		1000.08	1									
		1	1									
Full Name (Last, First, Middle Initial)	1		_									
B. Tony G. Kim M.D.					eceipt							
Mailing Address 1748 Banks St.			1	2	/ 14		2014	Y				
City	State	Zip Code				* : C288732						
Houston	ТХ	77098	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С				9	7	41.	67				
Name of Employer	Occupation	I										
Greater Houston Anesthesiology	Anesthesio	5	_									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		208.35										
Full Name (Last, First, Middle Initial) C. Brian D. Klagges M.D.			Date	e of R	eceipt							
Mailing Address 1 Elliot Way Ste 200			M	2	/ D 11		уу 2014	Y				
City	State	Zip Code	Tra	ansac	tion ID	: C289997	76					
Manchester	NH	03103-3502	Amo	unt o	f Each I	Receipt th	is Period					
FEC ID number of contributing federal political committee.	C				7	7	250	.00				
Name of Employer	Occupation	I										
Self	Medical Do	ctor										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		250.00	1									
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PAGE 85 OF

			Detailed Summary Page				a 11b 11c 12							
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\setminus	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesi	ologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) James G. Klamik M.D.				Date of	Re	eceipt							
	Mailing Address 1225 Orchard Ln.				^M M	1	02		ү ү 2	2014	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C2876	047					
	Elm Grove	WI	53122	/	Period									
	FEC ID number of contributing federal political committee.	С		300.00										
	Name of Employer	Occupation		_										
	James G Klamik MDSC	Anesthesio	ogist											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		600.00											
в.	Full Name (Last, First, Middle Initial) Andrew A. Knight M.D.	I			Date of	Re	eceipt							
	Mailing Address 224 Cheval Lane			12 09 2014 Transaction ID : C2882093										
	City	State	Zip Code		Trans	acti	on ID :	C2882	093					
	Walnut Creek	CA	94596-6037		Amount	of	Each F	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer MACMGI	Occupation Anesthesiol												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		265.00]										
С.	Full Name (Last, First, Middle Initial) Andrew A. Knight M.D.	1			Date of	Re	eceipt							
	Mailing Address 224 Cheval Lane				м м 12	/	09			014	Y			
	City	State	Zip Code		Trans	act	ion ID :	C2882	312					
	Walnut Creek	CA	94596-6037	/	Amount	of	Each F	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С					,	. ,		25	.00			
	Name of Employer	Occupation	 	_										
	MACMGI	Anesthesio	logist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		005.00	11										
	Other (specify)		265.00											
s	UBTOTAL of Receipts This Page (optional)						,			345.	00			
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PAGE 86 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	eck only	y or	ne)				
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Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Stephania G. Knight M.D.				Date of	Re	ceipt				
Mailing Address 4016 W 90th St				M M	/		/ Y	Y Y		1
City	State	Zip Code		12 Trans	acti	06 ion ID :	C288030	2014 8		
Sioux Falls	SD	57108-6207	/	Amount	t of	Each R	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					7	7	4	41.67	7
Name of Employer	Occupation									
Anesthesia Physicians, LTD	Physician									
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		500.04								
Full Name (Last, First, Middle Initial) B. Robert F. Koebert M.D.	·			Date of	Re	ceipt				
Mailing Address 541 E Erie St Unit 404				M M 12	/	D D D 11	/ Y	2014	Y]
City Milwaukee	State WI	Zip Code 53202-6237				-	C288289	-	-	
FEC ID number of contributing		33202-0237	- '	Amount	OT	Each R	eceipt th	is Perio	a	-
federal political committee.	С				-	9	7	8	33.34	
Name of Employer Aurora Medical Group	Occupation									
Receipt For:	Anesthesiol	Year-to-Date ▼								
Primary General Other (specify) ▼	Aggregate	1100.08	1							
Full Name (Last, First, Middle Initial)		7	-							
c. Heidi M. Koenig M.D.				Date of						_
Mailing Address 507 Ridgewood Road				м м 11	1	26	/ Y	2014	Y	1
City	State KY	Zip Code				-	C287398			
	KI	40207-1324	_ ′	Amount	t of	Each R	eceipt th	is Peric	od	_
FEC ID number of contributing federal political committee.	C					7	,	100	00.00)
Name of Employer	Occupation									
University of Louisville Receipt For:		nesthesiologist	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)	_ L	1250.00								
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,			-		7		112	5.01	-

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PAGE 87 OF

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NAME OF COMMITTEE (In Full) American Society of Anesthesio	ogists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Robert L. Kogan M.D., Ph.D Mailing Address 2106 Ari Ln City	State Zip Code	Date of Receipt
Los Angeles FEC ID number of contributing federal political committee.	CA 90049-6818	Amount of Each Receipt this Period 50.00
Name of Employer RLK Anesthesia Inc Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) B. Robert L. Kogan M.D., Ph.D Mailing Address 2106 Ari Ln		Date of Receipt
City Los Angeles FEC ID number of contributing federal political committee.	State Zip Code CA 90049-6818	Transaction ID : C2882313 Amount of Each Receipt this Period 500.00
Name of Employer RLK Anesthesia Inc Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 800.00	1
Full Name (Last, First, Middle Initial) Robert L. Kogan M.D., Ph.D Mailing Address 2106 Ari Ln		Date of Receipt
City Los Angeles FEC ID number of contributing	State Zip Code CA 90049-6818	12 30 2014 Transaction ID : C2900477 Amount of Each Receipt this Period
federal political committee. Name of Employer RLK Anesthesia Inc Receipt For:	C Occupation Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00]
SUBTOTAL of Receipts This Page (optional)		

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PAGE 88 OF

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NAME OF COMMITTEE (In Full)													
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Full Name (Last, First, Middle Initial) A. Joseph Koveleskie M.D.			Da	te of	Rece	eipt							
Mailing Address 5500 Prytania St #435			N	12	/	0 D D D	/ Y	у у 2014	Y				
City	State	Zip Code	T	Transaction ID : C2878105									
New Orleans	LA	70115-4237	An	nount	of E	ach Re	eceipt th	is Period	d				
FEC ID number of contributing federal political committee.	C							8	3.34				
Name of Employer	Occupation												
Ochsner Medical Center	Physician A	nesthesiologist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		999.72]										
Full Name (Last, First, Middle Initial) B. Joseph Koveleskie M.D.				(D								
Mailing Address 5500 Prytania St #435				te of	Rece		(V	Y Y	V				
Maning Address 5500 Frytania St #435			IV.	12 05 2014									
City	State	Zip Code	т	ransa	ctio	n ID : (2288026						
New Orleans	LA	70115-4237	An	nount	of E	ach Re	eceipt th	is Period	d				
FEC ID number of contributing federal political committee.	C				,		7	8;	3.34				
Name of Employer	Occupation												
Ochsner Medical Center	Physician A	nesthesiologist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		999.72											
Full Name (Last, First, Middle Initial) C. Brian Kradel M.D.			Da	te of	Rece	eipt							
Mailing Address 726 Gulf Aire Dr. 726 Gulf Aire Drive			N	12	/	D D D 08	/ Y	2014	Y				
City	State	Zip Code			ictio		C288037						
Port Saint Joe	FL	32456	An	nount	of E	ach Re	eceipt th	is Period	d				
FEC ID number of contributing federal political committee.	C				7		7	4	1.67				
Name of Employer	Occupation												
Panhandle Anesthesiologists, Inc.	Anesthesio	logist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		208.35											
SUBTOTAL of Receipts This Page (option	al)						7	208	3.35				
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PAGE 89 OF

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NAME OF COMMITTEE (In Full) American Society of Ane	sthesiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. David M. Krhovsky M.D. Mailing Address 2248 Shawnee Dr S			Date of Receipt									
City Grand Rapids	State MI	Zip Code 49506-5335		12 06 2014 Transaction ID : C2880319 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С				,	83.	34					
Name of Employer Anesthesia Practice Consultants, P.C Receipt For:	I											
Primary General Other (specify) ▼		1049.72]									
Full Name (Last, First, Middle Initial) B. Catherine M. Kuhn M.D.)		Date of	Receipt								
Mailing Address 14 Kendall Drive			12 11 2014									
City Chapel Hill	State NC	Zip Code 27517-5644		action ID : C2 of Each Red		Period						
FEC ID number of contributing federal political committee.	C				- 7 - 1	100.	00					
Name of Employer Duke University Department of Anesti	Occupation nes Associate P	rofessor of Anesthsiology R										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
Full Name (Last, First, Middle Initial) C. John E. La Gorio M.D.)		Date of	Receipt								
Mailing Address 1543 Forest Park R	d		12	/ D D 01		y y y 2014	Y					
City Norton Shores	State MI	Zip Code 49441-4642		action ID : C of Each Red								
FEC ID number of contributing federal political committee.	С			7		83.	.34					
Name of Employer	Occupation											
Lakeshore Anesthesia Services	physician											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40]									
SUBTOTAL of Receipts This Page (or	tional)					266.0	68					
TOTAL This Period (last page this line	e number only)											

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PAGE 90 OF

194

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16	17		
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	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee									
Α.	v				Date of Receipt								
	Mailing Address 202 S Park St				M M	/	26	/ Y	20 ²	14			
	City Madison	State WI	Zip Code 53715-1507					C28767 eceipt th		eriod			
	FEC ID number of contributing federal political committee.	С					,	. ,		20.0	00		
	Name of Employer Madison Anesthesiology Consultants LLP	Occupation physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
в.	Full Name (Last, First, Middle Initial) Steven Lagman M.D.				Date of	f Re	eceipt						
	Mailing Address 202 S Park St		7. 0.1		12 26 2014 Transaction ID : C2900156								
	City Madison	State WI	Zip Code 53715-1507	\vdash				C29001		eriod			
	FEC ID number of contributing federal political committee.	С					,			20.0	0		
	Name of Employer Madison Anesthesiology Consultants LLP	Occupation physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael J. Lalich M.D.	1			Date of	f Re	eceipt						
	Mailing Address 1501 S. Lake George Dr.	-			^M M 12	/	^D 15	/ Y	201				
	City Mishawaka	State IN	Zip Code 46545-4068					C28889 eceipt th		eriod			
	FEC ID number of contributing federal political committee.	C					7			250.0	00		
	Name of Employer	Occupation											
	St. Joseph Valley Anesthesia Receipt For:	anesthesiol	-	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00										
\vdash	UBTOTAL of Receipts This Page (optional)						7 I 7 I		-	290.0	0		

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PAGE 91 OF

194

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	_				
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\backslash	NAME OF COMMITTEE (In Full)													
	American Society of Anesthes	iologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Steven N. Landau M.D.				Date o	f Re	eceipt							
	Mailing Address 2443 Dundee Dr				11 30 Y Y Y Y Y Y									
	City	State	Zip Code		Trans	sact	ion ID	: C28767	87					
	Ann Arbor	MI	48103-6022		_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		8	33.3	4			
	Name of Employer	Occupation												
	Anesthesia Associates of Ann Arbor, PC	Physican												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		666.72											
в.	Full Name (Last, First, Middle Initial) Steven N. Landau M.D.				Date o	f Re	eceipt							
	Mailing Address 2443 Dundee Dr			12 30 201							1			
	City	State	Zip Code			acti		: C290048						
	Ann Arbor	MI	48103-6022		Amoun	t of	Each	Receipt th	nis Peric	d				
	FEC ID number of contributing federal political committee.	С					7		8	33.34	4			
	Name of Employer Anesthesia Associates of Ann Arbor, PC	Occupation Physican												
	Receipt For:		Year-to-Date ▼											
	Primary General	, iggi egene		1										
	Other (specify)		, 666.72											
<u>с</u> .	Full Name (Last, First, Middle Initial) Alice L. Landrum M.D.				Date o	f Re	eceipt							
	Mailing Address 1121 S Hickory Grove Scho	ol Rd			м м 12	/	D 11		20 <u>1</u> 4	Y	1			
	City	State	Zip Code		Trans	sact	ion ID	: C28829	17		_			
	Columbia	MO	65279-9785		Amoun	t of	Each I	Receipt th	nis Peric	d				
	FEC ID number of contributing federal political committee.	С					7	 	Ę	50.0	0			
	Name of Employer	Occupation		_										
	University of Missouri	physician a	nesthesiologist											
	Receipt For:		Year-to-Date ▼											
	Primary General													
	Other (specify)		1250.00											
	SUBTOTAL of Receipts This Page (optional)			• •			7		21	6.68	3			
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PAGE 92 OF

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ITEMIZED RECEIPTS		Detailed Summary Page			11b	11c	12						
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
American Society of Anesthe	siologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. E. W. Larsen M.D.			Date	of R	eceipt								
Mailing Address 1786 N. Main				11 25 2014									
City Centerville	State UT	Zip Code 84015				C287259	97						
	01	64015	Amo	unt o	f Each I	Receipt th	is Period	_					
FEC ID number of contributing federal political committee.	С				7		250	.00					
Name of Employer	Occupation	1											
Self	Anesthesio	logist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00]										
Full Name (Last, First, Middle Initial) B. Eric L. Larson M.D.			Date	of R	eceipt								
Mailing Address 2215 Cascade Lakes Cir S	Ε		12 03 / 03 / 03 / 03 / 03 / 03 / 03 / 03					Y					
City	State	Zip Code					2014 38						
Grand Rapids	MI	49546	Amo	unt of	f Each I	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				7	7	50.	.00					
Name of Employer Anesthesia Practice Consultants	Occupation												
Receipt For:	Anesthesio	-											
Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		600.00	4										
Full Name (Last, First, Middle Initial) C. Nathan Lasiter M.D.			Date	of R	eceipt								
Mailing Address 18904 Shilstone Way			M 1		30		2014	Y					
City	State	Zip Code	Tra	insac	tion ID	: C287669	€4						
Edmond	OK	73003	Amo	unt of	f Each I	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				7		41	.67					
Name of Employer	Occupation	1											
Northwest Anesthesia	Anesthesio	logist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		500.04]										
SUBTOTAL of Receipts This Page (optional))				7		341.	67					
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PAGE 93 OF

		Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17		
Any information copied from such Reports an or for commercial purposes, other than using							soliciting		tions		
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Nathan Lasiter M.D.				Date of Receipt							
Mailing Address 18904 Shilstone Way			12 30 / Y Y								
City Edmond	State OK	Zip Code 73003	Transaction ID : C2900462 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.6								
Name of Employer Northwest Anesthesia	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04]								
Full Name (Last, First, Middle Initial) B. John P. Lawrence M.D., M.Ed				Date of	Rec	ceipt					
Mailing Address 7100 Hollyleaf Dr.				M M	/	D D 10	/ Y	2014	Y		
City Burlington	State KY	Zip Code 41005					C288236	is Period			
FEC ID number of contributing federal political committee.	С					,	7		.67		
Name of Employer University of Cincinnati College of Me	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04]								
Full Name (Last, First, Middle Initial) C. David Leachman M.D.				Date of	Rec	ceipt					
Mailing Address 7130 Coors Trl NW				м м 12	1	D D 15	/ Y	ууу 2014	Y		
City Albuquerque	State NM	Zip Code 87120	-				C288736 eceipt th	5 0 is Period			
FEC ID number of contributing federal political committee.	С					,			0.00		
Name of Employer	Occupatior	1									
Anesthesia Specialists of Albuquerque Receipt For:	Physician										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]								
SUBTOTAL of Receipts This Page (optional)						,		133	.34		
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PAGE 94 OF

194

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Society of Anesthesio	Statements may not be sold or used by any per- e name and address of any political committee to ologists Political Action Committee	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Laura H. Leduc M.D. Mailing Address 58 North St City Delmar	State Zip Code NY 12054-1018	Date of Receipt 12 13 2014 Transaction ID : C2887288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Albany Medical Center Anesthesia Receipt For:	C Occupation Medical Doctor Aggregate Year-to-Date ▼ 6666.72	83.34
Full Name (Last, First, Middle Initial) B. Jay B. Lee M.D. Mailing Address 20 Oakwood Circle City Roslyn FEC ID number of contributing federal political committee. Name of Employer NAPA Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11030-3816 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ↓ 1000.08	Date of Receipt
Full Name (Last, First, Middle Initial) Jeffrey A. Lee M.D. Mailing Address 6650 Pasture Lands PI. City Winter Garden FEC ID number of contributing federal political committee. Name of Employer JLR Medical Group Receipt For: Primary General Other (specify) ▼	State Zip Code FL 34787-6229 C Occupation Occupation Anesthesiologist Aggregate Year-to-Date ▼ 616.63	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		208.35

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FOR LINE NUMBER:

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PAGE 95 OF

194

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Maxine M. Lee M.D. Mailing Address 5432 Woodchuck Ln.			Date of Receipt							
	City	State	Zip Code	Transaction ID : C2876720							
	Roanoke	VA	24018	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		83.34							
	Name of Employer	Occupation	1								
	Anesthesiology Consultants of Virginia	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify)		1308.43								
В.	Full Name (Last, First, Middle Initial) Maxine M. Lee M.D.			Date of Receipt							
	Mailing Address 5432 Woodchuck Ln.			12 28 _2014 _							
	City	State	Zip Code	Transaction ID : C2900218							
	Roanoke	VA	24018	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		83.34							
	Name of Employer	Occupation	l								
	Anesthesiology Consultants of Virginia	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) v		1308.43	1							
с.	Full Name (Last, First, Middle Initial) Marc L. Leib M.D.			Date of Receipt							
	Mailing Address PO Box 44527			M M / D D / Y Y Y Y 12 01 2014							
	City	State	Zip Code	Transaction ID : C2876802							
	Phoenix	AZ	85064-4527	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		83.34							
	Name of Employer	Occupation	l								
	self-employed	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		350.02	1							
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PAGE 96 OF

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\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee									
A .	Full Name (Last, First, Middle Initial) Michael C. Lewis M.D.				Date of	Re	ceipt						
	Mailing Address 655 W 8th St Professor Chair Anesthesiolog	N/			M M	/	D D D	/ Y	2014				
	City Jacksonville	State FL	Zip Code 32209-6511		12 01 2014 Transaction ID : C2876708 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C					, .		;	83.34			
	Name of Employer	Occupation											
	University of Florida	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1025.08										
В.	Full Name (Last, First, Middle Initial) J. Lance Lichtor M.D.				Date of	Re	ceipt						
	Mailing Address PO Box 4668				M M / D D / Y Y Y Y Y 12 01 2014								
	City New York	State NY	Zip Code 10163-4668				on ID : C Each Re			od			
	FEC ID number of contributing federal political committee.	С					7			41.67			
	Name of Employer Yale University Department of Anesthes	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 791.24										
<u> </u>	Full Name (Last, First, Middle Initial) Kristen L. Lienhart M.D.				Date of	Re	ceint						
0.	Mailing Address 4301 W Markham St Lot 515				12	/	12	/ Y	2014	Y			
	City Little Rock	State AR	Zip Code 72205-7101				on ID : (Each Re			od	_		
	FEC ID number of contributing federal political committee.	С					ŋ			83.34			
	Name of Employer	Occupation											
	University of Arkansas for Medical Sci	Physician		_									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1250.08										
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PAGE 97 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)			
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NAME OF COMMITTEE (In Full)	-							
American Society of Anesthe	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. John E. Lindsey Jr., M.D.			Date	of Re	eceipt			
Mailing Address 2502 S 186th Cir			M 1.1		28) / Y	2014	Y
City	State	Zip Code				C287671		
Omaha	NE	68130-2798	Amou	nt of	Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7	7	41	.67
Name of Employer	Occupation							
Orthopaedic Anesthesia Specialists	Anesthesio	ogist						
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		500.04						
Full Name (Last, First, Middle Initial) B. John E. Lindsey Jr., M.D.			Date	of Re	eceipt			
Mailing Address 2502 S 186th Cir			12		28) / Y	2014	Y
City	State	Zip Code				C290021		
Omaha	NE	68130-2798	Amou	nt of	Each F	Receipt th	is Period	_
FEC ID number of contributing federal political committee.	C				,		41	67
Name of Employer Orthopaedic Anesthesia Specialists	Occupation							
Receipt For:	Anesthesiol	Year-to-Date ▼						
Primary General	Aggregate							
Other (specify)		500.04						
Full Name (Last, First, Middle Initial) C. Asa C. Lockhart M.D.			Date	of Re	eceipt			
Mailing Address 2106 Kennebunk Ln.			M 12		D I I		20 <u>1</u> 4	Y
City	State	Zip Code	Tra	nsac	tion ID :	C288236	63	
Tyler	ТХ	75703	Amou	nt of	Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C			_	7		83	.34
Name of Employer	Occupation							
East Texas Anesthesiology Assc Receipt For:	Physician							
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		999.72						
SUBTOTAL of Receipts This Page (optiona	l)			-	7	- 7	166.	68
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FOR LINE NUMBER:

