

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 19 2014

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

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period.....	2108263.01	
(c) Total Receipts (from Line 19)	76143.03	174875.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2184406.04	2235257.76
7. Total Disbursements (from Line 31)	67239.57	118091.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2117166.47	2117166.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 02 / 28 / 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).....

42471.57

99281.55

(ii) Unitemized

33671.46

75594.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

76143.03

174875.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

76143.03

174875.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

76143.03

174875.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

76143.03

174875.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2739.57	4791.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2739.57	4791.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64500.00	111500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1800.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67239.57	118091.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67239.57	118091.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76143.03	174875.61
34. Total Contribution Refunds (from Line 28(d))	0.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76143.03	173075.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2739.57	4791.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2739.57	4791.29

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

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

FOR LINE NUMBER: PAGE 6 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter W. Allen Jr., M.D.

Mailing Address PO Box 496

City State Zip Code
 Ross CA 94957-0496

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACM

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 24 / 2014

Transaction ID : C2649939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bryan S. Apple M.D.

Mailing Address 449 Barnstable Dr

City State Zip Code
 Daniels WV 25832-9298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 12 / 2014

Transaction ID : C2646186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Manoj A. Bhatt M.D.

Mailing Address 1034 Woodburn Rd

City State Zip Code
 Spartanburg SC 29302-2863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crescent Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 14 / 2014

Transaction ID : C2649832

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian W. Birmingham M.D.

Mailing Address 614 Willow Rd.

City
Winnetka

State
IL

Zip Code
60093-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645680

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David E. Bryant M.D.

Mailing Address 13737 Noel Rd
Suite 1400

City
Dallas

State
TX

Zip Code
75240-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anes. Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 23 / 2014

Transaction ID : C2649881

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cameron E. Burrup M.D.

Mailing Address 5135 Pebble Road NW

City
Albuquerque

State
NM

Zip Code
87114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2014

Transaction ID : C2649868

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris Cardone M.D.

Mailing Address 3789 Country Club Place

City State Zip Code
Cincinnati OH 45208

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASN, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : C2642161

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City State Zip Code
Little Rock AR 72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.88

Date of Receipt

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : C2639883

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City State Zip Code
Little Rock AR 72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.88

Date of Receipt

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : C2646105

Amount of Each Receipt this Period

83.34

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

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

624.94

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

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

FOR LINE NUMBER: PAGE 9 OF 54
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dean Chassay M.D.

Mailing Address 571 Larue Cir

City State Zip Code
 Guntersville AL 35976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshall County Anesthesiology and Pai

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : C2651631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas E. Cleveland M.D.

Mailing Address 360 W Illinois St Apt 213

City State Zip Code
 Chicago IL 60654-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

Attending Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : C2647388

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gary L. Cutter M.D.

Mailing Address 1100 Marshall Way
 Marshall Way, Anes.Dept.

City State Zip Code
 Placerville CA 95667-6533

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Dorado Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 06 / 2014

Transaction ID : C2641891

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judson P. Cuttino M.D.

Mailing Address 3 Hawkins Ln

City

Savannah

State

GA

Zip Code

31411-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Savannah, P.C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

02 / 13 / 2014

Transaction ID : C2646671

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Judson P. Cuttino M.D.

Mailing Address 3 Hawkins Ln

City

Savannah

State

GA

Zip Code

31411-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Savannah, P.C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

02 / 13 / 2014

Transaction ID : C2646672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert J. Demaster M.D.

Mailing Address 2000 Old Sheridan Rd.

City

McMinnville

State

OR

Zip Code

97128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willamette Valley Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2014

Transaction ID : C2649796

Amount of Each Receipt this Period

250.00

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

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

770.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer R. Dollar M.D.

Mailing Address 869 Shades Crest Rd.

City

Birmingham

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Assoc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2645220

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Dominguez M.D.

Mailing Address 3205 La Mancha Dr., N.W.

City

Albuquerque

State

NM

Zip Code

87104-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : C2650444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jay Douglas III, M.D.

Mailing Address PO Box 3294

City

Tupelo

State

MS

Zip Code

38803-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tupelo Anesthesia Group, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : C2640707

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amanda L. Downey M.D.

Mailing Address 9513 W 148th St

City

Overland Park

State

KS

Zip Code

66221-8203

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2014

Transaction ID : C2647273

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark A. Eggen M.D.