PAGE 98 OF

194

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	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Michael A. Long M.D.				Date c	of Re	eceipt			
	Mailing Address 3941 Foxfire Ln				M N	1 /	30) / Y	2014	Y
	City Kingsport	State TN	Zip Code 37664-4409					C28767 leceipt tl	58 his Period	ł
	FEC ID number of contributing federal political committee.	С					7			3.34
	Name of Employer	Occupation	l							
	Bristol Anesthesia Services	Anesthesio	logist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	7.99.094.0		11						
	Other (specify)		500.04							
В.	Full Name (Last, First, Middle Initial) Michael A. Long M.D.				Date c	of Re	eceipt			
	Mailing Address 3941 Foxfire Ln				M N 12		30	/ Y	y y 2014	Y
	City	State	Zip Code			sact		C29004		
	Kingsport	TN	37664-4409						his Period	ł
	FEC ID number of contributing federal political committee.	С					7			3.34
	Name of Employer Bristol Anesthesia Services	Occupation Anesthesiol								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.04							
<u>с</u> .	Full Name (Last, First, Middle Initial) Allison R. Losey M.D.				Date o	of Re	eceipt			
	Mailing Address 8710 Crest Ridge Cir				12	/	17) / Y	2014	Y
	City	State	Zip Code		Tran	sact	ion ID :	C28929	54	
	Austin	ТХ	78750-3016		Amour	nt of	Each R	leceipt tl	his Period	ł
	FEC ID number of contributing federal political committee.	С					7		4	1.67
	Name of Employer	Occupation								
	Capital Anesthesiology Association	Anesthesio	logist							
	Receipt For:		Year-to-Date ▼							
	Primary General			11						
	Other (specify)		325.01							
s	SUBTOTAL of Receipts This Page (optional)		•	• -	<u> </u>		7	- 7	208	3.35
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PAGE 99 OF

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\backslash	NAME OF COMMITTEE (In Full)															
$\Big/$	American Society of Anesthesi	ologists P	olitical Action Committe	ee												
Α.	Full Name (Last, First, Middle Initial) Gary E. Loyd M.D.			[Date o	f Re	eceip	pt								
	Mailing Address 2741 Oak St.				M M	1		D	/ Y	Y		Y				
	City	State	Zip Code	-	12 Trans	acti	ion	30	290045	201- 54	4					
	Jacksonville	FL	32205	A					ceipt th		riod					
	FEC ID number of contributing federal political committee.	С					7				250.0	00				
	Name of Employer	Occupation	1													
	Dept of Anesthesiology	Professor a	nd Interim Chair													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) V		500.00													
в.	Full Name (Last, First, Middle Initial) Joshua L. Lumbley M.D.	I			Date o	f Re	ecei	pt								
	Mailing Address 4356 Olentangy Blvd				12 13 2014											
	City	State	Zip Code		Trans	acti	ion	ID : C	288731	6						
	Columbus	OH	43214	/	Amoun	t of	Ead	ch Red	ceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	С					,		7		41.6	67				
	Name of Employer NorthStar Anesthesia	Occupation Anesthesiol														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04													
с.	Full Name (Last, First, Middle Initial) Philip E. Lund M.D.	l			Date o	f Re	eceip	pt								
	Mailing Address 5441 SW View Point Terrace				м м 12	/		25	/ Y	2014		Y				
	City Portland	State OR	Zip Code 97239-3965						290014							
			97239-3903	-	Amoun	t of	Ead	ch Reo	ceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	С					,		7		250.	00				
	Name of Employer	Occupation														
	NW Permanente	Anesthesio	logist													
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PAGE 100 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Robert I. Macfarlane M.D. Mailing Address 350 Blountville Highway			_	ate of	f Re	ceipt	/ Y	Y Y	Ý	
	Suite 207 City Bristol	State TN	Zip Code 37620				05 ion ID : 0				
	FEC ID number of contributing federal political committee.	С			mount	C OT	Each Re	eceipt tr		83.34	
	Name of Employer Bristol Anesthesia Services Receipt For:	Occupation Anesthesiol	ogist								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08								
	Full Name (Last, First, Middle Initial) Sean C. Mackey M.D., Ph.D			D	ate of	f Re	ceipt				
	Mailing Address 1070 Arastradero Rd Ste 200		Zin Code		^M M	/	31	/ Y	2014	Y	
	City Palo Alto	State CA	Zip Code 94304-1336				on ID : (Each Re			bd	
	FEC ID number of contributing federal political committee.	С					7		25	50.00	
	Name of Employer Stanford Univ Med Ctr Dept of Anes	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Asif M. Malik M.D.			D	ate of	f Re	ceipt				
	Mailing Address 2758 Charnwood Dr				м м 12	/	D D 10	/ Y	2014	Y	
	City Troy	State MI	Zip Code 48098-2184				ion ID : Each Re			od	
	FEC ID number of contributing federal political committee.	С					7	7	2	83.34	
	Name of Employer	Occupation									
	Henry Ford West Bloomfield Hospital An	Anesthesio	logist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08								
s	UBTOTAL of Receipts This Page (optional)								41	6.68	
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PAGE 101 OF

194

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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	Political Action Committ	ee							
Full Name (Last, First, Middle Initial) Bruce A. Malmer M.D. Mailing Address 45 Linden St City Bangor FEC ID number of contributing federal political committee. Name of Employer	State ME Occupation				/ acti	23 ion ID :	C29000: Receipt th	20 20	014 eriod 500	
Spectrum Medical Group Northern Anesth Receipt For: Primary General Other (specify) v	,	Anesthesiologist Year-to-Date ▼ 600.00]							
Full Name (Last, First, Middle Initial) B. Mark Mandabach M.D. Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845 City	State	Zip Code		Date of 12 Trans	/	01	C28767	20	14	Ŷ
Birmingham FEC ID number of contributing federal political committee. Name of Employer UAB Department of Anesthesiolog	AL C Occupation physician	35249-0001		Amount	tof	Each F	Receipt th	nis P	eriod 83	.34
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.08								
Full Name (Last, First, Middle Initial) C. Lowell S. Mankin M.D. Mailing Address 2709 Mesquite Ln City	State	Zip Code		Date of	/	20		20	Y 14	Y
Grapevine FEC ID number of contributing federal political committee.	TX C	76051-7150					C28988 Receipt th		eriod 100	.00
Name of Employer U.S. Anesthesia Partners Receipt For:	Occupation Anesthesio Aggregate]							
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PAGE 102 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Com	mittee							
Α.	Full Name (Last, First, Middle Initial) Michael J. Marcovitz M.D.				Date of	Recei	ot				
	Mailing Address 4483 Ford Rd.				м м 12	/ [24	/ Y	۲ 20	ү 14	Y
	City	State	Zip Code		Trans	action	ID :	C290004	1		
	Ann Arbor	MI	48105		Amount	of Ead	ch R	eceipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				7		7		41.	67
	Name of Employer	Occupation	l								
	Anesthesia Associates of Ann Arbor, P.	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		, 500.0	04							
в.	Full Name (Last, First, Middle Initial) Gregory Marino M.D.				Date of	Recei	ot				
	Mailing Address 2626 E 66th St				M M	/ 0	10	/ Y	y 201	Y 14	Y
	City	State	Zip Code			action		C288234			
	Tulsa	OK	74136-1248		Amount	of Ead	ch R	eceipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						7		50.0	00
	Name of Employer Blue cross oklahoma	Occupation Physician	I								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.0	00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Kurt W. Markgraf M.D.				Date of	Recei	ot				
	Mailing Address 3663 McKinley Ave				M M 12	_	08	/ Y	y 201	ү 14	Y
	City	State	Zip Code		Trans	action	ID :	C288037	2		
	Fort Myers	FL	33901		Amount	of Ead	ch R	eceipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С						7		83.	34
	Name of Employer	Occupation	1								
	Medical Anesthesia and Pain Management	Physician A	Anesthesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		4000								
	Other (specify)		1000.(08							
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PAGE 103 OF

194

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	y information copied from such Reports and St for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big $	American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Gregory F. Martin M.D.				Date o	f Re	eceipt				
	Mailing Address 8 Prospect St				м м 12	/	29) 014	Y
	City	State	Zip Code		Trans	sacti	ion ID :	C290044	9		
	Nashua	NH	03060-3925	_	Amoun	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7		500.	.00
	Name of Employer	Occupation									
	Southern New Hampshire Med Ctr	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
В.	Full Name (Last, First, Middle Initial) John Martin M.D.				Date o	f Re	eceipt				
	Mailing Address 116 Hidden Cove Ct				M M	/	D	D / Y	Y	Y	Y
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	City	State	Zip Code		Trans	acti	on ID :	C288729	2		
	Seneca	SC	29672-9139	_	Amoun	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	5		50.	00
	Name of Employer Anesthesia Consultants of the Upstate	Occupation Anesthesiol									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		, 250.00								
C.	Full Name (Last, First, Middle Initial) Nicole D. Martin M.D.				Date o	f Re	eceipt				
	Mailing Address 8880 SW 113th Ave				^M 12	/	D 14)14	Y
	City Miami	State FL	Zip Code 33176-1190					: C288732			
			55176-1190	-	Amoun	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7		41	.67
	Name of Employer	Occupation		_							
	University of Miami	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		000.00								
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PAGE 104 OF

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American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Timothy Martin M.D.				Date o	f Re	eceipt					
Mailing Address Arkansas Childrens Hospita #1 Childrens Way, S-203	al			м м 12	/	04	D / Y)14	Y	
City	State	Zip Code		Trans	act	ion ID :	: C287809	94			
Little Rock	AR	72202-3591		Amoun	t of	Each I	Receipt th	nis P	eriod		
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Name of Employer	Occupation	1									
University of Arkansas for Medical Sci	physician										
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Primary General			11.								
Other (specify)		583.38									
Full Name (Last, First, Middle Initial) B. Susan M. Martinelli M.D.	·			Date o	f Re	eceipt					
Mailing Address 101 Manning Dr # 7010 Anesthesia Department				M M 12	/	30	D / Y	ү 20	Y 14	Y	
City	State	Zip Code		Trans	acti	ion ID :	: C290278	38			
Chapel Hill	NC	27514-4220		Amoun	t of	Each I	Receipt th	nis P	eriod		
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Name of Employer	Occupation	1									
University of North Carolina Hospital	Anesthesio	ogist									
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Primary General		500.00	11.								
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Full Name (Last, First, Middle Initial) C. Donald M. Mathews M.D.				Date o	f Re	eceipt					
Mailing Address 40 College St., #501				м м 12	/	18		20	ү 14	Y	
City	State	Zip Code		Trans	sact	ion ID	: C289804	41			
Burlington	VT	05401	/	Amoun	t of	Each I	Receipt th	nis P	eriod		
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Name of Employer	Occupation	1									
University of Vermont	Anesthesio	logist									
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PAGE 105 OF

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$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Fredric J. Matlin M.D.				Date of	Re	ceipt						
	Mailing Address 23 Lodge Ln				M M 12	/	D 12		/ Y) 14	Y	
	City	State	Zip Code		Trans	acti	on ID	: C28	387165	5			
	Miller Place	NY	11764-1913	A	Mount	of	Each I	Rece	ipt this	s P	eriod		
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	Name of Employer	Occupation											
	Long Island Anesthesia Physicians, LLP	ANESTHES	SIOLOGIST										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		416.70										
в.	Full Name (Last, First, Middle Initial) Nora Matus				Date of	Re	ceipt						
	Mailing Address 4511 delmont lane				м м 12	/	D 10		Y	ү 20	ү 14	Y	
	City	State	Zip Code		Trans	acti	on ID :	: C28	82355	5			
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	Name of Employer American Society of Anesthesiologists	Occupation											
	Receipt For:		Congressional and Politica										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		375.00										
C.	Full Name (Last, First, Middle Initial) Maria E. Matuszczak M.D.				Date of	Re	ceipt						
	Mailing Address 6431 Fannin St Msb 5.020				м м 12	/	D 10		/ Y	ү 20	ү 14	Y	
	City Houston	State TX	Zip Code 77030-1501				i on ID Each I				oriod		
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	Name of Employer	Occupation											
	University of Texas Medical School Receipt For:		nesthesiologist										
	Primary General	Aggregate	Year-to-Date ▼										
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PAGE 106 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Randall P. Maydew M.D. Mailing Address 6910 Wildglen Drive				Date of	f Re					
	City	State	Zip Code		12 Trans		24		20	014	Y
	Dallas	TX	75230				-	Receipt th	-	eriod	
	FEC ID number of contributing federal political committee.	С					,			1000	.00
	Name of Employer Randall P Maydew, MD, MBA	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00								
В.	Full Name (Last, First, Middle Initial) Steven Mayo M.D.				Date of	f Re	eceipt				
	Mailing Address 989 Cedar Drive				M M	1	28		20)14	Y
	City Burlington	State WI	Zip Code 53105					: C287399 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	J	_	1000	.00
	Name of Employer Aurora Medical Group	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00								
C.	Full Name (Last, First, Middle Initial) Philip J. McArdle M.B.,B.Ch.				Date of	f Re	eceipt				
	Mailing Address 3746 Dunbarton Dr				м м 12	/	22			ү 014	Y
	City Mountain Brook	State AL	Zip Code 35223-2706	/				: C28988 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					, .		_	83	.34
	Name of Employer	Occupation									
	UAB Anesthesiology	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36								
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PAGE 107 OF

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A.	Full Name (Last, First, Middle Initial) Joel E. McCreary D.O.				Date of	f Re	eceipt						
	Mailing Address 4595 E Calle Redonda				м – м 12	1	13) / Y	Y 20) 14	Y		
	City Phoenix	State AZ	Zip Code 85018-3817					C288729 Receipt th		eriod			
	FEC ID number of contributing federal political committee.	С					7	7		100	00		
	Name of Employer Valley Anesthesiology Consultants	Occupation Anesthesio											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
в.	Full Name (Last, First, Middle Initial) William A. McDade M.D., Ph.D				Date of	f Re	eceipt						
	Mailing Address 5801 S Ellis Ave Rm 514 Dept of Anes and Critical Care City	State	Zip Code					C288292	4)14	Y		
	Chicago FEC ID number of contributing federal political committee.	C	60637-5418	Amount of Each Receipt this Period 41.67									
	Name of Employer The University of Chicago	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 208.21										
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt						
	Mailing Address 18340 SW 122 St.				^M 12	1	23) / Y)14	Y		
	City Miami	State FL	Zip Code 33196					C289906 Receipt th		eriod			
	FEC ID number of contributing federal political committee.	С					7			83	.34		
	Name of Employer	Occupation											
	University of Miami Dept of Anesthesio	Anesthesio	logist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38	1									
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PAGE 108 OF

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	merican Society of Anesthesiol	ogists Po	plitical Action Committe	ee							
	II Name (Last, First, Middle Initial) Aichael J. Meddows M.D.				Date of	Rec	eipt				
Ma	ailing Address 8508-B Atlantic Ave.				M M	/	0 U D	/ Y	2014		1
Cit		State	Zip Code			actio		287809			
Vi	irginia Beach	VA	23451	_	Amount	of E	ach Re	eceipt th	is Peri	od	
	EC ID number of contributing deral political committee.	С				,				41.6 ⁻	7
Na	ame of Employer	Occupation									
	lantic Anesthesia	Physician									
Re	eccipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		375.03								
	II Name (Last, First, Middle Initial)				Date of	Rec	eipt				
	ailing Address 2209 Burleigh Street Apartment 303	Olaha	7. 0. 1.		^M M	/	D D 17	/ Y	2014		
Cit	ty ankton	State SD	Zip Code 57078	-			-	289633	-	a al	
			57070	\neg	Amount	OTE	ach Re	ceipt th	is Peri	oa	-
fec	C ID number of contributing deral political committee.	С						7	5	00.00)
	ame of Employer Inkton Anesthesiology, PC	Occupation Anesthesiol	agist								
	eceipt For:		Year-to-Date ▼								
	Primary General	Aggregate									
	Other (specify) ▼		, 520.00								
	II Name (Last, First, Middle Initial) David W. Mercier M.D.				Date of	Rec	eipt				
Ma	ailing Address 7433 Villanova St				м м 12	/	23	/ Y	2014		1
Cit	-	State TX	Zip Code					C289995			_
	allas		75225-4524	_	Amount	of E	ach Re	eceipt th	is Peri	od	
	EC ID number of contributing deral political committee.	С				. ,			5	600.0	0
Na	ame of Employer	Occupation									
	niversity of Texas Southwestern	anesthesiol	ogist								
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
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PAGE 109 OF

194

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action C	ommittee)							
A.	Full Name (Last, First, Middle Initial) James R. Mesrobian M.D.				D	ate of	Re	ceipt				
	Mailing Address 827 E Birch Ave				Г	м м 12	/	04	/ Y) 14	Y
	City	State	Zip Code			Transa	acti	on ID :	C28780			
	Whitefish Bay	WI	53217-5360		A	mount	of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						7			83	.34
	Name of Employer	Occupation										
	Aurora Medical Group	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)	L	7	416.70								
в.	Full Name (Last, First, Middle Initial) Brigitte M. Messenger M.D.				D	ate of	Re	ceipt				
	Mailing Address 1924 Alcoa Hwy # U109					^M M	/		/ Y		Y 14	Y
	City	State	Zip Code		-	Transa	actio	on ID :	C28828	98		_
	Knoxville	TN	37920-1511		A	mount	of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						7	5		83	.34
	Name of Employer	Occupation										
	University Anesthesiologists	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		10	000.08								
	Other (specify)		, , , ,									
C.	Full Name (Last, First, Middle Initial) James K. Miller M.D.				D	ate of	Re	ceipt				
	Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.				Γ	м м 12	/	D D 10	/ Y		y 14	Y
	City	State	Zip Code			Trans	acti	on ID :	C28823	43		
	Knoxville	TN	37920-1511		A	mount	of	Each R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С						7			100	.00
	Name of Employer	Occupation										
	University of Tennessee Medical Center	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		12	200.00								
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PAGE 110 OF

171	EMIZED RECEIPTS		(ch	(check only one)									
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Po	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Kevin M. Miller M.D. Mailing Address 22223 Cass Ave.			Date of Receipt									
	City Woodland Hills	State CA	Zip Code 91364	12 03 2014 Transaction ID : C2876090 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7	- 7	41	1.67			
	Name of Employer St. John Health Center Receipt For:	Occupation physician	Voor to Data 💌										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04										
в.	Full Name (Last, First, Middle Initial) Michael D. Miller M.D.				Date of	Re	· ·						
	Mailing Address 15936 Oak Park Ct City Westfield	State	11 27 2014 Transaction ID : C2876718 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	83.3										
	Name of Employer Anesthesia Consultants of Indianapolis	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08										
с.	Full Name (Last, First, Middle Initial) Michael D. Miller M.D.				Date of	Re	ceipt						
	Mailing Address 15936 Oak Park Ct				^M ^M 12	/	27	/ Y	2014	Y			
	City Westfield	State IN	Zip Code 46074-9140				-	C29001	97 nis Period				
	FEC ID number of contributing federal political committee.	С				_	9	7	83	3.34			
	Name of Employer	Occupation											
	Anesthesia Consultants of Indianapolis	Anesthesiol	ogist										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08										
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PAGE 111 OF

194

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	×	1		11b	11c	12	1 7			
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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) William M. Miller M.D. Mailing Address 444 Hermitage Dr			D	ate of	Re	·					
City	State	Zip Code	_ [12 12	acti	31	, 20030	2014	Y		
Deerfield	IL	60015-4443						nis Period			
FEC ID number of contributing federal political committee.	С		[7			0.00		
Name of Employer Midwest Anesthesia partners	Occupation Anesthesiol										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]								
Full Name (Last, First, Middle Initial) B. Mitchell F. Minana M.D.				ate of	Re	ceipt					
Mailing Address 1306 E Welden Dr				M M 12	/	D D D 11	/ Y	2014	Y		
City Spokane	State WA	Zip Code 99223		Transaction ID : C2899969 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		7 7						.00		
Name of Employer Providence	Occupation Physician										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]								
Full Name (Last, First, Middle Initial) C. Mitchell F. Minana M.D.			C	ate of	Re	ceipt					
Mailing Address 1306 E Welden Dr				м м 12	/	D D 16	/ Y	2014	Y		
City Spokane	State WA	Zip Code 99223				i on ID : (Each Re		42 nis Period			
FEC ID number of contributing federal political committee.	С					3	- 7	50	0.00		
Name of Employer	Occupation	1	_								
Providence	Physician										
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PAGE 112 OF

171			Use separate schedule(s)	(cheo	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	□ . –			
	y information copied from such Reports and for commercial purposes, other than using th												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Paul S. Mintz M.D. Mailing Address 200 Reading Blvd			Date of Receipt									
	City Wyomissing	State PA	Zip Code 19610-2236				ion ID :	C28803 eceipt th		t de la companya de l			
	FEC ID number of contributing federal political committee.	С					7		4	1.67			
	Name of Employer Reading Anesthesia Associates Receipt For:	Occupation Anesthesio	logist										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	1									
B.	Full Name (Last, First, Middle Initial) Brian Mitchell M.D.	-		D	ate of	f Re	ceipt						
	Mailing Address 3710 SW US Veterans Hospital Rd						D D D 11	/ Y	у у 2014	Y			
	City Portland	State OR	Zip Code 97239-2964					C288290 eceipt th)6 nis Period	d			
	FEC ID number of contributing federal political committee.	С				,		8;	3.34				
	Name of Employer Portland VA Medical Center P3- ANES	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38										
с.	Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D.			D	ate of	f Re	ceipt						
	Mailing Address 827 Old Oyster Trl				м м 11	/	D D 27	/ Y	уу 2014	Y			
	City Sugarland	State TX	Zip Code 77478				-	C28766 eceipt th	76 nis Period	d d			
	FEC ID number of contributing federal political committee.	С					7		8	3.34			
	Name of Employer	Occupation	l										
	Memorial Hermann Southwest Hospital	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.16										
s	UBTOTAL of Receipts This Page (optional)						3		208	3.35			
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PAGE 113 OF

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11			for each category of the Detailed Summary Page	X 11	F	11b 14	11c		2 6	17				
Aı or	ny information copied from such Reports and for commercial purposes, other than using t	I Statements mathematic name and a	L ay not be sold or used by any p ddress of any political committee	erson for t	the p	urpose of	f soliciting	g conti	ributio	ons				
	NAME OF COMMITTEE (In Full)													
	American Society of Anesthes	siologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D.			Date	e of I	Receipt								
	Mailing Address 827 Old Oyster Trl			M	■ 12	/ D 1	D / Y	y 201	Y 1					
	City	State	Zip Code	Tr	Transaction ID : C2899065									
	Sugarland	TX	77478	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				7			83.3	34				
	Name of Employer	Occupation												
	Memorial Hermann Southwest Hospital	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		2000.16	1										
	Other (specify)		2000.16											
В.	Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D.			Date	e of I	Receipt								
	Mailing Address 827 Old Oyster Trl			M	M 12	/ D 1	D / Y	2014	Y Y 4					
	City	State	Zip Code	Tr	ansa	ction ID :	C290018							
	Sugarland	ΤX	77478	Amo	ount	of Each F	Receipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.	С							83.3	4				
	Name of Employer	Occupation		_										
	Memorial Hermann Southwest Hospital	Physician												
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		2000.16	1										
	Other (specify)		2000.18											
C.	Full Name (Last, First, Middle Initial) Larkin H. Mitchell M.D.			Date	e of I	Receipt								
	Mailing Address 309 S Gamwyn Park Dr				[™]	/ D 27		2014						
	City	State	Zip Code	Tr	ansa	ction ID :	C28767	67						
	Greenville	MS	38701-6304	Amo	ount	of Each F	Receipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.	С				7			41.6	67				
	Name of Employer	Occupation												
	Premier Anesthesia	Physician A	nesthesiologist											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		200.25	1										
	Other (specify)		208.35											
5	SUBTOTAL of Receipts This Page (optional).					7		2	208.3	5				
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PAGE 114 OF

194

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Larkin H. Mitchell M.D. Mailing Address 309 S Gamwyn Park Dr City Greenville FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MS 38701-6304	Date of Receipt T2 27 2014 Transaction ID : C2900194 Amount of Each Receipt this Period 41.67
Premier Anesthesia Receipt For: Primary General Other (specify) v	Physician Anesthesiologist Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Patricia A. Moesner M.D. Mailing Address 1135 Shelby St Apt 2611 City Detroit FEC ID number of contributing federal political committee. Name of Employer Michigan Interventional Pain Center Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48226-2633 C Occupation Interventional pain specialist Aggregate Year-to-Date ▼ 208.35	Date of Receipt
Full Name (Last, First, Middle Initial) Christian D. Monson M.D. Mailing Address 1821 Malibu Dr City Idaho Falls FEC ID number of contributing federal political committee. Name of Employer Intermountain Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code ID 83404-6415 C C Occupation C anesthesiologist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 12 02 2014 Transaction ID : C2876049 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	••••••	333.34

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PAGE 115 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
\rangle	American Society of Anesthesio	logists P	olitical Action Committe	96								
Α.	Full Name (Last, First, Middle Initial) Richard C. Month M.D. Mailing Address 2001 Hamilton St Apt 2307 City	State	Zip Code	Date of Receipt								
	Philadelphia	PA	19130	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		83.34								
	Name of Employer University of Pennsylvania Dept. of An Receipt For: Primary General Other (specify)	Anesthesio										
B.	Full Name (Last, First, Middle Initial) Barry Moody M.D.			Date of Receipt								
	Mailing Address 216 Marengo St., Suite F			12 / Y Y Y Y 12 12 2014								
	City Florence	State AL	Zip Code 35630	Transaction ID : C2887173								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer Barry J. Moody,DMD,MD,PC	Occupation physician		_								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1166.68										
C.	Full Name (Last, First, Middle Initial) Samuel A. Morgos M.B.,B.S.			Date of Receipt								
	Mailing Address 12707 Crestmoor Cir			M M / D D / Y Y Y Y Y 11 25 _ 2014 _								
	City Prospect	State KY	Zip Code 40059-9182	Transaction ID : C2876682 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer	Occupation	I									
	Jewish Physician Group	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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PAGE 116 OF

194

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	y information copied from such Reports and Sta for commercial purposes, other than using the											
\rangle	American Society of Anesthesiol	ogists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Samuel A. Morgos M.B.,B.S.				Date of	f Re	· ·					
	Mailing Address 12707 Crestmoor Cir City	State	Zip Code		12		2	5	2	014	Y	
	Prospect	KY	40059-9182					: C29001 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					,	10001011			.67	
	Name of Employer Jewish Physician Group	Occupation Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.04									
в.	Full Name (Last, First, Middle Initial) Kevin L. Morneault D.O.				Date of	f Re	eceipt					
	Mailing Address 29 Preservation Dr				M M 12	/	D 1			ү 014	Y	
	City Falmouth	State ME	Zip Code 04105-1769					: C28979 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					7			20	.00	
	Name of Employer Anesthesia Associates of Lewiston-Aubu	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00									
C.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt					
	Mailing Address 2797 Fox Creek Dr.				^M M 12	/	D 1			014	Y	
	City Germantown	State TN	Zip Code 38138					: C28829 Receipt t		Period		
	FEC ID number of contributing federal political committee.	C					7		_	100	.00]
	Name of Employer	Occupation										
	Medical Anesthesia Group	Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 966.40									
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PAGE 117 OF

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NAME OF COMMITTEE (In Full)																	
American Society of Anesth	esiologists Po	Ditical Action Committ	ee														
Full Name (Last, First, Middle Initial) A. Jason E. Morris M.D.				ate of	Recei	nt											
Mailing Address 2797 Fox Creek Dr.						pr D D	/ •	Y Y	Y								
				12	Ľ	11		2014									
City	State	Zip Code		Trans	action	ID :	C288292	2									
Germantown	TN	38138-5723	Ar	nount	of Ea	ch R	eceipt th	is Period	1								
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Name of Employer	Occupation		\neg														
Medical Anesthesia Group	anesthesiolo	gist															
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Full Name (Last, First, Middle Initial)	I																
B. James L. Mosher M.D.			_	Date of Receipt													
Mailing Address 6511 Foxchase Ln				м м 12	/ [26	/ Y	2014	Y								
City	State	Zip Code		Transaction ID : C2900177													
Cincinnati	ОН	45243-3198		is Period	1												
FEC ID number of contributing federal political committee.	С	С					300.00										
Name of Employer	Occupation		-														
Anesthesia Associates of Cincinnati	Physician																
Receipt For:		/ear-to-Date ▼															
Primary General	33.23.10		1														
Other (specify)		, 300.00															
Full Name (Last, First, Middle Initial) C. John P. Mrachek M.D.			Da	ate of	Recei	pt											
Mailing Address 4520 W. Woodlland Rd.				м м 11		25	/ Y	y y 2014	Y								
City	State	Zip Code	-	Trans	action	ID :	C287254	14									
Edina	MN	55424	Ar	nount	of Ea	ch R	eceipt th	is Period	1								
FEC ID number of contributing federal political committee.	С							8	3.34								
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Name of Employer	Occupation																
Northwest Anesthesia, PA Receipt For:	Physician	() D :	_														
Primary General	Aggregate	lear-to-Date ▼															
Other (specify) v		1000.08															
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PAGE 118 OF

194

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	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol						_				
A .	Full Name (Last, First, Middle Initial) John P. Mrachek M.D. Mailing Address 4520 W. Woodlland Rd.			[Date of	Re	ceipt		v	Y	Y
	City	State	Zip Code		12	acti	25		20	014	Ţ
	Edina	MN	55424	4				Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7				.34
	Name of Employer Northwest Anesthesia, PA	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08								
В.	Full Name (Last, First, Middle Initial) Joel H. Mumford M.D.				Date of	Re	ceipt				
	Mailing Address 221 Elm Hill St				м м 12	/	D 11) 14	Y
	City Springfield	State VT	Zip Code 05156-2424								
	FEC ID number of contributing federal political committee.	С					7		_	83	.34
	Name of Employer V A Medical Center	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08								
с.	Full Name (Last, First, Middle Initial) Sergio A Murillo M.D.				Date of	Re	ceipt				
	Mailing Address 2170 Trenton Way				^M ^M 12	/	D 19			ү 14	Y
	City Allen	State TX	Zip Code 75013-4911					: C28983 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,		_	100	.00
	Name of Employer	Occupation									
	Pinnacle Partners In Medicine	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00								
s	UBTOTAL of Receipts This Page (optional)									266.	68
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PAGE 119 OF

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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Bryant A. Murphy M.D.			Date of Receipt									
Mailing Address 367 Kimberwicke Dr	State	Zip Code	11 30 2014 Transaction ID : C2876748									
Fayetteville	NC	28311	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer UNC School of Medicine	Occupation Anesthesiol											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36										
B. Bryant A. Murphy M.D.			Date of Receipt									
Mailing Address 367 Kimberwicke Dr	01-11-	7. 0.4	12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Fayetteville	State NC	Zip Code 28311	Transaction ID : C2900472									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer UNC School of Medicine	Occupation Anesthesiol											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36										
Full Name (Last, First, Middle Initial) C. James L. Murphy Jr., M.D.			Date of Receipt									
Mailing Address 1122 E. Pike St., #1125			M M / D D / Y Y Y Y Y 11 29 2014									
City Seattle	State WA	Zip Code 98122-3934	Transaction ID : C2876691 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer	Occupation	1										
Group Health	Professiona	al										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		240.00										
SUBTOTAL of Receipts This Page (optional))		103.34									
TOTAL This Period (last page this line numb	per only)											

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PAGE 120 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page		X 11a		11b	11c	12			
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
/	American Society of Anesthesiol	logists Po	Dilitical Action Committe	ee								
 A.	Full Name (Last, First, Middle Initial) James L. Murphy Jr., M.D.				Date of	Re	ceipt					
	Mailing Address 1122 E. Pike St., #1125				M M	/	D 1	D / Y	Y Y	Y		
		0 1 1			12		29		2014			
	City Seattle	State WA	Zip Code 98122-3934					C290025				
		_		_	Amount	OT	Each F	Receipt th		_		
	FEC ID number of contributing federal political committee.	C			L.,		7		20	.00		
	Name of Employer	Occupation										
	Group Health	Professiona										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		240.00									
			3 3									
в.	Full Name (Last, First, Middle Initial) Robert F. Murray III, M.D.				Date of	Re	ceipt					
	Mailing Address 19 Elm Park Blvd.				M M 12	/	. 13		у у 2014	Y		
	City	State	Zip Code			acti		C288731				
	Pleasant Ridge	MI	48069-1106		Amount	of	Each F	Receipt th	is Period			
	FEC ID number of contributing federal political committee.	С					7	7	83	.34		
	Name of Employer	Occupation		_								
	William Beaumont Hospital	Physcican										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1000.08									
<u>с</u>	Full Name (Last, First, Middle Initial) Jeffrey A. Nachman M.D.				Date of	Re	ceipt					
	Mailing Address 169 Timothy Circle				12	/	24		2014	Y		
	City	State	Zip Code			acti		: C290004				
	Wayne	PA	19087		Amount	of	Each F	Receipt th	is Period			
	FEC ID number of contributing federal political committee.	С					,		33	.00		
	Name of Employer	Occupation		_								
	Associates in Anesthesia, Inc.	anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼	763.00										
s	UBTOTAL of Receipts This Page (optional)			• •			7	- 1	136	34		
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PAGE 121 OF

194

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	1		11b 14		11c		12	4-7
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NAME OF COMMITTEE (In Full) American Society of Anesthesiol											
Full Name (Last, First, Middle Initial) A. Mark S. Nemiroff M.D.				Date of	Re	ceipt					
Mailing Address 109 E Ferry Rd				м м 12	1	26		/ Y	ү 20	ү 14	Y
City	State PA	Zip Code		Trans	acti	on ID	: C29	90018	2		
Yardley	PA	19067-1014	A	mount	of	Each I	Rece	eipt thi	s Pe	eriod	
FEC ID number of contributing federal political committee.	С				_	, .	_	7		250.	00
Name of Employer	Occupation										
Cooper University Hospital	physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		530.00									
Full Name (Last, First, Middle Initial) B. Michael S. Nichols A.AC				Date of	Re	ceipt					
Mailing Address 2580 Hillandale Cir				м м 12	/	D 05		/ Y	y 201	ү 4	Y
City	State	Zip Code		Trans	acti	on ID :	: C28	880237	7		
Cumming	GA	30041	A	mount	of	Each I	Rece	eipt thi	s Pe	eriod	
FEC ID number of contributing federal political committee.	С					,		7		83.	34
Name of Employer Physician Specialists in Anesthesia	Occupation Anesthesiol	ogist Assistant									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.74									
	L										
Full Name (Last, First, Middle Initial) C. Michael P. Nikolov M.D.				Date of	Re						
Mailing Address 1421 Forest Ave			11	M M	1	D 14		/ Y	201	Y 4	Y
City River Forest	State IL	Zip Code 60305		Trans						eriod	
FEC ID number of contributing federal political committee.	С					7		7		250	.00
Name of Employer	Occupation		-								
Alexian Brothers Medical Center Anes.	physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		250.00									
Other (specify)		230.00									
SUBTOTAL of Receipts This Page (optional)			. [7		7		583.:	34
TOTAL This Period (last page this line number o	nly)										

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PAGE 122 OF

			Detailed Summary Page		〈 11a		11b	11	c 🗌	12		
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\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	Diogists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) Heather C. Nixon M.D.				Date of	Re	eceipt					_
	Mailing Address 1740 W. Taylor Ave				M M	/	D	D /	Y	Y Y	Y	
	Suite 3200: Anesthesiology D		Zin Oada		11		30			2014		
	City Chicago	State IL	Zip Code 60612	-			ion ID :			Dest		
		_		—	Amount	t of	⊨ach I	receip	or this	Period	1	
	FEC ID number of contributing federal political committee.	С				_	7	_	,	4	1.67	
	Name of Employer	Occupation	I									
	University of Illinois	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		541.71									
	Full Name (Last, First, Middle Initial)											
Β.	Heather C. Nixon M.D.				Date of	Re	eceipt					
	Mailing Address 1740 W. Taylor Ave Suite 3200: Anesthesiology E				^M 12	1	30		Y 2	2014	Y	
	City	State	Zip Code				ion ID :					
	Chicago	IL	60612	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		,	4	.67	1
	Name of Employer	Occupation	1									
	University of Illinois	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼	· · · ·	541.71									
			7 7									
C.					Date of	Re	eceipt					
	Mailing Address 780 5th Ave S Apt 302				^M 12	1	D 15			y y 2014	Y	
	City	State	Zip Code		Trans	act	ion ID	: C288	37349			
	Naples	FL	34102-6632		Amount	t of	Each F	Receip	ot this	Period	1	
	FEC ID number of contributing federal political committee.	С					7		,	2	0.00]
	Name of Employer	Occupation	1									
	Collier Anesthesia	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify) ▼	L	220.00									
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PAGE 123 OF

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	y information copied from such Reports and for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)	–										
$\Big/$	American Society of Anesthes	iologists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Peter H. Norman M.D.				Date of	f Re	eceip	ot				
	Mailing Address 3922 Amherst St.				^M M 12	1	D	D 11	/ Y) 14	Y
	City	State	Zip Code		Trans	acti	ion I	ID : C	288293	31		
	Houston	ТХ	77005		Amount	t of	Eac	h Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		3		50.	00
	Name of Employer UT MD ANDERSON CANCER CENTER	Occupation ANESTHES										
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Joseph M. Nounou M.D.	1			Date of	f Re	eceip	ot				
	Mailing Address 668 Lakeside Dock Dr				M M	/		р 13	/ Y	ү 20	Y 14	Y
	City	State	Zip Code		Trans	acti	ion I	D : C2	288727	'3		
	Kingsport	TN	37663-4109	- '	Amount	t of	Eac	h Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		3		83.	34
	Name of Employer Bristol Anesthesia Services	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.14									
с.	Full Name (Last, First, Middle Initial) Joseph M. Nounou M.D.	1			Date of	f Re	eceip	ot				
	Mailing Address 668 Lakeside Dock Dr				^M ^M 12	/	D	19	/ Y		Y 14	Y
	City	State TN	Zip Code 37663-4109						289837			
	Kingsport	i IN	37003-4109		Amount	t of	Eac	h Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		3		83	34
	Name of Employer	Occupation		\neg								
	Bristol Anesthesia Services	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1750.14									
s	UBTOTAL of Receipts This Page (optional)			•			,		7		216.	68
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PAGE 124 OF

IT.	EMIZED RECEIPTS		for each category of the		(check only one)						
			Detailed Summary Page		11a 13		11b	11c		Г	17
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson to so	for the	purp ntrib	ose of	soliciting	g contr	ributic	ons
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
A .	Full Name (Last, First, Middle Initial) Robert F. Novo D.O.				Date of		· · ·				
	Mailing Address 2727 N Highway A1A Apt 101				м м 12	/	23	/ Y	201		
	City Indialantic	State FL	Zip Code 32903-2282				on ID : (Each Re			riod	_
	FEC ID number of contributing federal political committee.	С					,	7		41.6	7
	Name of Employer	Occupation									
	Brevard Physician Associates	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼ 291.69								
	Full Name (Last, First, Middle Initial) Christopher J. O'Connor M.D.				Date of	F Do	opint				
D.	Mailing Address 511 Columbia Ave				12	/	23	/ Y	2014	ү ү 1	1
	City	State	Zip Code			acti	on ID : (289959			
	Hinsdale	IL	60521-4747	-	Amount	t of	Each Re	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					9	7		20.0	0
	Name of Employer university anesthesiologists	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Richard P. O'Flynn M.D.				Date of	f Re	ceipt				
	Mailing Address 10 White Pine Ln.				м м 12	/		/ Y	2014		
	City Rose Valley	State PA	Zip Code 19063				on ID : (_
	FEC ID number of contributing federal political committee.	С			Amount	t of	Each Re	eceipt tr	nis Per	41.6	7
	Name of Employer	Occupation		_							
	Premier Anesthesia	Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		r	•			7		1	103.34	4

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PAGE 125 OF

194

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Commit	ttee
A. Full Name (Last, First, Middle Initial) Douglas A. Olin M.D. Mailing Address 5270 Vista Club Run City Sanford	State Zip Code FL 32771-7153	Date of Receipt
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer USAP-JLR Division Receipt For: Primary General Other (specify)	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) B. Kenneth E. Oswalt M.D. Mailing Address 2500 N State St		Date of Receipt
City Jackson	State Zip Code MS 39216	Transaction ID : C2880369 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Univ. Anesthesia Services, PLLC Receipt For:	C Occupation anesthesiologist Aggregate Year-to-Date ▼ 416.70	83.34
C. Sam L. Page M.D. Mailing Address 17 Windsor Terrace Ln		Date of Receipt
City Creve Coeur FEC ID number of contributing	State Zip Code MO 63141-9000	12 10 2014 Transaction ID : C2882358 Amount of Each Receipt this Period
FEC ID humber of contributing federal political committee. Name of Employer Western anesthesiology Receipt For:	C Occupation Physician Aggregate Year-to-Date ▼	83.34

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PAGE 126 OF

T	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ıe)				
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Juhan Paiste M.D.				Date of	f Re	ceipt				
	Mailing Address JT 845 619 19th St S				м м 12	/	0 0 01	/ Y	2014]
-	City Birmingham	State AL	Zip Code 35249-6810					C287680 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7			83.34	
	Name of Employer	Occupation Medical Do									
	UAB, Department of Anesthesiology Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 333.36]							
	Full Name (Last, First, Middle Initial) Jorge M. Palacios M.D.				Date of	f Re	ceipt				
	Mailing Address 612 Walnut Bend Dr				M M 12	/	D D 07	/ Y	2014	Y]
	City Mansfield	State TX	Zip Code 76063					C288034 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7	7		25.00	
	Name of Employer sheridan	Occupation anesthesiolo									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
	Full Name (Last, First, Middle Initial) Parag Pandya M.D.		, ,		Date of	f Re	ceipt				
	Mailing Address 210 Royal Vw				M M 12	/	04	/ Y	2014	Y	1
	City Pittsford	State NY	Zip Code 14534-9633					C28780		od	
	FEC ID number of contributing federal political committee.	С					7			83.34	
	Name of Employer	Occupation									
	Geneva General Hospital Anesthesiology Receipt For:	Anesthesiol	-								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1583.46								
sı	JBTOTAL of Receipts This Page (optional)							1 4	19	91.68	
т	OTAL This Period (last page this line number of	only)		•			,			-	

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PAGE 127 OF

194

171			Use separate schedule(s)	(ch	neck onl	y one)				
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$\left \right\rangle$	American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Parag Pandya M.D.				Date of	f Receipt	t			
	Mailing Address 210 Royal Vw				M M 12		22 /) 14	Y
	City Pittsford	State NY	Zip Code 14534-9633	_			D : C2898 n Receipt		eriod	
	FEC ID number of contributing federal political committee.	С				7	,		83.	34
	Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1583.46]						
в.	Full Name (Last, First, Middle Initial) Huiling Pang M.D., Ph.D	1			Date of	f Receipt	t			
	Mailing Address 16225 Burt St.	Ctata	Zia Ocada		12		09	20	9 14	Y
	City Omaha	State NE	Zip Code 68118				<u>D : C2882</u> n Receipt		eriod	
	FEC ID number of contributing federal political committee.	С						uiis r	25.0	00
	Name of Employer Univ. of Nebraska Medical Center Dept	Occupation Anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00]						
с.	Full Name (Last, First, Middle Initial) John L. Pappas M.D.	1			Date of	f Receipt	t			
	Mailing Address 294 Barden Rd				м м 12		D / 16)14	Y
	City Bloomfield Hills	State MI	Zip Code 48304-2711	_			D : C2888 n Receipt		eriod	
	FEC ID number of contributing federal political committee.	С				7			83.	34
	Name of Employer	Occupation								
	William Beaumont Hospital Troy	Anesthesio	logist							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 916.38							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				-	191.6	8