Mailing Address 5980 Robin Oak Ct

City

Saint Paul

State

MN

Zip Code

55126-9122

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota Physicians

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2014

Transaction ID : C2647728

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

02 / 06 / 2014

Transaction ID : C2641964

Amount of Each Receipt this Period

83.34

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

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

1583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City State Zip Code
New York NY 10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai School of Medicine

Occupation
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

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

Transaction ID : C2646110

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City State Zip Code
Seal Beah CA 90740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hospital Orange County

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.96

Date of Receipt

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

Transaction ID : C2646111

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City State Zip Code
Seal Beah CA 90740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hospital Orange County

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.96

Date of Receipt

M M / D D / Y Y Y Y Y
02 15 2014

Transaction ID : C2647277

Amount of Each Receipt this Period

83.30

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

249.94

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.96

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2014

Transaction ID : C2651027

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lisa C. W. Ferguson M.D.

Mailing Address 4111 Heritage Trl

City

Terre Haute

State

IN

Zip Code

47803-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2014

Transaction ID : C2649830

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Victor S. Ferguson M.D.

Mailing Address 4111 Heritage Trl

City

Terre Haute

State

IN

Zip Code

47803-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2014

Transaction ID : C2649829

Amount of Each Receipt this Period

1000.00

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

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

2083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Frankland M.D.

Mailing Address 3640 Mossy Creek Ln

City

Tallahassee

State

FL

Zip Code

32311-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Tallahassee

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2651586

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lisa M. Frison D.O.

Mailing Address 3925 Villa San Jose Dr

City

Jacksonville

State

FL

Zip Code

32217-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anes. Assoc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : C2649833

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2641966

Amount of Each Receipt this Period

83.30

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

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

1333.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : C2645719

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Rajeev Garg M.D.

Mailing Address 112 W Wild Cherry Dr

City

Mars

State

PA

Zip Code

16046-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Medical Cente

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : C2639872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven I. Gayer M.D., M.B.

Mailing Address 90 Alton Road #2710

City

Miami Beach

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : C2645709

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Getz M.D.

Mailing Address 109 Penn St

City

Greenville

State

SC

Zip Code

29605-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 14 / 2014

Transaction ID : C2649834

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William K. Goglin Jr., M.D.

Mailing Address 2119 cortelyou rd

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2014

Transaction ID : C2637097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy P. Graham M.D.

Mailing Address 730 Color Peak Rd

City

Verona

State

WI

Zip Code

53593-8469

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2014

Transaction ID : C2649866

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian J. Gronert M.D.

Mailing Address 2616 Harvest Ln NW

City

Albuquerque

State

NM

Zip Code

87104-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of New Mexico

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 23 / 2014

Transaction ID : C2649893

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rebecca D. Guess M.D.

Mailing Address 12002 Woodfall cir.

City

Waco

State

TX

Zip Code

76712-3174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Tex Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tork J. Harman M.D.

Mailing Address 1550 Boyson Road

City

Hiawatha

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer

LCA, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 07 / 2014

Transaction ID : C2646205

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bechara Hatoum M.D.

Mailing Address 5570 Harleston Dr.

City

Lyndhurst

State

OH

Zip Code

44124-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : C2650341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Katherine K. Hege M.D.

Mailing Address 320 E Hickory Ridge Cir

City

Argyle

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2014

Transaction ID : C2645559

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ebony J. Hilton M.D.

Mailing Address 167 Ashley Ave Ste 301

City

Charleston

State

SC

Zip Code

29425-8905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Univ of SC Dept of Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2014

Transaction ID : C2646726

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric M. Humphreys M.D.

Mailing Address 6035 Worthington Rd

City

Westerville

State

OH

Zip Code

43082-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer

COA Inc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2014

Transaction ID : C2647274

Amount of Each Receipt this Period

335.00

Full Name (Last, First, Middle Initial)

B. Michael A. Iverson M.D.

Mailing Address 330 Chapel Loop

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

WSTAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : C2645775

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey L. Jackson M.D.

Mailing Address 602 W. Second St.

City

Bloomington

State

IN

Zip Code

47403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloomington Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2014

Transaction ID : C2649864

Amount of Each Receipt this Period

500.00

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

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

1835.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

02 / 12 / 2014

Transaction ID : C2646118

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

02 / 13 / 2014

Transaction ID : C2646612

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Paul L. Johnson M.D.