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PAGE 128 OF

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NAME OF COMMITTEE (In Full)					IIIIDI			T COMM	illee.
American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Haresh D. Patel M.D.				Date of	f Red	ceipt			
Mailing Address 1120 Enclave Rd				M M 11	/	30) / Y	у у 2014	Y
City	State	Zip Code		Trans	actio	on ID :	C287670)6	
Chattanooga	TN	37415-5650	A	Amount	t of E	Each R	leceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,		8	3.34
Name of Employer	Occupation	1							
Anesthesiology Consultants Exchange	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11						
Other (specify)		1000.08							
Full Name (Last, First, Middle Initial) B. Haresh D. Patel M.D.				Date of	f Red	ceipt			
Mailing Address 1120 Enclave Rd				M M	/	30	/ Y	2014	Y
City	State	Zip Code			actio		C290047		
Chattanooga	TN	37415-5650	A				leceipt th		d
FEC ID number of contributing federal political committee.	С					,		8	3.34
Name of Employer	Occupation	1							
Anesthesiology Consultants Exchange	Anesthesio	logist							
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate		1.1						
Other (specify)		1000.08	4						
Full Name (Last, First, Middle Initial) C. Todd H. Patterson D.O.	·			Date of	f Red	ceipt			
Mailing Address 1439 Wedgewood Ave				м м 12	/	30) / Y	2014	Y
City	State	Zip Code		Trans	acti	on ID :	C29083	31	
Des Plaines	IL	60018-1315	A	Amount	t of E	Each R	leceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7		50	00.00
Name of Employer	Occupation	1							
Lutheran General Hospital	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1500.00]						
SUBTOTAL of Receipts This Page (optional)						7	5	66	6.68

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PAGE 129 OF

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Kenneth Y. Pauker M.D.			Date of Receipt
Mailing Address 18 Sierra Vista			M M / D D / Y Y Y Y 12 13 2014
City	State	Zip Code	Transaction ID : C2887313
Laguna Niguel	CA	92677-7952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.34
Name of Employer	Occupation	1	-
caamg, inc.	anesthesio	logist	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.02]
Full Name (Last, First, Middle Initial) B. Scott M. Paulsen M.D.			
Mailing Address 3103 153rd St			Date of Receipt
			12 1412
City	State	Zip Code	Transaction ID : C2887335
Urbandale	IA	50323-2424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer Associated Anesthesiologists, P.C.	Occupation		
Receipt For:	Anesthesio	-	_
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		310.00	
Full Name (Last, First, Middle Initial) C. Emily Peoples M.D.			Date of Receipt
Mailing Address 1500 E Medical Center Dr	Spc 5048		12 12 2014
City	State	Zip Code	Transaction ID : C2887170
Ann Arbor	MI	48109-5048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer	Occupation	1	
University of Michigan	Physician		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		305.01]
SUBTOTAL of Receipts This Page (optional))		145.01
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PAGE 130 OF

194

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(c	heck on	ly o	ne)				
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c	12	г	17
Ar or	information copied from such Reports and for commercial purposes, other than using th	Statements ma le name and a	ay not be sold or used by any pe ddress of any political committee	ersor e to s	n for the	pur	pose of	soliciting	g contrib	outio	ns
	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee							
Α.					Date o	of Re	eceipt				
	Mailing Address 251 E Huron St # F5-704	Otata	The Outle		12		13	JL	2014		
	City Chicago	State IL	Zip Code 60611-2908	_				C28873		bd	
	FEC ID number of contributing federal political committee.	С					7	7	1	83.3	4
	Name of Employer Northwestern University	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
— B	Full Name (Last, First, Middle Initial) Jeremie J. Perry M.D.		7	-	Date o	of Be	ceint				
υ.	Mailing Address 2410 Whispering Oaks Ct.				12	/	16	/ Y	y y 2014	Y	1
	City Abilene	State TX	Zip Code 79606-4366	_				C28889		bd	_
	FEC ID number of contributing federal political committee.	С			Γ.		,	7	8	83.34	4
	Name of Employer Hendrick Anesthesia Network	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
<u>с</u> .	Full Name (Last, First, Middle Initial) Kathy M. Perryman M.D.	1			Date o	of Re	eceipt				
	Mailing Address 11412 Canterbury Cir.				12 ^M	/	D D D	/ Y	2014	Y	
	City Shawnee Mission	State KS	Zip Code 66211-2935	_				C28829		bd	
	FEC ID number of contributing federal political committee.	С					7			83.3	4
	Name of Employer Anesthesia Associates of KC	Occupation pediatric ar	esthesiologist								
	Receipt For: Primary General Other (specify) ▼	1.	Year-to-Date ▼ 1500.02								
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>		1	7		25	50.02	2

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PAGE 131 OF

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			for each category of the Detailed Summary Page		11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	ogists Po	olitical Action Committe	эе						
Α.	Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D. Mailing Address 278 Round Swamp Rd				Date of	Re	ceipt	/ Y	2014	Ŷ
	City Melville	State NY	Zip Code 11747-1903		Trans		on ID :	C28873		d
	FEC ID number of contributing federal political committee.	С					9	1	8	3.34
	Name of Employer NORTH AMERICAN PARTNERS ANESTHESIA Receipt For:	Occupation ANESTHES Aggregate	iIOLOGIST Year-to-Date ▼							
	Other (specify) ▼		1000.08							
в.	Full Name (Last, First, Middle Initial) Mark C. Phillips M.D.			I	Date of	Re	ceipt			
	Mailing Address 619 19th St S University of Alabama- Birming City	ham State	Zip Code		12	/ acti	13	/ Y C288728	2014	Y
	Birmingham	AL	35249						nis Period	d
	FEC ID number of contributing federal political committee.	С					3			3.34
	Name of Employer University of Alabama- Birmingham	Occupation Anesthesiolo	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.74							
с.	Full Name (Last, First, Middle Initial) Estee Piehl M.D.				Date of	Re	ceipt			
	Mailing Address 27019 E Friend Pl				^M 12	/	06	/ Y	у у 2014	Y
	City Aurora	State CO	Zip Code 80016-7278				-	C28803 eceipt th	13 nis Period	d
	FEC ID number of contributing federal political committee.	C					7		4	1.67
	Name of Employer	Occupation								
	University of Colorado Denver Anesthes	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04							
s	UBTOTAL of Receipts This Page (optional)						3		208	8.35
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PAGE 132 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check of	only c	one)			
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Sara K. Pieren M.D.			Date	of R	eceipt			
Mailing Address 1918 E Lafayette Pl Unit 308-S			M 1		/ D 28		ү ү 2014	Y
City Milwaukee	State WI	Zip Code 53202-1368				C287672		
FEC ID number of contributing federal political committee.	С				7		41	.67
Name of Employer Anesthesiology Associates of Wisconsin	Occupation anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.37]					
Full Name (Last, First, Middle Initial) B. Margaret A. Pitts M.D.			Date	of R	eceipt			
Mailing Address 1 pillsbury street Suite 202	01-1-1	7. 0.1	1		/ D 05		ү ү 2014	Y
City Concord	State NH	Zip Code 03301				C288024	-	
FEC ID number of contributing federal political committee.	С				7	,		.34
Name of Employer Anesthesia Associates PA	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40]					
Full Name (Last, First, Middle Initial) C. Jeffrey A. Poage M.D.			Date	of R	eceipt			
Mailing Address 211 Roan Dr			M 1	М	/ D 29		ү 2014	Y
City Danville	State CA	Zip Code 94526-1916				: C290031 Receipt th		
FEC ID number of contributing federal political committee.	С				7		41	.67
Name of Employer	Occupation							
Medical Anesthesia Consultants	Physician A	nesthesiologist	_					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03]					
SUBTOTAL of Receipts This Page (optional)					7 7	· · ·	166	.68

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PAGE 133 OF

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Dean Polce D.O. Mailing Address 3092 Red Arrow Dr				Date of		eceipt		Y	Y Y	
		Ctata	Zin Codo		11		26		2014	4	
	City Las Vegas	State NV	Zip Code 89135				i on ID : Each R			iod	
	FEC ID number of contributing federal political committee.	С					7		1	100.0	0
	Name of Employer	Occupation									
	self	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00								
_	Full Name (Last, First, Middle Initial)					(D -					
в.	Mailing Address 3092 Red Arrow Dr				Date of		26	/ Y	y 2014		1
	City Las Vegas	State NV	Zip Code 89135		Trans		ion ID : (Each R		63		
	FEC ID number of contributing federal political committee.	С					7		1	00.0	0
	Name of Employer self	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼ 1400.00								
<u> </u>	Full Name (Last, First, Middle Initial) Roma C. Polce M.D.				Date of	f Re	eceipt				
	Mailing Address 3092 Red Arrow Dr.				м м 12	/	15	/ Y	y 2014		1
	City Las Vegas	State NV	Zip Code 89135-1303				ion ID :			ind	
	FEC ID number of contributing federal political committee.	С			Amoun		Each R	eceipt tr	lis Per	83.3	4
	Name of Employer	Occupation		_							
	VAMC Southern Nevada	Anesthesiol	logist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.34								
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PAGE 134 OF

194

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		Detailed Summary Page		13		14	15		16	17
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NAME OF COMMITTEE (In Full) American Society of Anes	thesiologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Jason Porter M.D. Mailing Address 622 Geier Ave				Date of	FRe	ceipt	/ Y	Y	Y	Y
City St Henry	State OH	Zip Code 45883					C289900	63	014	
FEC ID number of contributing federal political committee.	С			Amount	t ot	Each R	eceipt th	nis F	² eriod 50.	00
Name of Employer Mercer Health	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 558.37]							
Full Name (Last, First, Middle Initial) B. Joseph N. Portnoy M.D.				Date of	Re	· ·				
Mailing Address 1201 West Ducasse E	Or. State	Zip Code		12 T ranc		11	JL)14	Ŷ
Phoenix	AZ	85013-1391					C288289 eceipt th		Period	
FEC ID number of contributing federal political committee.	С					3			20.	00
Name of Employer retired	Occupation anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name (Last, First, Middle Initial) C. Karl A. Poterack M.D.	1			Date of	Re	ceipt				
Mailing Address 5777 E Mayo Blvd				M M 11	/	30	/ Y		у 014	Y
City Phoenix	State AZ	Zip Code 85054-4502					C287679 eceipt th		Period	
FEC ID number of contributing federal political committee.	C					9			83	34
Name of Employer	Occupation		\neg							
Mayo Foundation	Anesthesio	ogist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36]							
SUBTOTAL of Receipts This Page (opti	onal)					,			153.	34
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PAGE 135 OF

194

!			Detailed Summary Page		< 11a 13		11b 14	11c	_	12 16	17						
	y information copied from such Reports and S for commercial purposes, other than using the			for the		pose of	soliciting		ntribut	ions							
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic																
A.	Full Name (Last, First, Middle Initial) Karl A. Poterack M.D.				Date o	f Re	eceipt										
	Mailing Address 5777 E Mayo Blvd				м м 12		30		2	ү 014	Y						
	City Phoenix	State AZ	Zip Code 85054-4502					C290049 eceipt th		Period							
	FEC ID number of contributing federal political committee.	С					л. I	7		83.	34						
	Name of Employer Mayo Foundation	Occupation Anesthesio															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36														
в.	Full Name (Last, First, Middle Initial) George M. Powell M.D.				Date o	f Re	eceipt										
	Mailing Address PO Box 189			Date of Receipt 12 14 2014 Transaction ID : C2887344 Amount of Each Receipt this Period													
	City Saint Charles	State IL	Zip Code 60174-0189														
	FEC ID number of contributing federal political committee.	С					,	7		83.	34						
	Name of Employer Kane Anethesia Associates, SC	Occupation Physician															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40														
c.	Full Name (Last, First, Middle Initial) Clyde W. Pray M.D.				Date o	f Re	eceipt										
	Mailing Address 303 Anchor Dr				M M	/	29	/ Y)14	Y						
	City Yorktown	State VA	Zip Code 23692-3143		Trans		ion ID :	C287672 eceipt th	28								
	FEC ID number of contributing federal political committee.	С					7	7		83	.34						
	Name of Employer	Occupation															
	Fair Oaks Anesthesia Associates Receipt For:	Anesthesio	-														
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 833.40														
s	UBTOTAL of Receipts This Page (optional)			•		1	7			250.	02						
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PAGE 136 OF

194

ITEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	<u> </u>
Any information copied from such Reports and St or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) American Society of Anesthesio										
Full Name (Last, First, Middle Initial) A. Clyde W. Pray M.D.				Date of	Re	eceipt				
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City Yorktown	State VA	Zip Code 23692-3143					: C2900 Receipt		Dariad	
FEC ID number of contributing federal political committee.	С			Amouni	. 01		neceipi			8.34
Name of Employer	Occupation	1								
Fair Oaks Anesthesia Associates	Anesthesio	logist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40]							
Full Name (Last, First, Middle Initial) B. Johnathan L. Pregler M.D. Mailing Address 10556 Dunleer Dr				Date of	Re	eceipt			014	Y
City	State	Zip Code			acti		: C2878			
Los Angeles	CA	90064-4318	/	Amount	of	Each I	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С					,			83	.34
Name of Employer UCLA Department of Anesthesiology and	Occupation Physician	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1000.08]							
Full Name (Last, First, Middle Initial) C. Theodore J. Quilligan M.D.				Date of	Re	eceipt				
Mailing Address 627 8th St		7.0.1		M M 12	/	D 10)	20	014	Y
City Huntington Beach	State CA	Zip Code 92648-4632					: C2882 Receipt		Period	
FEC ID number of contributing federal political committee.	С					,			50	0.00
Name of Employer	Occupation	1								
Allied Anesthesia Medical Group	Physician		_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]							
SUBTOTAL of Receipts This Page (optional)						7		_	216	.68

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PAGE 137 OF

194

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	eck only	v one)			
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Any information copied from such Reports ar or for commercial purposes, other than using								
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American Society of Anesthe	siologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Nathan M. Rachman M.D.				Date of	Receipt			
Mailing Address 1241 Killarney Dr				M M	/ D 26		2014	Y
City	State	Zip Code				, : C287668		
Ormond Beach	FL	32174-2828		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С						41	.67
Name of Employer	Occupation		_					
Halifax Medical Center	Anesthesio	ogist						
	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.04						
Full Name (Last, First, Middle Initial) B. Nathan M. Rachman M.D.				Date of	Receipt			
Mailing Address 1241 Killarney Dr				M M 12	/ 26		y y 2014	Y
City	State	Zip Code		Transa	action ID	: C290017		
Ormond Beach	FL	32174-2828		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	7	41	.67
Name of Employer	Occupation							
Halifax Medical Center Receipt For:	Anesthesiol	ogist						
Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		500.04						
Full Name (Last, First, Middle Initial) C. Eric J. Radel D.O.				Date of	Receipt			
Mailing Address 1180 Dogwood Meadows	Dr SE			M M	/ D 30		2014	Y
City	State	Zip Code		Trans	action ID	: C287669) 3	
Ada	MI	49301-9412		Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С						41	.67
Name of Employer	Occupation							
Anesthesia Medical Consultants	Anesthesio		_					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04						
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PAGE 138 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
A .	Full Name (Last, First, Middle Initial) Eric J. Radel D.O.				ate of						
	Mailing Address 1180 Dogwood Meadows Dr	SE			^M ^M 12	1	30	/ Y	2014	Ŷ	
	City Ada	State MI	Zip Code 49301-9412					C29004 eceipt th		d	
	FEC ID number of contributing federal political committee.	С					7		4	1.67	
	Name of Employer	Occupation									
	Anesthesia Medical Consultants	Anesthesio	•								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04]							
<u></u>	Full Name (Last, First, Middle Initial) Melissa M. Rader M.D., M.P.				ate of	f Re	ceipt				
	Mailing Address 130 Walnut Cir SW				M M 12		24	/ Y	2014	Y	
	City Marietta	State GA	Zip Code 30064-3285					C29000 4 eceipt th	43	d	
	FEC ID number of contributing federal political committee.	С					,		4	1.67	
	Name of Employer Northside Anesthesiology Consultants	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Thomas F. Rahlfs M.D.			D	ate of	f Re	ceipt				
	Mailing Address 11406 Chartreuse Ct				M M 12		11	/ Y	_ 20 <u>1</u> 4	Y	
	City Houston	State TX	Zip Code 77082					C28829		d	
	FEC ID number of contributing federal political committee.	С					5			33.34	
	Name of Employer	Occupation									
	U.T. M.J. Anderson Cancer Center	Physician A	nesthesiologist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	7	16	6.68	

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PAGE 139 OF

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			for each category of the Detailed Summary Page		11a		11b	11c		ſ	47
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	AME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	эе							
/											
A	ull Name (Last, First, Middle Initial) Mark A. Rainosek M.D.				Date of	Re	ceipt				
M	ailing Address 2400 Central Ave SE				M M	1	D D D 13	/ Y	Y 201		
Ci	ity Ibuquerque	State NM	Zip Code 87106		Trans		ion ID :	C288730)4		
FE	EC ID number of contributing	С		_	Amount	to 1	Each R	eceipt th	iis Per	10d 25.0	0
fe	deral political committee.	U				-	7	7	-		
Na se	ame of Employer elf	Occupation anesthesiol	ogist								
Re	eceipt For:	Aggregate	Year-to-Date ▼								
_	Primary General Other (specify) ▼		, 225.00								
	ull Name (Last, First, Middle Initial) Sally Raty M.D.				Data of	. Do	agint				
	ailing Address 6414 Rutgers Ave			_	Date of	ne	D D	/ Y	Y		
Ci	ity	State	Zip Code	_	12 Trans	acti	13 on ID :	C288729	2014 9 4	+	
Н	louston	ТХ	77005		Amount	of	Each R	eceipt th	is Per	iod	
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	ame of Employer aylor College of Medicine	Occupation	sidency Training								
Re	eceipt For:		Year-to-Date ▼								
	Primary General Other (specify) v		208.35								
	ull Name (Last, First, Middle Initial) Syed A. Razvi M.D.				Date of	Re	ceipt				
M	ailing Address One Elliot Way, Suite 200				M M	/	D D D	/ Y	2014		
Ci	ity /anchester	State NH	Zip Code 03103-3502					C289997			
		_	03103-3302	-	Amount	of	Each R	eceipt th	iis Per	iod	_
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	ame of Employer	Occupation									
	moskeag Anesthesia eceipt For:	ANESTHES		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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PAGE 140 OF

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	y information copied from such Reports and St for commercial purposes, other than using the		y not be sold or used by any pe							
	NAME OF COMMITTEE (In Full)			; 10 5			ulions		1 commu	ee.
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) J. Ann Rea M.D.				Date of	Re	ceipt			
	Mailing Address P.O. Box 70				м м 12	/	13		2014	Y
	City Summit	State MS	Zip Code 39666-0070					C288728 Receipt th	5	
	FEC ID number of contributing federal political committee.	С					y			.00
	Name of Employer	Occupation								
	Southwest Mississippi Regional Medical Receipt For:	physician	Year-to-Date ▼							
	Primary General Other (specify) ▼	Aggregate	1100.00							
	Full Name (Last, First, Middle Initial)		, ,							
В.	Zed Reagan M.D.				Date of	Re	ceipt			
	Mailing Address 514 W Pueblo St Fl 2				м м 12	/	13		ү ү 2014	Y
	City Santa Barbara	State CA	Zip Code 93105				-	C288729 Receipt th	-	
	FEC ID number of contributing federal political committee.	С			Amount	U				.67
	Name of Employer Anes. Medical Group of Santa Barbara	Occupation Anesthesiol	ogist							
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		208.35							
<u>с.</u>	Full Name (Last, First, Middle Initial) Jon Wells Reynolds M.D.				Date of	Re	ceipt			
	Mailing Address 822 Roslyn Rd				M M 12	/	24		2014	Y
	City Winston Salem	State NC	Zip Code 27104-1032	_				C290011 Receipt th		
	FEC ID number of contributing federal political committee.	С				U	1		500	.00
	Name of Employer	Occupation								
	WFUBMC Anesthesiology	Anesthesiol	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
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PAGE 141 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	on	e)			
			for each category of the Detailed Summary Page	X 1	1a 3		11b	11c 15	12	17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for	the p		ose of	soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee						
Α.	· · · · · · · · · · · · · · · · · · ·			Da	te of	Red	ceipt			
	Mailing Address 880 Bradford Holw NE				™ 12	/	D D 02	/ Y	ү ү 2014	Y
	City Grand Rapids	State MI	Zip Code 49525-3300					C28768 eceipt th	25 nis Perioc	ł
	FEC ID number of contributing federal political committee.	С					,	7	4	1.67
	Name of Employer Anesthesia Medical Consultants, P.C.	Occupation								
	Anestnesia Medical Consultants, P.C. Receipt For: Primary General Other (specify)	anesthesiol Aggregate	Year-to-Date ▼ 533.34]						
в.	Full Name (Last, First, Middle Initial) Joseph M. Rifici A.AC			Da	te of	Red	ceipt			
	Mailing Address Lakeside ANES 2532 LKS500 11100 Euclid Ave. City	07 State	Zip Code	M	м 12	/		/ Y	y y 2014	Y
	Cleveland	OH	44106-1716					C288290 eceipt th)8 his Perioc	ł
	FEC ID number of contributing federal political committee.	C					,			3.34
	Name of Employer Univ Hosp of Cleveland Case Med Ctr	Occupation Anesthesiol	ogist Assistant	_						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08]						
C.	Full Name (Last, First, Middle Initial) John C. Rivard M.D.			Da	te of	Red	ceipt			
	Mailing Address 2104 Copley Ave.				м 11	/	29	/ Y	ү ү 2014	Y
	City Ann Arbor	State MI	Zip Code 48104					C28767	83 nis Perioc	4
	FEC ID number of contributing federal political committee.	С			lount		,	, secenpt 1		1.67
	Name of Employer	Occupation	1							
	ANES ASSOC ANN ARBOR Receipt For:	Anesthesio	-							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 266.68]						
s	UBTOTAL of Receipts This Page (optional)						y		166	5.68
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PAGE 142 OF

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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. John C. Rivard M.D.				Date of	Re	ceipt			
Mailing Address 2104 Copley Ave.				м м 12	/	23	/ Y	у у 2014	Y
City Ann Arbor	State MI	Zip Code 48104					C290495 eceipt th		d
FEC ID number of contributing federal political committee.	C				_	9	7	5	0.00
Name of Employer ANES ASSOC ANN ARBOR	Occupation Anesthesio								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 266.68]						
Full Name (Last, First, Middle Initial) B. John C. Rivard M.D. Mailing Address 2104 Copley Ave.				Date of	Re	ceipt	/ Y	YYY	Y
City	State	Zip Code	_	12	acti	29	C290026	2014	
Ann Arbor	MI	48104		Amount	of	Each Re	eceipt th	is Period	d
FEC ID number of contributing federal political committee.	С					7	7	4	1.67
Name of Employer ANES ASSOC ANN ARBOR	Occupation Anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.68	1						
Full Name (Last, First, Middle Initial) C. Daniel Rivera M.D.				Date of	Re	ceipt			
Mailing Address 26015 Meadowlark Bay				м м 12	/	D D 04	/ Y	y y 2014	Y
City San Antonio	State TX	Zip Code 78260					C287808 eceipt th	39 iis Perioo	d
FEC ID number of contributing federal political committee.	С					3			1.67
Name of Employer	Occupation								
Hutchinson Regional Medical Center Ane	Anesthesio	logist							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 458.37]						
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FOR LINE NUMBER:

PAGE 143 OF

194

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NAME OF COMMITTEE (In Full)											
American Society of Anesthes	siologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Russell S. Roberson M.D.				Date o	f Re	ceipt					
Mailing Address 2609 N. Pierce				M M 12	/	D D D	/ Y) 14	Y	
City	State	Zip Code		Trans	sacti	on ID :	C28940				
Little Rock	AR	72207	_	Amoun	t of	Each R	eceipt tl	his P	eriod		
FEC ID number of contributing federal political committee.	С					7		_	250.	00	
Name of Employer	Occupation	1									
Southern Regional Anesthesiology Consu	Anesthesio	ogist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) B. Kevin W. Roberts M.D.				Date o	f Re	ceipt					
Mailing Address 240 Walnut Ln.				12	/	18	/ Y	20) 14	Y	
City	State	Zip Code			acti		C28979				
Slingerlands	NY	12159	_	Amoun	t of	Each R	eceipt tl	his P	eriod		
FEC ID number of contributing federal political committee.	С					7	7	_	83.3	34	
Name of Employer	Occupation										
Albany Medical Center Hospital	Anesthesio	ogist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		708.39									
Full Name (Last, First, Middle Initial) C. Laurence Clayton Roberts M.D.				Date o	f Re	ceipt					
Mailing Address 6226 Mimosa Lane				м м 12	/	D D D	/ Y	_20	y)14	Y	
City	State	Zip Code		Trans	sacti	on ID :	C28906	93			
Dallas	ТХ	75230-5133	_	Amoun	t of	Each R	eceipt tl	his P	eriod		
FEC ID number of contributing federal political committee.	С					7	7	_	500.	00	
Name of Employer	Occupation										
US Anesthesia Partners	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
SUBTOTAL of Receipts This Page (optional).		b	<u> </u>						833.3	34	٦
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PAGE 144 OF

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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Michael W. Roberts II, M.D. Mailing Address 430 W Symmes St				Date o		· ·				
City	State	Zip Code		12 T			7		2014	Y
Norman	OK	73069	A					289294 ceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7		7		3.34
Name of Employer Northwest Anesthesia	Occupation Anesthesiol									
Receipt For:		Year-to-Date ▼								
Other (specify)		666.72								
Full Name (Last, First, Middle Initial) B. Howard H. Robinson M.D.				Date o	f Re	ceipt				
Mailing Address 3600 Boulder Ridge Drive				м м 12	/		9	/ Y	2014	Y
City Maumee	State OH	Zip Code 43537				-	-	289837	-	4
FEC ID number of contributing federal political committee.	С			anoun		,	net	,	nis Perio 1	0.00
Name of Employer ProMedica Anesthesiology Consultants	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
Full Name (Last, First, Middle Initial) C. Howard H. Robinson M.D.				Date o	f Re	eceipt				
Mailing Address 3600 Boulder Ridge Drive				м м 12	/		D 19	/ Y	2014	Y
City Maumee	State OH	Zip Code 43537						289837	76 nis Perio	4
FEC ID number of contributing federal political committee.	С					,		,		0.00
Name of Employer	Occupation	1	_							
ProMedica Anesthesiology Consultants	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		240.00								
SUBTOTAL of Receipts This Page (optional)						1		7	10	3.34
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PAGE 145 OF

194

		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Comm	ittee
Full Name (Last, First, Middle Initial) A. Luis I. Rodriguez M.D. Mailing Address 1611 NW 12th Ave. C-300 City Miami FEC ID number of contributing federal political committee. Name of Employer Department of Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33136 C Occupation Pediatric Anesthesilogist Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Scott T. Roethle M.D. Mailing Address 5005 W 131 Terr City Leawood FEC ID number of contributing federal political committee. Name of Employer AAKC Receipt For: Primary General Other (specify) ▼	State Zip Code KS 66209 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 999.72	Date of Receipt
Full Name (Last, First, Middle Initial) Anne T. Rogers M.B., Ch.B. Mailing Address 6005 River Rd City Norfolk FEC ID number of contributing federal political committee. Name of Employer Atlantic Anesthesia Inc Receipt For: Primary General Other (specify)	State Zip Code VA 23505-4708 C Occupation Anesthesiologists Aggregate Year-to-Date ▼ 1050.00 1050.00	Date of Receipt 12 05 2014 Transaction ID : C2880233 Amount of Each Receipt this Period
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PAGE 146 OF

194

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			ay not be sold or used by any p ddress of any political committee							
	MMITTEE (In Full)		_							
American	Society of Anesth	esiologists P	olitical Action Committ	ee						
	st, First, Middle Initial) ogers M.B.,Ch.B.				Date o	f Re	eceipt			
Mailing Addres	ss 6005 River Rd				м м 12	/	D 11		2014	Y
City		State	Zip Code		Trans	sact	ion ID	: C289997	71	
Norfolk		VA	23505-4708	/	Amoun	t of	Each	Receipt th	nis Perioo	1
FEC ID number federal politica	er of contributing I committee.	C					7		50	0.00
Name of Emp	loyer	Occupation								
Atlantic Anesth	nesia Inc	Anesthesio	ogists							
Receipt For:		Aggregate	Year-to-Date ▼							
Primary Other (s	General gecify) ▼		1050.00	1						
Full Name (La B. Kalen J. R	st, First, Middle Initial)				Date o	f Re	eceipt			
Mailing Addres	ss 18220 County Rd #1558				M M	/	23		2014	Y
City		State	Zip Code		Trans	act	ion ID	: C289907		
Ada		OK	74820		Amoun	t of	Each	Receipt th	nis Period	1
FEC ID number federal politica	er of contributing I committee.	С					7	7	250	0.00
Name of Emp Chickasaw Nat	loyer tion Medical Center	Occupation Anesthesiol								
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (La C. Olivia B. F	st, First, Middle Initial) Romano M.D.				Date o	f Re	eceipt			
Mailing Addres	6S 4022 Osceola St				м м 12	/	D 22		2014	Y
City Denver		State CO	Zip Code 80212-2168					: C28988 Receipt th		
FEC ID numb federal politica	er of contributing Il committee.	С					3		4	1.67
Name of Emp	loyer	Occupation		-						
University of C	colorado Denver	Resident								
Receipt For:		Aaareaate	Year-to-Date ▼							
Primary	General	33 9-10								
Other (s	pecify) 🔻		500.04	4						
SUBTOTAL of F	Receipts This Page (option	al)					7		341	.67
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PAGE 147 OF

			for each category of the Detailed Summary Page		-		11b	11c		12	<u> </u>
			y not be sold or used by any p ddress of any political committee								
	TEE (In Full)		olitical Action Committ								
Full Name (Last, First Frank Rosemeie Mailing Address 100 City Orlando FEC ID number of c federal political common Name of Employer JLR Medical Group Receipt For: Primary Other (specify)	er M.D. 104 Crystalline Ct contributing mittee.		Zip Code 32836-6024 nesthesiologists Year-to-Date ▼ 625.01			/ acti	06	C288031 Receipt th	20 18	914 eriod 41.6	Y 67
B. Gerald P. Rose Mailing Address 430	n M.D.	01.4	7. 0.1		Date of	f Re	ceipt	/ Y	20 ⁻	Y 14	Y
City Miami Beach FEC ID number of c federal political comr	Ũ	State FL	Zip Code 33140-2948					C288730		eriod 41.6	57
Name of Employer Miami Beach Anesthe Receipt For: Primary Other (specify)	General	Occupation Anesthesiolo Aggregate]							
Full Name (Last, First Jeffrey M. Rus Mailing Address 601 City Woodland Hills FEC ID number of c federal political comr Name of Employer County of Los Angele Receipt For: Primary Other (specify)	heen M.D. 1 N Pointe Pl ontributing nittee. es General	State CA C Occupation Anesthesiol Aggregate				/ sacti	29 ion ID :	C287672 Receipt th	20 29		
SUBTOTAL of Receipt	ts This Page (optional)						7			103.3	34
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PAGE 148 OF

194

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NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Jeffrey M. Rusheen M.D.			Date	of R	eceipt				
Mailing Address 6011 N Pointe Pl			M 1.	M /	13	/ Y	2014		
City Woodland Hills	State CA	Zip Code 91367-5500			tion ID : Each R			iod	
FEC ID number of contributing federal political committee.	С				7			41.6	7
Name of Employer County of Los Angeles	Occupation Anesthesio								
Receipt For:		-	_						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 408.35	1						
Full Name (Last, First, Middle Initial) B. Jeffrey M. Rusheen M.D.			Date	of R	eceipt				
Mailing Address 6011 N Pointe Pl			M 1	M /	29	/ Y	2014		
City	State	Zip Code			tion ID : (
Woodland Hills	CA	91367-5500	Amo	unt of	Each R	eceipt th	nis Peri	iod	
FEC ID number of contributing federal political committee.	С				7	7		20.0	0
Name of Employer	Occupation	I							
County of Los Angeles	Anesthesiol	ogist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 408.35							
Full Name (Last, First, Middle Initial) C. Farrah K. Russell M.D.			Date	of R	eceipt				
Mailing Address 656 Trumpet Circle			M 1		29	/ Y	y 2014		
City Hoover	State AL	Zip Code 35226			tion ID :				
	,	55220	Amo	unt of	Each R	eceipt th	nis Peri	iod	_
FEC ID number of contributing federal political committee.	C				7	7		41.6	57
Name of Employer	Occupation								
Children Hosp of Alabama	Pediatric A	nesthesiologist	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		333.36							
SUBTOTAL of Receipts This Page (optiona	l)				7		1	03.34	4

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PAGE 149 OF

194

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b	11c	12	
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American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) Farrah K. Russell M.D. Mailing Address 656 Trumpet Circle	State	Zip Code		Date of M M 12 Trans	1	29		2014	Y
Hoover	AL	35226					Receipt th		d
FEC ID number of contributing federal political committee.	С					7			1.67
Name of Employer	Occupation								
Children Hosp of Alabama	Pediatric A	nesthesiologist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36]						
Full Name (Last, First, Middle Initial) B. Mandy M. Sander-Prather M.D.				Date o	f Re	eceipt			
Mailing Address 8717 W 110th St Ste 600	0.1	7. 0.1		M M 12	/	01		у у 2014	Y
City Overland Park	State KS	Zip Code 66210-2126					: C287673		.1
FEC ID number of contributing federal political committee.	C			Amoun	t of	Each I	Receipt th		a 3.34
Name of Employer Anesthesia Assoc. of Kansas City	Occupation Anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72]						
Full Name (Last, First, Middle Initial) C. Gabriel E. Sarah M.D.				Date o	f Re	eceipt			
Mailing Address 4075 17th St				м м 12	1	D 18		у у 2014	Y
City San Francisco	State CA	Zip Code 94114-1902					: C289798 Receipt th		d
FEC ID number of contributing federal political committee.	С					,		8	3.34
Name of Employer	Occupation								
Jackson Memorial Hospital Unviersity o	Pediatric A	nesthesiologist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72]						
SUBTOTAL of Receipts This Page (optional)					т		208	8.35

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PAGE 150 OF

194

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	ME OF COMMITTEE (In Full)										
/ Ar	nerican Society of Anesthes	IOIOGISTS P	olitical Action Committe	ee							
	Name (Last, First, Middle Initial)										
· ···	ssica A. Scarfe D.O.				Date o	f Re	ceipt				
Mai	ling Address 2045 Bear Creek Dr				M M	/		/ Y	Y I		(
City		State	Zip Code		12 Trans	sacti	10 on ID : (C28827	2014 67	4	
Sal	em	VA	24153-1664				Each R			iod	
	C ID number of contributing eral political committee.	С					,		Ę	500.0	0
Nan	ne of Employer	Occupation	I								
	ey Anesthesia PC	Anesthesio	ogist								
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
B . Da	Name (Last, First, Middle Initial) avid G. Schaner M.D.				Date o	f Re	ceipt				
Mai	ling Address 8 Spruce St Apt 20A				M	/	DD	/ Y	Y		
City	,	State	Zip Code	_	12 Trong		01 on ID : (C20767	2014	1	
-	<i>w</i> York	NY	10038-5212				Each R			iod	
	C ID number of contributing eral political committee.	С					,			41.6	7
	ne of Employer	Occupation									
	th American Partners in Anesthesia	Anesthesiol	ogist								
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		416.70								
c . <u>St</u>	Name (Last, First, Middle Initial) Tephen F. Scharf M.D.				Date o	f Re	ceipt				
	ling Address 103 Lee Cir				^M 12	/	D D 21	/ Y	2014		
City		State	Zip Code		Trans	sacti	on ID :	C28988	46		
Lyr	nchburg	VA	24503-1336		Amoun	t of	Each R	eceipt tl	nis Per	iod	
	C ID number of contributing eral political committee.	С					,			100.0	00
Nan	ne of Employer	Occupation									
	chburg Anesthesia Associates	Anesthesio	logist								
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		350.00								
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PAGE 151 OF

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			ay not be sold or used by any ddress of any political commit							
	MITTEE (In Full) Society of Anesthes	siologists P	olitical Action Comm	ittee						
A. Anthony Sch	, First, Middle Initial) inelli M.D. 1855 Vermack Ct.				Date of		ceipt	/ Y	YY	Y
City		State	Zip Code		12 Trans	sacti	16 ion ID : (228889	2014 90	
Dunwoody		GA	30338-5127		Amoun	t of	Each Re	eceipt th	nis Period	
FEC ID number federal political c	0	С					7	7	41	.67
Name of Employ PSA	/er	Occupation Medical Doc								
Receipt For:	Conoral	Aggregate	Year-to-Date ▼							
Other (spe	cify) ▼		416.70							
Full Name (Last, B. Michael L. S	, First, Middle Initial) chmitz M.D.				Date of	f Re	ceipt			
Mailing Address	8500 Barrett Road				M M 12	/	D D 14	/ Y	2014	Y
City Roland		State AR	Zip Code 72135-9282				on ID : (Each Re		29 nis Period	
FEC ID number federal political c	0	С					5	7	50	.00
Name of Employ Univ. Arkansas fo	ver or Medical Sciences, D	Occupation Pediatric Ca	ardiac Anesthesiologist							
Receipt For: Primary Other (spe	General ccify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, C. Greg K. Sch	, First, Middle Initial) hroeder D.O.				Date of	f Re	ceipt			
Mailing Address	3280 Lake Shore Dr				м м 12	/	D D 17	/ Y	2014	Υ
City Orlando		State FL	Zip Code 32803				ion ID : (Each Re		51 nis Period	
FEC ID number federal political c	0	C					,	,	41	.67
Name of Employ	/er	Occupation								
JLR Medical grou	up	Anesthesiol	ogist							
Receipt For: Primary Other (spe	General ccify) ▼	Aggregate	Year-to-Date ▼ 250.02							
SUBTOTAL of Red	ceipts This Page (optional)			· •					133.	34
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PAGE 152 OF

17			Use separate schedule(s)				(check only one)								
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	e to s	Olicit con	מוזוו	utions	from sucr	1 commit	tee.					
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Steven B. Schulman M.D.				Date of	Re	ceipt								
	Mailing Address 100 Port Washington Blvd				M M	1	13		у у 2014	Y					
	City Roslyn	State NY	Zip Code 11576-1353		Trans		ion ID :	C288727	72						
	FEC ID number of contributing		11070 1000	_	Amount	of	Each F	Receipt th	iis Period						
	federal political committee.	С			L.,	-	7		83	3.34					
	Name of Employer	Occupation													
	NY Cardiovascular Anesthesiologists	Physician													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		750.06												
— R	Full Name (Last, First, Middle Initial) Paul J. Schwarz D.O.				Date of	Re	ceint								
	Mailing Address 4226 24th St				M M	/	D I		201 <i>4</i>	Y					
	City	State	Zip Code	11 28 2014 Transaction ID : C2876678											
	San Francisco	CA	94114-3656	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,	7	20	.00					
	Name of Employer	Occupation													
	Sheridan Healthcare	Anesthesiol	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		, 240.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Paul J. Schwarz D.O.				Date of	Re	ceipt								
	Mailing Address 4226 24th St				м м 12	/	28		2014	Y					
	City	State	Zip Code		Trans	act	ion ID :	: C290021							
	San Francisco	CA	94114-3656	_	Amount	of	Each F	Receipt th	is Period						
	FEC ID number of contributing federal political committee.	С					,	7	20	0.00					
	Name of Employer	Occupation													
	Sheridan Healthcare	Anesthesiol	ogist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) V		240.00												
s	UBTOTAL of Receipts This Page (optional)			•					123	.34					
	OTAL This Period (last page this line number of		r	•			,	,							

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

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PAGE 153 OF

			Detailed Summary Page		-		11b	11c		12	
٨٣	y information copied from such Reports and S	tatemente m	av not be sold or used by any m								17
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit cor	ntrib	puse of outions f	rom suc	h co	mmitt	ee.
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big)$	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Robert E. Shangraw M.D., Ph.D			[Date of	Re	eceipt				
	Mailing Address 3181 SW Sam Jackson Park I				M M	/	D D	/ Y	Y	Y	Y
	Dept of Anesthesiology and Pe City	eriope State	Zip Code	-	12 Trans	acti	06	C28803		014	
	Portland	OR	97239	4				eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					5		_	250	.00
	Name of Employer	Occupation	1								
	Oregon Health and Science University	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		100.00								
В.	Full Name (Last, First, Middle Initial) Robert E. Shangraw M.D., Ph.D				Date of	Re	eceipt				
	Mailing Address 3181 SW Sam Jackson Park P Dept of Anesthesiology and P				M M	/	06	/ Y	20	у 014	Y
	City	State	Zip Code					C28803			
	Portland	OR	97239	_	Amount	of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С				_	7		_	100.	00
	Name of Employer Oregon Health and Science University	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		100.00								
с.	Full Name (Last, First, Middle Initial) Mickel B. Sharp M.D.				Date of	Re	eceipt				
	Mailing Address 1878 E Somerset Ridge Dr				м м 12	/	01	/ Y		ү 014	Y
	City Draper	State UT	Zip Code 84020-9133					C28767			
			04020 0100	-	Amount	of	Each R	eceipt th	IS F		_
	FEC ID number of contributing federal political committee.	С					7	7	_	50	.00
	Name of Employer	Occupation									
	Mickel Sharp MD PC Receipt For:	Anesthesio	logist	_							
	Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		600.00								
s	UBTOTAL of Receipts This Page (optional)		•	•			7			400.	00
т	OTAL This Period (last page this line number	only)					,	9			