Mailing Address 1400 Madison Ave
Suite 311

City

Mankato

State

MN

Zip Code

56001-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mankato Anes. Assoc;

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650437

Amount of Each Receipt this Period

1000.00

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

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

1166.64

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

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 180 Read St

City

Seekonk

State

MA

Zip Code

02771-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 09 / 2014

Transaction ID : C2645558

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 12 / 2014

Transaction ID : C2646041

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Kenneth M. Lanyon M.D.

Mailing Address 618 Prince Valiant Ct

City

Franklin

State

TN

Zip Code

37067-6499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2014

Transaction ID : C2645564

Amount of Each Receipt this Period

250.00

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

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

925.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Less M.D.

Mailing Address 15W316 60th St

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2014

Transaction ID : C2641548

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Drew E. Lieberman M.D.

Mailing Address 179 Bal Cross Dr.

City

Bal Harbour

State

FL

Zip Code

33154-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of Broward County Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2014

Transaction ID : C2650530

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dennis S. Lin M.D.

Mailing Address 100 Exeter St.

City

West Newton

State

MA

Zip Code

02465-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2014

Transaction ID : C2650352

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith Lipsitz M.D.

Mailing Address 905 Baldwin Rd

City

Woodbridge

State

CT

Zip Code

06525-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAA LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 05 / 2014

Transaction ID : C2641551

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nancy L. Loeffler M.D.

Mailing Address 3726 Lakeview Dr.

City

Tallahassee

State

FL

Zip Code

32310-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 14 / 2014

Transaction ID : C2646715

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Claudio Lumermann M.D.

Mailing Address Dept. of Anesthesia
270-75 76 Ave,

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

02 / 07 / 2014

Transaction ID : C2644260

Amount of Each Receipt this Period

83.34

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

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

1333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claudio Lumermann M.D.

Mailing Address Dept. of Anesthesia
270-75 76 Ave,

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2014

Transaction ID : C2645507

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Glen F. Martin M.D.

Mailing Address 816 Baytree Ln

City State Zip Code
Ponte Vedra Beach FL 32082-4162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corp, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C2647361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randall P. Maydew M.D.

Mailing Address 6910 Wildglen Drive

City State Zip Code
Dallas TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Randall P Maydew, MD, MBA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2014

Transaction ID : C2645556

Amount of Each Receipt this Period

1000.00

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

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

1333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian A. McConnell M.D.

Mailing Address 3300 Gallows Rd.

Department of Anesthesiology

City State Zip Code
 Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : C2640672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederick McKibben M.D.

Mailing Address 1711 Homewood Dr.

City State Zip Code
 Altadena CA 91001

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : C2649250

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence S. Minowitz M.D.

Mailing Address 26 Sherwood Ave.

City State Zip Code
 Greenwich CT 06831-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : C2639677

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2014

Transaction ID : C2649876

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2014

Transaction ID : C2650541

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City State Zip Code
Parkville MO 64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ad Vivum Anesthesiology, P.C.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2644261

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

State

Zip Code

Allen

TX

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pinnacle Partners In Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 17 / 2014

Transaction ID : C2647459

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

State

Zip Code

Allen

TX

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pinnacle Partners In Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2647752

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Scott D. Murtha M.D.

Mailing Address 216 Bever Ln., S.E.

City

State

Zip Code

Cedar Rapids

IA

52403-3280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LINN COUNTY ANESTH

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2014

Transaction ID : C2646203

Amount of Each Receipt this Period

250.00

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan D. Nagy M.D.

Mailing Address 1120 South Dr
FH 204

City State Zip Code
Indianapolis IN 46202-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University Department of Anest

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2014

Transaction ID : C2637182

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Aidan P. O'Brien M.D.

Mailing Address 8382 Grand View Dr

City State Zip Code
Los Angeles CA 90046-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hospital Whittier

Occupation
Chief of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2014

Transaction ID : C2637848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James F. O'Neill M.D.

Mailing Address 1060 Live Oak Plantation Rd.

City State Zip Code
Tallahassee FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Assoc. of Tallahassee

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2641967

Amount of Each Receipt this Period

250.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance J. Parks D.O.

Mailing Address 115 South Harwich Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia University Ruby Memorial

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 04 / 2014

Transaction ID : C2639906

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ketul J. Patel M.D.

Mailing Address 7871 Hidden Oaks

City

Pittsford

State

NY

Zip Code

14534-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finger Lakes Health

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 08 / 2014

Transaction ID : C2645465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mukesh Patel M.D.

Mailing Address 2727 W. Dr. M.L.K., Jr., Blvd.