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PAGE 154 OF

		Use separate schedule(s)	(che	eck only	one	e)	L						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using					ourpo								
NAME OF COMMITTEE (In Full)			0 30		uibu		UIII Suci	Commu					
American Society of Anesthes	siologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Jay Shepherd M.D.				Date of	Rec	ceipt							
Mailing Address 103 Hickory Lane				^M ■ M 12	/	21	/ Y	2014	Y				
City	State	Zip Code			actic		C289884	2014 2					
Lavalette	WV	45535	/	Amount	of E	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С					,	7	10	.00				
Name of Employer	Occupation												
Kings Daughters Medical Center	Anesthesio	ogist											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify)		240.00											
Full Name (Last, First, Middle Initial) B. Jay Shepherd M.D.				Date of	Rec	ceipt							
Mailing Address 103 Hickory Lane				M M 12	/	29	/ Y	2014	Y				
City	State	Zip Code	Transaction ID : C2900308										
Lavalette	WV	45535	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					7		100	00				
Name of Employer Kings Daughters Medical Center	Occupation												
Receipt For:	Anesthesiol	-	_										
Primary General	Aggregate	Year-to-Date ▼	1.										
Other (specify)	L	240.00	4										
Full Name (Last, First, Middle Initial) C. Shaina M. Sheppard M.D.				Date of	Rec	eipt							
Mailing Address 2706 Royal Creek Ct				м м 12	/	26	/ Y	y y 2014	Y				
City	State	Zip Code		Transa	actio	on ID :	C290015	0					
Pearland	ТХ	77584-1687	/	Amount	of E	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					,	7	100	.00				
Name of Employer	Occupation												
UT Medical School at Houston Departmen Receipt For:	Anesthesio	-	_										
Primary General	Aggregate	Year-to-Date ▼	1.										
Other (specify)	L	350.00	4										
SUBTOTAL of Receipts This Page (optional).						,		210.	00				
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

PAGE 155 OF

194

		Use separate schedule(s)	(chec	k only	one)	L			
		for each category of the Detailed Summary Page	X	11a 13	11b	11c		2 6	17
Any information copied from such Reports and or for commercial purposes, other than using the			erson fo	r the p	ourpose o	f soliciting	g cont	ributio	ons
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Timothy R. Shipe M.D.			Di	ate of	Receipt				
Mailing Address 1304 Masters Ct			_	M M	/ D			Y Y	ſ
City	State	Zip Code		12 Transa	03 action ID	: C287659	201 98	4	
Chesapeake FEC ID number of contributing	VA	23320-9451	Ar	mount	of Each	Receipt th	is Pe	riod	_
federal political committee.	С					y		250.0	0
Name of Employer	Occupation								
Chesapeake Regional Medical Center Receipt For:	Anesthesio	Year-to-Date ▼	_						
Primary General Other (specify) ▼	Aggregate	500.00							
Full Name (Last, First, Middle Initial) B. Bret E. Shipley M.D.	l		Di	ate of	Receipt				
Mailing Address 6918 Melrose Lane				12	/ 0		201	у у 4	
City	State	Zip Code				: C288210			
Oklahoma City	OK	73127-6140	Ar	mount	of Each	Receipt th	is Pe	riod	_
FEC ID number of contributing federal political committee.	С							41.6	7
Name of Employer Bret E. Shipley, M.D.	Occupation Anesthesiol								
Receipt For:		Year-to-Date ▼	_						
Primary General Other (specify) ▼		250.02							
Full Name (Last, First, Middle Initial) C. Roland T Short III, M.D.	1		D	ate of	Receipt				
Mailing Address the University of Alabama at JT 865 619 19th St S	Birmi			м м 12	/ 12		201-	Y Y 4	
City Birmingham	State AL	Zip Code 35249				: C288718			
FEC ID number of contributing federal political committee.	С			mount	of Each I	Receipt th		riod 250.0	00
Name of Employer	Occupation		_						
The University of Alabama at Birmingha	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		750.00							
SUBTOTAL of Receipts This Page (optional)			ſ				ę	541.67	7
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PAGE 156 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)				(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g contrib	utions					
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Karen S. Sibert M.D. Mailing Address 4146 Sunnyslope Ave.				Date of	f Re	D D	/ Y	Y Y	Ý					
	City Sherman Oaks	State CA	Zip Code 91423	A			05 i on ID : 0 Each Re		2014 39 nis Period	d					
	FEC ID number of contributing federal political committee.	С					7	7	8	3.34					
	Name of Employer Karen S. Sibert MD Inc. Receipt For:	Occupation Physician													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1516.78												
B.	Full Name (Last, First, Middle Initial) Karen S. Sibert M.D.				Date of	f Re	ceipt								
	Mailing Address 4146 Sunnyslope Ave.	_			м м 12	/	D D 22	/ Y	у у 2014	Y					
	City Sherman Oaks	State CA	Zip Code 91423	Transaction ID : C2898867 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	ů – Elektrik					9	7	8;	3.34					
	Name of Employer Karen S. Sibert MD Inc.	Occupation Physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1516.78												
C.	Full Name (Last, First, Middle Initial) Timothy M. Sievers M.D.				Date of	f Re	ceipt								
	Mailing Address 1 Elliot Way, Suite 200				м м 12	/	D D 11	/ Y	у у 2014	Y					
	City Manchester	State NH	Zip Code 03103-0350	A			ion ID : Each Re		74 nis Period	d					
	FEC ID number of contributing federal political committee.	С					y			0.00					
	Name of Employer	Occupation													
	Amoskeag Anesthesia, P.L.L.C.	ANESTHES	SIOLOGIST												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00												
s	UBTOTAL of Receipts This Page (optional)						7		416	6.68					
т	OTAL This Period (last page this line number	only)					,	7							

FOR LINE NUMBER:

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PAGE 157 OF

194

	D RECEIPTS	Detailed Summary Page		〈 11a		11b	11c		12		
					13	<u> </u>	14	15		16	17
Any informat or for comm	ion copied from such Reports and ercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	person e to so	for the plicit cor	purpo ntribu	ose of itions f	soliciting	con con	tributi nmitte	ions ee.
	COMMITTEE (In Full)										
/	can Society of Anesthesi	ologists P	olitical Action Commit	tee							
	e (Last, First, Middle Initial) I B. Simon M.D.				Date of	Rec	eipt				
	ddress 35 Gellatly Dr				^M M	/	09) / Y	ү 20	ү 14	Y
City		State	Zip Code		Trans	actic	on ID :	C288209	7		
Wappinge	ers Falls	NY	12590		Amount	t of E	Each R	leceipt thi	is Pe	eriod	
	umber of contributing litical committee.	С						7		83.	34
Name of	Employer	Occupation	 								
NAPA		PHYSICIAN	1								
Receipt F		Aggregate	Year-to-Date ▼								
	nary General er (specify) v		1250.10]							
	e (Last, First, Middle Initial) I B. Simon M.D.	1			Date of	Rec	eipt				
Mailing A	ddress 35 Gellatly Dr				^M M	/	D D	/ Y	y 201	Y 14	Y
City		State	Zip Code		Trans	actio	n ID :	C288236	0		_
Wappinge	ers Falls	NY	12590		Amount	t of E	Each R	leceipt thi	is Pe	eriod	
	umber of contributing litical committee.	С								83.	34
Name of NAPA	Employer	Occupation PHYSICIAN									
Receipt F	or:	Aggregate	Year-to-Date ▼								
	General			1.							
Oth	er (specify) 🔻	L	1250.10	_							
c . Jean A	e (Last, First, Middle Initial) A. Simonson M.D.				Date of	Rec	eipt	_	_	_	_
	ddress 924 N 20th Avenue Cir				M M 11	/	D D D		201	ү 14	Y
City Blair		State NE	Zip Code 68008					C287675		eriod	
	umber of contributing litical committee.	С								41.	67
Name of	Employer	Occupation									
University	of Nebraska Medical Center	Anesthesio	logist								
Receipt F			Year-to-Date ▼								
	General										
Oth	er (specify)		291.69								
SUBTOTAL	of Receipts This Page (optional)			•		.,		7		208.3	35
TOTAL This	Period (last page this line number	r only)		•							

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PAGE 158 OF

194

	EMIZED RECEIPTS		for each catego Detailed Summa		>	11a 13		11b 14	11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\Big\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action	Committee	•							
Α.	Full Name (Last, First, Middle Initial) Jean A. Simonson M.D. Mailing Address 924 N 20th Avenue Cir City Blair FEC ID number of contributing	State NE	Zip Code 68008				sacti	ion ID : 0 Each Re		20 93		Y
	federal political committee. Name of Employer University of Nebraska Medical Center Receipt For: Primary Other (specify) ▼	C Occupation Anesthesiol Aggregate		291.69				æ			41.	67
в.	Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B. Mailing Address 134 SE Via Verona City	State	Zip Code			Date of 12	/	on ID : 0	/ Y 2287810	20 20	Y 14	Ŷ
	Port Saint Lucie FEC ID number of contributing federal political committee. Name of Employer TeamHealth Anesthesia Receipt For: Primary General General	FL Occupation Anesthesiol Aggregate		1025.09		Amour	nt of	Each Re	eceipt th	nis P	eriod 83.	34
с.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert H. Small M.D. Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall City Columbus FEC ID number of contributing federal political committee. Name of Employer The Ohio State University Receipt For: Primary General Other (specify) ▼	State OH Occupation Professor	Zip Code 43210 Year-to-Date V	1025.08			sact	ion ID : Each Re		20 96		ў 00
	UBTOTAL of Receipts This Page (optional)			r			-	7	- 7	-	225.()1
. 1		,,					-	7	- 7 -			

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PAGE 159 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
American Society of Anest	hesiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Blair Smith M.D.			Date of Receipt
Mailing Address 1046 Lake Colony Ln			M M / D D / Y Y Y Y Y 12 01 2014
City Vestavia	State AL	Zip Code 35242	Transaction ID : C2876806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer	Occupation	I	
University of Alabama Health Services	Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.08]
Full Name (Last, First, Middle Initial) B. Shannon M. Sorah D.O.			Date of Receipt
Mailing Address 11743 Couch Mill Roa	d		12 18 _2014 _
City	State	Zip Code	Transaction ID : C2898040
Knoxville	TN	37932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Methodist Med. Ctr. Anes. Gr.	Occupation		
Receipt For:	Anesthesio	•	_
Primary General Other (specify) ▼	Aygregate	Year-to-Date ▼ 850.04]
Full Name (Last, First, Middle Initial) C. Kortnee L. Sorbin M.D.			Date of Receipt
Mailing Address 10718 W 163rd Ter			11 29 2014
City Overland Park	State KS	Zip Code 66062-4580	Transaction ID : C2874136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer	Occupation	1	
AAKC-Menorah Medical Center	Anesthesio	logist	
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		917.36]
SUBTOTAL of Receipts This Page (optic	nal)		208.35
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FOR LINE NUMBER:

PAGE 160 OF

194

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a	11b	11c	\square	12	—
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)							001		
American Society of Anesthes	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Kortnee L. Sorbin M.D.			C	Date of	Receipt				
Mailing Address 10718 W 163rd Ter				м м 12	/ D 2	р / ү 9)14	Y
City	State	Zip Code		Transa	action ID	: C29002			
Overland Park	KS	66062-4580	A	mount	of Each	Receipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С							83.3	34
Name of Employer	Occupation								
AAKC-Menorah Medical Center	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		917.36							
Full Name (Last, First, Middle Initial) B. Michael J. Souter M.B.,Ch.B.				Date of	Receipt				
Mailing Address 325 9th Ave, Box 359724 Box 359724			11	м м 12	/ D	D / Y 1	20	1/	Y
City	State	Zip Code	1			' : C28829		14	
Seattle	WA	98104-2499	A	mount	of Each	Receipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С				- 7	7		83.3	34
Name of Employer	Occupation								
Harborview Medical Center	Anesthesiol	ogist	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1000.08							
Full Name (Last, First, Middle Initial) C. Spiro G. Spanakis D.O.				Date of	Receipt				
Mailing Address 65 Lake Ave Apt 1005				м м 12	/ D	D / Y 2		Y 14	Y
City	State	Zip Code		Trans	action ID	: C28871	62	_	
Worcester	MA	01604-1163	A	mount	of Each	Receipt t	his P	eriod	
FEC ID number of contributing federal political committee.	С				7			41.6	67
Name of Employer	Occupation								
UMASS Memorial Medical Group	Assistant P	rofessor of Anesthesiology							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		457.95							
SUBTOTAL of Receipts This Page (optional).		•				- 1		208.3	5
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FOR LINE NUMBER:

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PAGE 161 OF

194

	Detailed Summary Page		11a		11b	11c		12		47	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	A not be sold or used by any pure of any political committee	erson f	13 for the	pur	14 pose of	f soliciting		16 ntribut	tions	17
NAME OF COMMITTEE (In Full) American Society of Anesthesic											
Full Name (Last, First, Middle Initial) A. David C. Spann M.D.				Date of	f Re	eceipt					
Mailing Address 3940 Pointe Dr	01.1	7.0.1		^M M		12		20	ү 014	Y	
City _Lakeland	State TN	Zip Code 38002-9888					: C28871 Receipt th		eriod		
FEC ID number of contributing federal political committee.	С					л. I		_	41	.67	
Name of Employer Medical Anesthesia Group	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.04]								
Full Name (Last, First, Middle Initial) B. Richard P. Spaulding M.D. Mailing Address 18 Brick Mill Road				Date of		D I I		Y	Y	Y	
City Bedford	State NH	Zip Code 03110					C289997	72)14 Period		
FEC ID number of contributing federal political committee.	С					1			250.	00	
Name of Employer Amoskeag Anes., PLLC	Occupation ANESTHES										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
Full Name (Last, First, Middle Initial) C. Matthew F. Spond M.D.				Date of	f Re	eceipt					
Mailing Address 31 Bayonne Dr				^M 12	/	06)14	Y	
City Little Rock	State AR	Zip Code 72223-9167					: C28803 Receipt th		eriod		
FEC ID number of contributing federal political committee.	С					,		_	83	.34	
Name of Employer University of Arkansas for Medical Sci	Occupation Resident	1									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.08]								
SUBTOTAL of Receipts This Page (optional)						,		-	375.	01	

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

FOR LINE NUMBER:

PAGE 162 OF

194

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anest	hesiologists P	olitical Action Committe	96
Full Name (Last, First, Middle Initial)A.Myra C. Stamps M.D.			Date of Receipt
Mailing Address 4436 Jett Rd NW			12 01 2014
City Atlanta	State GA	Zip Code 30327-3565	Transaction ID : C2876732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Ambulatory Anesthesia of Atlanta	Occupation Anesthesio		
Receipt For:	I	Year-to-Date ▼	
Primary General Other (specify) ▼		275.00	1
Full Name (Last, First, Middle Initial) B. James Stangl M.D.			Date of Receipt
Mailing Address 314 Martin Luther King	Jr Way Ste		12 11 2014
City	State	Zip Code	Transaction ID : C2882919
Tacoma	WA	98405-4292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer	Occupation	1	
Tacoma Anesthesia Associates, P.S.	Physician A	nesthesiologist	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		999.72	
Full Name (Last, First, Middle Initial) C. Erica Stein M.D.	I		Date of Receipt
Mailing Address 410 W 10th Ave., Anes N411 Doan Hall	s. Dept.		12 13 2014
City	State OH	Zip Code	Transaction ID : C2887317
Columbus	OH	43210-1240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer	Occupation	1	
ohio state university	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1000.08	
SUBTOTAL of Receipts This Page (option	nal)		191.68

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

(check only one)

PAGE 163 OF

ITEMIZED RECEIPTS	Detailed Summary Page								
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NAME OF COMMITTEE (In Full)									
American Society of Anesthesio	ogists Political	Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Steven P. Stein M.D.			Date	of R	eceipt				
Mailing Address 18 Harbor Hill Dr			M 1		/ D 0			2014	Y
City	State Zip (Tra	insac	tion ID	: C2880	306		
Lloyd Harbor	NY 1174	13-1031	Amo	unt of	f Each	Receipt	this I	Period	
FEC ID number of contributing federal political committee.	С				7			83.	34
Name of Employer NAPA	Occupation Physician								
Receipt For:	Aggregate Year-to-D	ata 🗶	_						
Primary General	Aggregate Tear-to-D								
Other (specify)		2000.16							
Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D.			Date	of R	eceipt				
Mailing Address 18 Harbor Hill Dr			1	М	0			014	Y
City	State Zip 0	Code	Tra	nsac	tion ID	: C2880			
Lloyd Harbor	NY 1174	3-1031	Amo	unt of	f Each	Receipt	this I	Period	
FEC ID number of contributing federal political committee.	С				9			83.	34
Name of Employer NAPA	Occupation Physician								
Receipt For:	Aggregate Year-to-D	ate ▼							
Primary General Other (specify) ▼		2000.16							
Full Name (Last, First, Middle Initial) C. John H. Stephenson M.D.			Date	of R	eceipt				
Mailing Address 5671 Peachtree Dunwoody Ro Suite 610			M 1	2 ^M	/ D 0			2014	Y
City Atlanta	State Zip (GA 3034					: C2878		Deried	
FEC ID number of contributing federal political committee.	C				1 Each	Receipt	unis i	83.	.34
Name of Employer	Occupation								
Physician Specialists in Anesthesia, P	Physician Anesthesic	logist							
Receipt For:	Aggregate Year-to-D	-							
Primary General	, iggi ogulo Tour to D		1						
Other (specify)		1166.60							
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PAGE 164 OF

194

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	y information copied from such Reports and S for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
\langle	American Society of Anesthesi	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Marjorie Stiegler M.D.				Date o	f Re	eceipt				
	Mailing Address 10817 Round Brook Cir				м м 12	1	13			ү 014	Y
	City	State	Zip Code		Trans	sact	tion ID :	C288729			
	Raleigh	NC	27617-7759	A	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С	83	.34							
	Name of Employer	Occupation	1								
	University of NC	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.1							
	Other (specify)		416.70								
в.	Full Name (Last, First, Middle Initial) Richard J. Stilz M.D.			[Date o	f Re	eceipt				
	Mailing Address 1354 Herschel Ave				м м 12	1	11		2() 014	Y
	City	State	Zip Code		Trans	act	tion ID :	C288289) 5		
	Cincinnati	OH	45208-2511	/	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	41.	67
	Name of Employer	Occupation	1								
	anesthesia associates of cincinnati	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		, 500.04								
C.	Full Name (Last, First, Middle Initial) Kenneth R. Stone M.D.				Date o	f Re	eceipt				
	Mailing Address 317 Laurelwood Rd				м м 12	1	01			ү 014	Y
	City	State	Zip Code		Trans	sac	tion ID :	C28768	09		
	Orange	СТ	06477-1654	/	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	83	.34
	Name of Employer	Occupation	1								
	Bridgeport Anesthesia Associates	Anesthesio	logist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.02								
s	UBTOTAL of Receipts This Page (optional)						7		-	208.	35

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PAGE 165 OF

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	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose o	of solic	iting c	ontribu	tions				
	NAME OF COMMITTEE (In Full) American Society of Anesthesia						2010115			Johnmitt					
Α.	Full Name (Last, First, Middle Initial) Major James E. Stormo M.D. Mailing Address 8424 Mayport Dr				Date of		D			Y Y	Y				
	City Las Vegas	State NV	Zip Code 89131-6701		12 Trans Amount		i on ID Each	: C287	76813	2014 Period					
	FEC ID number of contributing federal political committee.	С					7		,	83	.34				
	Name of Employer Centennial Hills Hospital Receipt For:	Occupation Anesthesio													
	Primary General Other (specify) ▼	Aggregate	250.02]											
B.	Full Name (Last, First, Middle Initial) Erin A Sullivan M.D.				Date of	f Re	eceipt								
	Mailing Address Dept of Anes PUH C-224 200 Lothrop St. City	State	Zip Code		12 ^M	/	09	9	2	y y 2014	Y				
	Pittsburgh	PA	15213-2536	Transaction ID : C2882104 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					1		, 1110		.34				
	Name of Employer Univ of Pittsburgh Med Ctr	Occupation Anesthesiol													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.88												
C.	Full Name (Last, First, Middle Initial) George Sullivan D.O.				Date of	f Re	eceipt								
	Mailing Address 2321 Butler Bay Dr. N.				м м 12	/	D 04			y y 2014	Y				
	City Windermere	State FL	Zip Code 34786-6109	_	Trans Amoun		t ion ID Each			Period					
	FEC ID number of contributing federal political committee.	С					7		,	83	.34				
	Name of Employer	Occupation													
	JLR Anesthesia	Anesthesio	logist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70]											
s	UBTOTAL of Receipts This Page (optional)			•		1	7		7	250	02				
т	OTAL This Period (last page this line number	only)		•			7		,						

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PAGE 166 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(chec	k only	y or	ie)	L			
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NAME OF COMMITTEE (In Full)										
ight angle American Society of Anesth	esiologists P	olitical Action Commit	ee							
Full Name (Last, First, Middle Initial) A. Esther Sung M.D.			Da	ate of	Re	ceipt				
Mailing Address 3710 SW US Veterans F P3 ANES	lospital Rd		Π	м м 12	/	0 D	/ Y	у у 2014		1
City	State	Zip Code			acti		C288033			<u> </u>
Portland	OR	97239-2964	Ar	mount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	С				_	7	7	8	33.34	
Name of Employer	Occupation	I								
Portland VAMC Operative Care	Anesthesio	ogist								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		916.74								
Full Name (Last, First, Middle Initial) B. Stephen D. Surgenor M.B.A., M].		Di	ate of	Re	ceipt				
Mailing Address 1 Medical Center Dr				м м 12	/	24	/ Y	2014	Y	1
City	State	Zip Code		Trans	acti	on ID : (C290004			
Lebanon	NH	03756-1000	Ar	mount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	С				_	7	7	4	1.67	
Name of Employer Dartmouth Hitchcock Medical Center	Occupation									
Receipt For:	PHYSICIAN	-								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		583.34								
Full Name (Last, First, Middle Initial) C. Benjamin J. Sutlive M.D.			D	ate of	Re	ceipt				
Mailing Address 409 Park Ave				м м 12	/	02	/ Y	2014	Y	1
City	State	Zip Code		Trans	acti	ion ID :	C287681			
Birmingham	AL	35226-1116	Ar	mount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	С					3	7	10	00.00)
Name of Employer	Occupation	I								
Anesthesia Resources Managment LLC	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		400.00								
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PAGE 167 OF

		Use separate schedule(s)	(che	eck only	y on	ie)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		747
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Frank M. Sutton Jr., M.D.				Date of	Re	ceipt				
Mailing Address 3 Light Cahill Ct				м м 12	/	D D 15	/ Y	ү ү 2014		1
City Biltmore Lake	State NC	Zip Code 28715		Trans		on ID : (C288735 eceipt th	9		
FEC ID number of contributing federal political committee.	С					7		4	11.67	
Name of Employer AllCare Clinical Associates, PA	Occupation Physician									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 483.37	1							
Full Name (Last, First, Middle Initial) B. Joel W. Swanson M.D.				Date of	Re	ceipt				
Mailing Address 903 Centennial Ave	State	Zip Code		M M	1	10		2014	Y	
City Sewickley	PA	15143-1728					2288285 eceipt th		d	
FEC ID number of contributing federal political committee.	С					7			50.00	
Name of Employer Butler Anesthesia Associates, Inc.	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name (Last, First, Middle Initial) C. Steven L. Sween M.D.				Date of	Re	ceipt				
Mailing Address 240 Marchand Ct NW				M M	/	26	/ Y	2014	Y	
City Atlanta	State GA	Zip Code 30328-2055					C287681 eceipt th		d	
FEC ID number of contributing federal political committee.	С					7			33.34	
Name of Employer	Occupation									
Physician Specialists in Anesthesia PC Receipt For:		nesthesiologist	_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.10	1							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			• •			7 <u>-</u>	7	27	5.01	

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PAGE 168 OF

194

TIEMIZED RECEIPIS		for each category of the Detailed Summary Page		-		11b	11c	12	_
Any information copied from such Reports a or for commercial purposes, other than usir									
NAME OF COMMITTEE (In Full) American Society of Anesth	-								
Full Name (Last, First, Middle Initial) A. Steven L. Sween M.D. Mailing Address 240 Marchand Ct NW City Atlanta FEC ID number of contributing federal political committee. Name of Employer	State GA C Occupation				sact	01 ion ID		his Perio	d 3.34
Physician Specialists in Anesthesia PC Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1250.10]						
B. Steven L. Sween M.D. Mailing Address 240 Marchand Ct NW				Date o	of Re	eceipt 26		2014	Ŷ
City Atlanta	State GA	Zip Code 30328-2055		Trans		ion ID	<u>: C29001</u> Receipt th	68	d
FEC ID number of contributing federal political committee.	С					3			3.34
Name of Employer Physician Specialists in Anesthesia PC	Occupation Physician A	nesthesiologist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.10							
Full Name (Last, First, Middle Initial) C. Gary E. Takahashi D.O.				Date o	of Re	eceipt			
Mailing Address 5750 Stone Lake Dr.				^M 12		0	1	2014	Y
City Dayton	State OH	Zip Code 45429					: C28757 Receipt th		d
FEC ID number of contributing federal political committee.	C					7			0.00
Name of Employer Middletown Anesthesia Consultants	Occupation Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]						
SUBTOTAL of Receipts This Page (option	al)					7	7	26	6.68

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PAGE 169 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Society of Anesthe	esiologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Vivian J. Tanaka M.D. Mailing Address 56 Twin Gables City Irvine FEC ID number of contributing federal political committee. Name of Employer Allied Anesthesia	State Zip Code CA 92620-3507 C Occupation Anesthesiologist	Date of Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) Aaron A. Tebbs M.D. Mailing Address 9 Edes Rd		Date of Receipt
City Cumberland FEC ID number of contributing federal political committee.	State Zip Code ME 04021-4101	11 26 2014 Transaction ID : C2876704 Amount of Each Receipt this Period 41.67
Name of Employer Anesthesia Associates of Lewiston-Aubu Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 458.37	-]
Full Name (Last, First, Middle Initial) Travis J. Teetor M.D. Mailing Address 19309 Briggs St City Omaha FEC ID number of contributing federal political committee.	State Zip Code NE 68130	Date of Receipt 12 01 2014 Transaction ID : C2876741 Amount of Each Receipt this Period 100.00
Name of Employer Boys Town National Research Hospital Receipt For: Primary General Other (specify) ▼	Occupation Staff Anesthesiologist Aggregate Year-to-Date ▼ 800.00]
SUBTOTAL of Receipts This Page (optiona	al)	161.67
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PAGE 170 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c	12	Г	17
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	plitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Damon A. Templeton M.D.				Date o						_
	Mailing Address 3507 Lakestone Ct.				м м	/	21	/ Y	2014		
	City Martinez	State GA	Zip Code 30907	_			i on ID : Each R			od	
	FEC ID number of contributing federal political committee.	С					7		5	00.0	0
	Name of Employer	Occupation		1							
	Anesthesia Consultants of Augusta, LLC Receipt For:	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
в.	Full Name (Last, First, Middle Initial) Sherif H. Tewfik M.D.				Date o	f Re	eceipt				
	Mailing Address 7365 NW 107th St				M M	/	D D 14	/ Y	2014	Y	1
	City	State IA	Zip Code				on ID :				
	Grimes FEC ID number of contributing federal political committee.	C	50111-1078		Amoun	t of	Each R	eceipt ti		od 83.3	4
	Name of Employer Associated Anesthesiologists, P.C.	Occupation Physician									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		250.02								
С.	Full Name (Last, First, Middle Initial) Zuhair A. Thalji M.D.				Date of	f Re	eceipt				
	Mailing Address 8434 Buckingham Ct.				м м 12	/	06	/ Y	2014]
	City Willow Springs	State IL	Zip Code 60480	-			ion ID :			od	
	FEC ID number of contributing federal political committee.	С					Each R			00.0	0
	Name of Employer	Occupation		-							
	Midwest Anesthesiologists	Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
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PAGE 171 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	47
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of		g contrib		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Commi	ttee							
Α.	Full Name (Last, First, Middle Initial) Brian W. Thompson M.D. Mailing Address 10350 Tuxford Dr				Date of	Re	ceipt	/ Y	2014		
	City Alpharetta	State GA	Zip Code 30022					C28929		bd	
	FEC ID number of contributing federal political committee.	С					,	,		41.6	7
	Name of Employer Northside Anesthesiology Consultants Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate									
В.	Full Name (Last, First, Middle Initial) Sydney I. Thomson M.D. Mailing Address 6224 Hidden Meadow Ct				Date of	f Re	ceipt	/ Y	Y Y	Y	
	City San Jose FEC ID number of contributing	State CA	Zip Code 95135-1613					C288293 eceipt th	nis Perio	od 33.34	
	federal political committee. Name of Employer Coast Anesthesia	Occupation					<u>7</u>				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.02								
C.	Full Name (Last, First, Middle Initial) Thomas M. Toal M.D.				Date of	Re	ceipt				
	Mailing Address PO Box 4497				м м 12	1	26	/ Y	2014	Y	1
	City Ithaca	State NY	Zip Code 14852-4497					C290018 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7		2	50.0	0
	Name of Employer	Occupation									
	Cayuga Anesthesia Associates Receipt For:	Anesthesio									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)								37	75.01	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 172 OF

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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Sebastian E. Tongson M.D.				Date of	Red	eipt				
	Mailing Address 2656 Meeting PI				м м 12	/	D D D 22	/ Y	ү 2(Y 014	Y
	City	State	Zip Code		Trans	actio	on ID :	C289886	6		
	Orlando	FL	32814-6109	_	Amount	of I	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	41.	67
	Name of Employer	Occupation	1								
	JLR Medical Group USAP	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		291.69								
в.	Full Name (Last, First, Middle Initial) Troy Tortorici M.D.				Date of	Red	ceipt				
	Mailing Address 17401 Hawks View Ct				12 ^M	/	13	/ Y	20)14	Y
	City	State	Zip Code		Transa	actio	on ID : (C288728	0		
	Edmond	OK	73012		Amount	of I	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		_	41.	67
	Name of Employer Northwest Anesethesia	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General	Aggregate		11							
	Other (specify)	L	500.04								
c.	Full Name (Last, First, Middle Initial) Christopher A. Troianos M.D.				Date of	Red	ceipt				
	Mailing Address 427 Heights Dr				м м 12	/	D D D 01	/ Y		ү)14	Y
	City Gibsonia	State PA	Zip Code 15044-6032	\vdash				C287680 eceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					,		_	83	.34
	Name of Employer	Occupation	1	-							
	Allegheny Health Network	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0		11							
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PAGE 173 OF

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12		
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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Gary L. Trummel M.D. Mailing Address 5940 Mount Normandale Dr City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Northwest Anesthesia, PA Receipt For: Drimery	State MN C Occupation Anesthesio Aggregate				/ sact	03 ion ID	2 / Y 3 : C28766 Receipt th	20 86	014 Period 83	ч .34]
Other (specify) ▼		1000.08									
Full Name (Last, First, Middle Initial) Judi A. Turner M.D., Ph.D Mailing Address 1002 Franklin Street City Santa Monica FEC ID number of contributing federal political committee. Name of Employer UCLA Receipt For: Primary General Other (specify)	State CA C Occupation Anesthesiol Aggregate				/ acti	12	2 / Y 2 : C288710 Receipt th	20 68)14 Period 83.	34]
Full Name (Last, First, Middle Initial) Katja R. Turner M.D. Mailing Address 410 West 10th Ave City Columbus FEC ID number of contributing federal political committee. Name of Employer The Ohio State University Receipt For: Primary General Other (specify) ▼	State OH C Occupation professor Aggregate	Zip Code 43210 Year-to-Date ▼ 416.70			/ sact	ion ID		20 12		.34]
SUBTOTAL of Receipts This Page (optional)						7		-	250.	02]

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

18

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PAGE 174 OF

			Detailed Summary Page		11a 13	\vdash	11b 14	11c			17
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting			ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	эе							
A.	Full Name (Last, First, Middle Initial) Jacqueline L. Tutiven M.D.				Date of		· · ·				
	Mailing Address 3280 NE 31st Ave	State	Zip Code		1 <u>1</u>		30		201	4	Y
	Lighthouse Point	FL	33064-8538					C287675 leceipt th		riod	
	FEC ID number of contributing federal political committee.	С				_	7			41.6	67
	Name of Employer University of Miami	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69								
В.	Full Name (Last, First, Middle Initial) Jacqueline L. Tutiven M.D. Mailing Address 3280 NE 31st Ave				Date of	f Re	ceipt	/ Y	Y	Y	Y
	City	State	Zip Code		12		30		2014	1	
	Lighthouse Point	FL	33064-8538					C290047 leceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7		_	41.6	67
	Name of Employer University of Miami	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69								
с.	Full Name (Last, First, Middle Initial) Gary F. Tzeng M.D.				Date of	Re	ceipt				
	Mailing Address 582 S Rex Blvd				м м 12	/	12) / Y	۲ 2014		Y
	City Elmhurst	State IL	Zip Code 60126-4259					C288715 leceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7		_	83.3	34
	Name of Employer	Occupation									
	Dept. of Veteran's Affairs	physician		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.08								
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PAGE 175 OF

194

TEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12		,
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) David Varlotta D.O. Mailing Address 1303 Bayshore Blvd. City	State	Zip Code		Date of 12 Trans	/	02		20)14	Y	
Tampa FEC ID number of contributing federal political committee. Name of Employer	FL C Occupation	33606-2911		Amount	t of	Each F	Receipt th	is P	eriod 83.	34	
Greater Florida Anesthesiologists Receipt For: Primary Other (specify) ▼	Anesthesio]								
B. Full Name (Last, First, Middle Initial) Mailing Address 2500 North State Street Department of Anesthesiolog City	Jy State	Zip Code		Date of	/	26			y)14	Y	
Jackson FEC ID number of contributing federal political committee. Name of Employer University of Mississippi Medical Cent Receipt For:	MS C Occupation Anesthesiol	39216					Receipt th		Period 41.	67	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		500.04]								
C. Todd A Versteegh M.D. Mailing Address 2500 North State Street 	State MS C Occupation Anesthesio				/ act	26 ion ID		20 58	014 Period 41.		
SUBTOTAL of Receipts This Page (optional)						7	- 7	-	166.0	68	

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PAGE 176 OF

			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
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	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	эе						
A.	Full Name (Last, First, Middle Initial) Juan P. Villani M.D. Mailing Address 160 Green Glades				Date of	Re /	ceipt 11) / Y	y y 2014	Y
	City Ridgeland	State MS	Zip Code 39157				-	C28828	-	
F	FEC ID number of contributing rederal political committee.	С			Amount	OT	Each F	receipt ti	nis Perioc 1(1 D.00
ι	Name of Employer Jniv of Mississippe Medical Center Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼							
	Other (specify)		428.35							
	Full Name (Last, First, Middle Initial) Juan P. Villani M.D.				Date of	Re	ceipt			
I	Mailing Address 160 Green Glades				M M	/	14		2014	Y
	City Ridgeland	State MS	Zip Code 39157				-	C28873 Receipt th	33 his Perioc	1
	FEC ID number of contributing rederal political committee.	С					7	7	41	1.67
	Name of Employer Jniv of Mississippe Medical Center	Occupation physician								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.35							
	Full Name (Last, First, Middle Initial) Sandhya Rani Vinta M.D.				Date of	Re	ceipt			
I	Mailing Address 1551 Moncrey Ave				м м 12	/	03		2014	Y
	City League City	State TX	Zip Code 77573-2078	A				C28767 Receipt tl	23 his Period	1
	FEC ID number of contributing ederal political committee.	С					7		2	5.00
1	Name of Employer	Occupation		_						
	UTMB Anesthesiology	physician								
I	Receipt For:	Aggregate	Year-to-Date ▼ 275.00							
	Other (specify)		210.00							
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PAGE 177 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	only o	ne)			
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NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) Annette Vizena M.D.			Date	of R	eceipt			
Mailing Address 1236 East Elizabeth, Suit	e 1		12		23		2014	Y
City Fort Collins	State CO	Zip Code 80524-4000	Tra	nsac	tion ID :	C290495 Receipt th	55	
FEC ID number of contributing federal political committee.	С				,		50	.00
Name of Employer North Co Anesthesia Proffesional	Occupation Anesthesio							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]					
Full Name (Last, First, Middle Initial) B. J. Michael Vollers M.D.			Date	of R	eceipt			
Mailing Address 1 Childrens Way Slot 203, S-319			M 12		/10		y y 2014	Y
City Little Rock	State AR	Zip Code 72202-3510				C288235 Receipt th		
FEC ID number of contributing federal political committee.	С				,			.34
Name of Employer University of Arkansas for Medical Sci	Occupation Professor o	f Anesthesiology						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08]					
Full Name (Last, First, Middle Initial) C. Stephanie S. Wade M.D.			Date	of R	eceipt			
Mailing Address 3725 Barry Knoll Dr			M 12		05		y y 2014	Y
City Ann Arbor	State MI	Zip Code 48108-9409				: C288022 Receipt th		
FEC ID number of contributing federal political committee.	С		C		7	3		.00
Name of Employer	Occupation							
Anesthesia Associates of Ann Arbor Receipt For:	Anesthesio							
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PAGE 178 OF

194

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			Detailed Summary Page		13		1b 4	11c	12		17
	y information copied from such Reports and S for commercial purposes, other than using the										\$
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Samuel H. Wald M.D.				Date o	f Rece	eipt				
	Mailing Address 518 Torwood Lane				^M M	/	D 11	р / Y	2014	Y	
	City Los Altos	State CA	Zip Code 94022					C28829 Receipt th		d	
	FEC ID number of contributing federal political committee.	С							8	3.34	
	Name of Employer Stanford University	Occupation Physician									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.02								
в.	Full Name (Last, First, Middle Initial) Michael H. Wall M.D., FCCM				Date o	f Rece	eipt				
	Mailing Address 420 Delaware St SE # MMC29 B515 Mayo Memorial Building		Zin Code		^M M	/	0 01		2014	Y	
	City Minneapolis	State MN	Zip Code 55455-0341					C28767 Receipt th		d	
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer University of Minnesota Anes. Dept	Occupation JJ Buckley I	Professor and Chairman								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 240.00								
— c.	Full Name (Last, First, Middle Initial) Aaron D. Wallace M.D.				Date o	f Rece	eipt				
	Mailing Address 22244 Safe Harbor Ct Suite B				м м 12	/	D 12		2014	Y	
	City Corona	State CA	Zip Code 92883-5938					C28871 Receipt tl		d	
	FEC ID number of contributing federal political committee.	С								41.67	
	Name of Employer	Occupation									
	Anesthesia Medical Group of Riverside Receipt For:	Anesthesio	-	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
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PAGE 179 OF

194

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	esiologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Brian E. Wallace M.D. Mailing Address 400 E Pioneer Ste 204		Date of Receipt
City	State Zip Code	12 24 2014 Transaction ID : C2900039
Puyallup	WA 98372-3257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Rainier Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) B. James J. Walsh M.D.	1	Date of Receipt
Mailing Address 166 83rd St.		12 06 2014
City Brooklyn	StateZip CodeNY11209	Transaction ID : C2880309 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer NAPA	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) C. Travis A. Warner M.D.		Date of Receipt
Mailing Address 10730 N. Oracle Road Unit 5101		M = M / D = D / Y = Y = Y = Y 12 03 2014
City Oro Valley	StateZip CodeAZ85737	Transaction ID : C2876687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	—
Old Pueblo Anesthesia PC	Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04]
SUBTOTAL of Receipts This Page (option	al)	133.34
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PAGE 180 OF

ITEMIZED RECEIPTS		Use separate schedule(s)				ne)	L			
		for each category of the Detailed Summary Page	X	11a 12		11b	11c	12	Г	17
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NAME OF COMMITTEE (In Full)										
American Society of Anes	sthesiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) Erikka L. Washington M.D.				ate of	Re	eceipt				
Mailing Address 6431 FANNIN msb 5.020				м м 1_1	/	28	/ Y	уу 2014		1
City HOUSTON	State TX	Zip Code 77030					C287672	27		
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Name of Employer UTHSC-Houston Dept of Anesthesiolo	Occupation	nesthesiologist								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 416.70]							
Full Name (Last, First, Middle Initial) B. Erikka L. Washington M.D.				ate of	Re	eceipt				
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Name of Employer UTHSC-Houston Dept of Anesthesiolo	9y Physician ar	nesthesiologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70]							
Full Name (Last, First, Middle Initial) C. Gregory J. Waters M.D.				ate of	Re	eceipt				
Mailing Address 1345 Cambridge Dr	SE			м м 12	/	10	/ Y	y y 2014	Y	1
City Grand Rapids	State MI	Zip Code 49506	Δ				C28823		nd	
FEC ID number of contributing federal political committee.	C				. 01	,			25.00)
Name of Employer	Occupation									
Anesthesia Medical Consultants	Anesthesio	ogist								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 181 OF

194

			Detailed Summary Page	×	11a		11b	11c		12		
Δr	y information copied from such Reports and St	atemente mo	av not be sold or used by any po		13 or the	nur	14 Dose of	15 soliciting		16 ntribut		7
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to soli	icit cor	ntrib	utions	from such	1 CO	mmitt	ee.	
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Paul S. Webster M.D.				ate of	Re	ceipt					
	Mailing Address 825 E Oak St				м м 12	/	12) / Y	Y 2(ү 014	Y	
	City	State	Zip Code		Trans	acti	on ID :	C288711	7			
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	FEC ID number of contributing federal political committee.	С				_	7		_	83	.34	
	Name of Employer	Occupation										
	Doctors Pain Management Associates	Medical Do	ctor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1500.08									
B.	Full Name (Last, First, Middle Initial) Ivan Jared Weiner M.D.				ate of	Re	ceipt					
	Mailing Address 10527 Emerald Chase Dr				™ _ M 11	/	30		ү 20) 14	Y	
	City	State	Zip Code		Transa	acti	on ID :	C287670	5			
	Orlando	FL	32836-5862	A	mount	Receipt th	is P	eriod				
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	Name of Employer	Occupation										
	JLR Medical Group	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1333.28									
C.	Full Name (Last, First, Middle Initial) Ivan Jared Weiner M.D.				ate of	Re	ceipt					
	Mailing Address 10527 Emerald Chase Dr				м м 12	/	30		20	ү)14	Y	
	City Orlando	State FL	Zip Code 32836-5862					C290046 Receipt th				
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	federal political committee.	C		1		_	9		-	83	.34	1
	Name of Employer	Occupation										
	JLR Medical Group	Anesthesio	ogist									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 182 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	17	
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American Society of Anesthesio	logists Po	litical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Toby Weingarten M.D.			[Date o	f Re	ceipt				
Mailing Address Department of Anesthesiology				M M	/	D D	/ Y	Y Y	Y	
200 First St. SW			_	11		30	J L	2014	_	
City Rochester	State MN	Zip Code 55905-0001				on ID :				
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Name of Employer	Occupation									
Mayo Clinic	Anesthesiolog	gist								
Receipt For:	Aggregate Ye	ear-to-Date 🔻								
Other (specify)		726.72]							
Full Name (Last, First, Middle Initial) B. Toby Weingarten M.D.			[Date o	f Re	ceipt				
Mailing Address Department of Anesthesiology 200 First St. SW				M M 12	/	D D 18	/ Y	2014	Y	
City	State	Zip Code		Trans	acti	on ID :	C28979	85		
Rochester	MN	55905-0001	A	Amoun	t of	Each R	eceipt tl	his Perio	d	
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Name of Employer Mayo Clinic	Occupation Anesthesiolog	jist								
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 726.72]							
Full Name (Last, First, Middle Initial) C. Alan Weiss M.D.				Date o	f Re	ceipt				
Mailing Address 960 Royal Arms Dr				м м 12	/	D D 10	/ Y	2014	Y	
City	State	Zip Code		Trans	sacti	ion ID :	C28823	56		
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FEC ID number of contributing federal political committee.	С					7	7	8	3.34	
Name of Employer	Occupation		\neg							
Bel-Park Anes. Assoc. Inc.	Bel-Park Anes. Assoc. Inc. physician									
Receipt For:										
Primary General			1							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 183 OF

194

	ITEMIZED RECEIPTS		Detailed Summary Page		(11a		11b	11c		12	
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\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	siologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Lynda Torfreda Wells M.D.				Date o	of Re	eceipt				
	Mailing Address 4098 Wood Ln				M 12	/	D 12			2014	Y
	City	State	Zip Code		Trans	sact	ion ID	: C28871	72		
	Keswick	VA	22947-2900		Amoun	t of	Each	Receipt t	this F	Period	
	FEC ID number of contributing federal political committee.	С					7			83	.34
	Name of Employer	Occupation									
	University of Virginia Receipt For:	Anesthesio		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		250.02								
в.	Full Name (Last, First, Middle Initial) Ezekiel J. Wetzel M.D.				Date o	of Re	eceipt				
	Mailing Address 3315 DEBORAH DR Suite 401				M M	/	05			014	Y
	City	State	Zip Code		Trans	sacti	ion ID	: C28802			
	Monroe	LA	71201		Amoun	t of	Each	Receipt t	this F	Period	
	FEC ID number of contributing federal political committee.	С		100							.00
	Name of Employer Parish Anesthesia Associates	Occupation Anesthesiol									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 1200.00]							
— c.	Full Name (Last, First, Middle Initial) Martin D. Whigham M.D.				Date o	of Re	eceipt				
-	Mailing Address 102 Sanderling Ln				M N 12	/	3′			014	Y
	City Greenville	State SC	Zip Code 29607					: C29028 Receipt t		Poriod	
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	Name of Employer	Occupation									
	Palmetto Anesthesia Associates	Physician									
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PAGE 184 OF

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Ita 11b 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of so or for commercial purposes, other than using the name and address of any political committee to solicit contributions fro NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John S. Whittington M.D. Mailing Address 11 Main St S Apt 312 Apt 312 City State Kirkland WA FEC ID number of contributing	m such committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of so or for commercial purposes, other than using the name and address of any political committee to solicit contributions fro NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John S. Whittington M.D. Mailing Address 11 Main St S Apt 312 Apt 312 City Kirkland EFEO ID sumbar of certribution	 / Y Y Y Y 2014 2876684 ceipt this Period
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 Kirkland ECO ID sumbar of certribution	2014 2876684 ceipt this Period
Full Name (Last, First, Middle Initial) Date of Receipt A. John S. Whittington M.D. Date of Receipt Mailing Address 11 Main St S Apt 312 11 27 Apt 312 City State Zip Code Kirkland WA 98033-6291 Amount of Each Receipt	2014 2876684 ceipt this Period
A. John S. Whittington M.D. Date of Receipt Mailing Address 11 Main St S Apt 312 Image: Control of the second	2014 2876684 ceipt this Period
Apt 312 11 27 City State Zip Code Transaction ID : C: Kirkland WA 98033-6291 Amount of Each Rec	2014 2876684 ceipt this Period
Kirkland WA 98033-6291 Amount of Each Rec	ceipt this Period
federal political committee.	
Name of Employer Occupation	
Anes. Assoc. of New Mexico, P.C. Anesthesiologist	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 3000.00	
Full Name (Last, First, Middle Initial) Date of Receipt B. John S. Whittington M.D. Date of Receipt	
Mailing Address 11 Main St S Apt 312 Apt 312	2014
City State Zip Code Transaction ID : C2 Kirkland WA 98033-6291 Amount of Each Ber	
Kirkland WA 98033-6291 Amount of Each Rec FEC ID number of contributing federal political committee. C Image: Contributing federal political committee.	250.00
Name of Employer Occupation Anes. Assoc. of New Mexico, P.C. Anesthesiologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 3000.00	
Full Name (Last, First, Middle Initial) Date of Receipt C. Lee H. Winter M.D. Date of Receipt	
Mailing Address 18 Stuyvesant Oval Apt MB	/ Y Y Y Y Y _ 2014
City State Zip Code Transaction ID : C	
New York NY 10009-2256 Amount of Each Rec	ceipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation	
New York Presbyterian Anesthesiologist Receipt For: Aggregate Year-to-Date T	
Aggregate Year-to-Date ▼	
Other (specify) 1000.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 185 OF

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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Society of Anesthesic	logists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) Douglas F. Wiseman B.S., M.D.				Date of	Re	ceipt					
	Mailing Address 6836 Cookes Hope Rd				м м 12	/	D 18		/ Y	ү 20	Y 14	Y
	City	State	Zip Code		Trans	acti	ion ID :	: C28	898306	6		
	Easton	MD	21601-8302	/	Amount	of	Each F	Rece	eipt this	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		500.	00
	Name of Employer	Occupation										
	Tidewater Anesthesia Associates, PA	anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		750.00									
в.	Full Name (Last, First, Middle Initial) Richard N. Wissler M.D., Ph.D				Date of	Re	ceipt					
	Mailing Address 12 Great Oak Lane				м м 12	/	08		/ Y	۲ 20	ү 14	Y
	City	State	Zip Code		Trans	acti	on ID :	: C28	380357	7		
	Pittsford	NY	14534-3506	/	Amount	of	Each F	Rece	eipt this	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		500.	00
	Name of Employer University of Rochester	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
c.	Full Name (Last, First, Middle Initial) Daniel H. Woo M.D.				Date of	Re	ceipt					
	Mailing Address 3 Scotsmans Way				м м 12	/	D 19		/ Y	ү 20	ү 14	Y
	City	State	Zip Code		Trans	act	ion ID :	: C2	89837	2		_
	Basking Ridge	NJ	07920-3737	/	Amount	of	Each F	Rece	eipt this	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,		,		20	00
	Name of Employer	Occupation	I									
	Summit Anesthesia Associates	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		340.00	11								
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PAGE 186 OF

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NAME OF COMMITTEE (In Full)	0	,,							
American Society of Anest	hesiologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A . Byron B. Work M.D.			Dat	e of I	Rece	eipt			
Mailing Address 3749 Lynnfield Dr				 12	/	0 = D	/ Y	ү ү 2014	Y
City	State	Zip Code			ctio		288210		
Virginia Beach	VA	23452	Am	ount d	of E	ach Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C				7		- 7	83.	.34
Name of Employer	Occupation								
Sentara Norfolk General Hospital	anesthesio	ogy							
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify) ▼		916.74							
Full Name (Last, First, Middle Initial) B. Jason Workman M.D.			Dat	e of I	Rece	eipt			
Mailing Address 7575 W Washington Av Suite 127-374				™ 1_1	1	D D 27	/ Y	y y 2014	Y
City	State NV	Zip Code				-	287669		
Las Vegas		89128-4333	Am	ount o	of Ea	ach Re	eceipt th	iis Period	_
FEC ID number of contributing federal political committee.	С				7	_		83.	34
Name of Employer Anesthesiology Consultants, Inc	Occupation								
Receipt For:	Anesthesio	•							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.08							
Full Name (Last, First, Middle Initial) C. Jason Workman M.D.			Dat	e of I	Rece	eipt			
Mailing Address 7575 W Washington A Suite 127-374	ve			[™]	/	D D 27	/ Y	ү ү 2014	Y
City Las Vegas	State NV	Zip Code 89128-4333					C290019	92 his Period	
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Name of Employer	Occupation		_						
Anesthesiology Consultants, Inc	Anesthesio	logist							
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PAGE 187 OF

TEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committe	e								
Full Name (Last, First, Middle Initial) W. Bradley Worthington M.D. Mailing Address 101 Hillwood Blvd City	State Zip Code	Date of Receipt 11 30 2014 Transaction ID : C2876795								
Nashville	TN 37205-2811	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	83.34								
Name of Employer Surgery and Recovery Partners	Occupation Anesthesiologist									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42									
Full Name (Last, First, Middle Initial) B. W. Bradley Worthington M.D.	·	Date of Receipt								
Mailing Address 101 Hillwood Blvd		12 30 Y Y Y Y 12 30								
City Nashville	State Zip Code TN 37205-2811	Transaction ID : C2900488								
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 83.34								
Name of Employer Surgery and Recovery Partners	Occupation Anesthesiologist	_								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42									
Full Name (Last, First, Middle Initial) C. Crystal C. Wright M.D.		Date of Receipt								
Mailing Address 3032 Jarrard St.		M M / D D / Y Y Y Y 12 12 2014								
City Houston	StateZip CodeTX77005	Transaction ID : C2887158 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	83.34								
Name of Employer	Name of Employer Occupation									
Baylor College of Medicine Dept. of An										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40									
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PAGE 188 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)
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NAME OF COMMITTEE (In Full)		
American Society of Anesthesiologists	Political Action Committe	96
Full Name (Last, First, Middle Initial) A. Manoj B. Wunnava M.D.		Date of Receipt
Mailing Address 109 Bennington Parkway		11 27 2014
City State Durham NC	Zip Code 27713	Transaction ID : C2876675 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Occupat	ion	
Department of Anesthsiology Anesthe	siologist	
Receipt For: Aggrega	te Year-to-Date ▼	
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) B. Manoj B. Wunnava M.D.		Date of Receipt
Mailing Address 109 Bennington Parkway		12 18 2014
City State	Zip Code	Transaction ID : C2898042
Durham NC	27713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of EmployerOccupatDepartment of AnesthsiologyAnesthesi		
Boogint For:	ite Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) C. Manoj B. Wunnava M.D.		Date of Receipt
Mailing Address 109 Bennington Parkway		M M / D D / Y Y Y Y 12 27 2014
City State Durham NC	Zip Code 27713	Transaction ID : C2900188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00
Name of Employer Occupat	ion	
Department of Anesthsiology Anesthe	siologist	
Receipt For: Aggrega	te Year-to-Date ▼	_
Other (specify) ▼	600.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 189 OF

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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Joel M. Yarmush M.D.			[Date of	Re	eceip	pt				
Mailing Address 1 Hooper Ave	State	Zip Code		M M 12	/	L	20		20)14	Y
West Orange	NJ	07052-2804				-		289883 ceipt th	-	eriod	
FEC ID number of contributing federal political committee.	С					7		7	_	500.	00
Name of Employer NY Methodist Hospital	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00									
Full Name (Last, First, Middle Initial) B. Paul S. Yasuda M.D.			[Date of	Re	eceip	pt				
Mailing Address 3516 NW 174th St				12	/		20	/ Y	20	ү 14	Y
City _Edmond	State OK	Zip Code 73012-6732	-					289883 ceipt th		eriod	
FEC ID number of contributing federal political committee.	С					7			_	250.	00
Name of Employer NW Anesthesia PC	Occupation MD										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00									
Full Name (Last, First, Middle Initial) C. James K. York M.D.				Date of	Re	eceip	pt				
Mailing Address 129-4 Hidden Creek Circle				м м 12	/	D	19	/ Y	20	ү 14	Y
City Dothan	State AL	Zip Code 36301						289838 ceipt th		eriod	
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Anesthesia Consultants Med. Group Receipt For:	Anesthesio	0	_								
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PAGE 190 OF

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NAME OF COMMITTEE (In Full)								
American Society of Anesthe	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Alen Zehnaly M.D.			Date	of R	eceipt			
Mailing Address 466 Foothill Blvd #272			M		29		ү ү 2014	Y
City La Canada	State CA	Zip Code 91011				: C290030 Receipt th		
FEC ID number of contributing federal political committee.	С				7		250	.00
Name of Employer self	Occupation physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) B. Matthew W. Zeleznik M.D.			Date	of R	eceipt			
Mailing Address 5671 Peachtree Dunwoody	/ Rd Ste 610		12	M	12		2014	Y
City Atlanta	State GA	Zip Code 30342-5005				C288716 Receipt th		
FEC ID number of contributing federal political committee.	С					,		.67
Name of Employer Physician Specialists in Anesthesia	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.22]					
Full Name (Last, First, Middle Initial) C. Matthew W. Zeleznik M.D.			Date	of R	eceipt			
Mailing Address 5671 Peachtree Dunwood	y Rd Ste 610		1:	M	29		2014	Y
City Atlanta	State GA	Zip Code 30342-5005			tion ID :	: C290026 Receipt th	<u>59</u>	
FEC ID number of contributing federal political committee.	С		E		,	7	41	.67
Name of Employer	Occupation							
Physician Specialists in Anesthesia	logist							
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SCHEDULE B (FEC Form 3X)								BER	:			P/	AGE	191	OF 194		
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	NAME OF COMMITTEE (In Full)																
$\left \right\rangle$	American Society of Anesthesiolog	gists Political Ac	tion C	Corr	imi	ittee											
Α.	Full Name (Last, First, Middle Initial) First Data						Da	te c	of Di	sburs	er	ment					
	Mailing Address P.O. Box 6600						M	11	/	D	30			2014	Y		
	City Hagerstown	State Zip Code MD 21741	9				т	ran	sact	ion II	D :	: D1639	11				
	Purpose of Disbursement Credit Card Merchant Fees	21741		0	03		۵n	our	nt of	Fach	ъΓ	Disburse	mor	nt this	Period		
	Candidate Name			Cate		ry/		iour		Laci				1018			
	Senate	,	neral		he					3		7					
	State: District:	Other (specify) ▼ Credit Card	d Mercha	ant													
в.	Full Name (Last, First, Middle Initial) First Data						_			sburs		_					
	Mailing Address P.O. Box 6600						12 31 2014										
	Hagerstown						Т	ran	sact	tion II	D :	: D1639	12				
	Purpose of Disbursement Credit Card Merchant Fees			C	03		An	nour	nt of	Each	n E	Disburse	emer	nt this	Period		
	Candidate Name			Cate T	egor /pe	y/				7		. ,		215	4.95		
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	State: District:	Credit Car	d Merch	ant													
C.	Full Name (Last, First, Middle Initial)						Da		_	sburs			V	YY	V		
	Mailing Address							- 10			_						
	City State Zip Code Purpose of Disbursement																
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	Candidate Name					ry/		ioui		Edo			JIIIOI	it this			
	Senate President	ment For: Primary Gen Other (specify) V	neral														
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	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	/ one)
		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
	American Society of Anesthesiolo	gists Political Actior	o Committee)
	Full Name (Last, First, Middle Initial)			Data of Distances
А.	Jeff PAC			Date of Disbursement
	Mailing Address 2150 River Plaza Dr. #150			11 25 2014
	City	State Zip Code		Transaction ID : D162935
	Sacramento	CA 95833	1	
	Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
	Office Sought: House Disburse	ement For: 2014	Туре	
	Senate	Primary General		
	President X	Other (specify)		
	State: District:	2014 Contribu	ition	
в	Full Name (Last, First, Middle Initial) RALPH ABRAHAM FOR CONGR	ECC		Date of Disbursement
υ.	KALFH ABRAHAW FOR CONGR	E33		
	Mailing Address P.O. BOX 270			12 16 2014
	City ARCHIBALD	StateZip CodeLA71218		Transaction ID : D163836
	Purpose of Disbursement 2014 Debt Retirement Contribution Runoff		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
	Rep. Ralph Abraham		Туре	, , , , , , , , , , , , , , , , , , , ,
	Office Sought: House Disburse Senate	ement For: 2014 Primary General		
	President	Other (specify)		
	State: LA District: 05	2014 Debt Retir	ement	
_	Full Name (Last, First, Middle Initial)			Data of Distances and
С.	COTTON FOR CONGRESS			Date of Disbursement
	Mailing Address PO BOX 379			11 25 2014
	City	State Zip Code		Transaction ID : D162934
	DARDANELLE Purpose of Disbursement	AR 72834	1	
	2014 General Debt Retirement Contrib.			Amount of Each Disbursement this Period
	Candidate Name		Category/	
	Rep. Tom Cotton		Туре	4000.00
	Office Sought: House Disburse Senate President	ement For: 2014 Primary X General Other (specify)		
	State: AR District: 04			
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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 State Purpose of Disbursement retund of 11/14 contribution Candidate Name Disbursement for: 2016 Propose of Disbursement retund of 11/14 contribution Candidate Name Disbursement For: 2016 Propose of Disbursement For: 2016 City Date of Disbursement 12 01 2014 B. Soren A. Campbell A.A. Date of Disbursement Propose of Disbursement Propose of Disbursement Propose of Disbursement President Date of Disbursement Primary General Propose of Disbursement Primary Category/ Type Date of Disbursement 12 01 2014 City Purpose of Disbursement President Disbursement For: 2014 Primary Category/ Type Date of Disbursement 12 11 2014 City Purpose of Disbursement Primary Category/ Purpose of Disbursement This Page (optional) Date of Disbursement this Prind 2014 Mailing Address 3181 SW Sam Jackson Park Rd # UHS- Disbursement Primary Cother (specify) Purpose of Disbursement This Page (optional)							ур	erson	for the		rpose		solicitir		ontribu	itions	
Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Mailing Address 414 Summerville Dr Transaction ID: D164615 City Madoon MS Candidate Name Disbursement Category/ Type Office Sought: House Disbursement For: 2016 State: Disbursement For: 2016 Date of Disbursement State: Disbursement For: 2016 Date of Disbursement State: Disbursement For: 2016 Date of Disbursement Varona KY Zip Code KY At 1022-9214 Transaction ID: D164615 Mailing Address 14341 Brown Rd City State: City State Zip Code KY At 1022-9214 Transaction ID: D164420 Amount of Each Disbursement Mailing Address 14341 Brown Rd City City State Disbursement For: 2014 Category' Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement Perposic of Disbursement State Zip Code Transaction ID: D164420 Amount of Each Disbursement <t< td=""><td>\backslash</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	\backslash																
A. John W. Bethea, Jr. M.D. Date of Diskursement Mailing Address 414 Summerville Dr Transaction ID: D164015 City Mailing Address 414 Summerville Dr City Mailing Address 414 Summerville Dr Candidate Name Oto Candidate Name Disbursement For: 2016 Diffice Sought: House Disbursement Disbursement For: 2016 Primary General President Disbursement For: 2016 State: Disbursement For: 2016 Varona KY Address 14341 Brown Rd Transaction ID: D164420 Amount of Each Disbursement Mailing Address 14341 Brown Rd City State: Varona KY Pripose of Disbursement For: 2014 Pripose of Disbursement Primary Giffice Sought: House Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Disbursement Category/ Type City State Discripticher State		American Society of Anesthesiolog	gists Po	litical Action	Con	۱m	hitt	ee									
Mailing Address 414 Summerville Dr 11 30 2014 City State Zip Code 39110-6924 Transaction ID : D164615 Mailing Address 414 Summerville Dr 010 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Candidate Name 010 010 Amount of Each Disbursement this Period Amount of Each Disbursement this Period State: District: Yerona Yerona Att.67 President Disbursement For: 2018 Primary General Ot of 2014 President Disbursement For: 2018 Date of Disbursement Att.67 State: District: Yerona KY 41092-9214 Transaction ID : D164415 Mailing Address 14341 Brown Rd 12 01 2014 Transaction ID : D164420 Research KY 41092-9214 President State Transaction ID : D164420 Amount of Each Disbursement Category/ Type Transaction ID : D164420 Amount of Each Disbursement this Period Category: Transaction ID : D164420 Transaction ID : D164420 Amount of Each Disbursement Transaction ID : D164420 Relut of 101/14 and 11/14 Date of	Α.																
Madion MS 39110-6924 Purpose of Disbursement refund of 11/14 contribution 010 Category/ Type Amount of Each Disbursement this Period Candidate Name Office Sought: House Senate Disbursement For: 2016 Primary General Primary Amount of Each Disbursement this Period Office Sought: House Senate District: Disbursement For: 2016 Primary General Primary Disbursement Full Name (Last, First, Middle Initial) B. Soren A. Campbell A.A. Date of Disbursement Date of Disbursement City State Zip Code KY 41092-9214 Transaction ID : D164420 Purpose of Disbursement refund of 1014 and 11/14 Category/ Type Amount of Each Disbursement his Period Office Sought: House Primary Disbursement For: 2014 Primary General Primary Transaction ID : D164420 Amount of Each Disbursement refund of 1014 and 11/14 Primary Category/ Type Transaction ID : D164420 Mailing Address 3181 SW Sam Jackson Park Rd # UHS- Dept of Anesthesiology and Periope Disbursement for: 2014 Transaction ID : D164421 Mailing Address 3181 SW Sam Jackson Park Rd # UHS- Dept of Anesthesiology and Periope Category/ Type Transaction ID : D164421 Office Sought: House D																	
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SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 194 OF 194									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(cheo	k only	y one)									
	Detailed Summary Page		21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b				
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NAME OF COMMITTEE (In Full)													
American Society of Anesthesiolog	jists Political Action C	Comm	ittee										
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A. Hogan Victory Fund													
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