Suite 310

City

Tampa

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Anes. Care, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 16 / 2014

Transaction ID : C2647367

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fernando B. Perez-Majul M.D.

Mailing Address 720 ESKENAZI AVENUE
2ND FLOOR, H2G07

City State Zip Code
Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wishard Health Services

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2014

Transaction ID : C2646634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederick M. Perkins M.D.

Mailing Address VAMC 112
215 N. Main St.

City State Zip Code
White River Junction VT 05009-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veterans Administration

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2646595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Russell S. Petersen M.D.

Mailing Address 4124 S. Mt. Olympus Way

City State Zip Code
Salt Lake City UT 84124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain West Anesthesia, LLC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2014

Transaction ID : C2645704

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert E. Powers M.D.

Mailing Address P.O. Box 7288

City

Little Rock

State

AR

Zip Code

72217-7288

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Quill M.D.

Mailing Address 27 Stevens Rd

City

Hanover

State

NH

Zip Code

03755-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth Hitchcock Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Ragland M.D.

Mailing Address 315 N Rollston Ave Apt 201

City

Fayetteville

State

AR

Zip Code

72701-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesiology Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 03 / 2014

Transaction ID : C2639787

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 54
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sheila N. Rajaratnam M.D.

Mailing Address 6591 Swissway Dr

City	State	Zip Code
Centerville	OH	45459-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : C2651679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger N. Rankin M.D.

Mailing Address 3502 Amherst St

City	State	Zip Code
Houston	TX	77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2014

Transaction ID : C2640673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank E. Rinaldo M.D.

Mailing Address 8524 Pine Lake Rd

City	State	Zip Code
Denver	NC	28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Piedmont Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

Transaction ID : C2646599

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Franklin P. Robinson M.D.

Mailing Address 123 Southampton Circle

City State Zip Code
Madison MS 39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson VA Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2014

Transaction ID : C2646674

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City State Zip Code
Dallas PA 18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilkes-Barre General Hospital Anesthes

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2014

Transaction ID : C2645589

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City State Zip Code
Dallas PA 18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilkes-Barre General Hospital Anesthes

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2014

Transaction ID : C2647533

Amount of Each Receipt this Period

83.34

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

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

375.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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 (check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victory V. Roman M.D.

Mailing Address 9440 N. Lockwood

City
SkokieState
ILZip Code
60077FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	4

Transaction ID : C2651556

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Glen S. Rosenfeld M.D.

Mailing Address 25 Fulton Place

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2645954

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Justin C. Sandall D.O.

Mailing Address 14718 W Valley Hi Rd

City

Wichita

State

KS

Zip Code

67235-8354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consulting Services, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2642533

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 54
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kamran A. Saraf M.D.

Mailing Address 10953 Deborah Dr

City

Potomac

State

MD

Zip Code

20854-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Potomac Spine and Pain Specialists

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 07 / 2014

Transaction ID : C2645464

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Madhankumar Sathyamoorthy M.B.,B.S.

Mailing Address 2500 North State st

City

Jackson

State

MS

Zip Code

39222

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical cent

Occupation

Pediatric anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : C2651678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald Schmit M.D.

Mailing Address 920 Church St N

City

Concord

State

NC

Zip Code

28025-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesthesia and Pain Speciali

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2014

Transaction ID : C2650465

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City State Zip Code
 Roslyn NY 11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NY Cardiovascular Anesthesiologists

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 13 / 2014

Transaction ID : C2646630

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Earl A. Schulte M.D.

Mailing Address 3811 Mission Dr.

City State Zip Code
 Hutchinson KS 67502-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Schulte Anesthesiology, P.A.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 15 / 2014

Transaction ID : C2647294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David A. Shapiro M.D.

Mailing Address 2420 Camino Ramon Ste 270

City State Zip Code
 San Ramon CA 94583

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2014

Transaction ID : C2637359

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy R. Shipe M.D.

Mailing Address 1304 Masters Ct

City

Chesapeake

State

VA

Zip Code

23320-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chesapeake Regional Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 04 / 2014

Transaction ID : C2639898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David W. Siegel M.D.

Mailing Address 7014 Guadalupe Trail, N.W.

City

Albuquerque

State

NM

Zip Code

87107-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2014

Transaction ID : C2647465

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stephen M. Speck M.D.

Mailing Address 9021 Naples Cove

City

Benton

State

AR

Zip Code

72019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saline Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 02 / 2014

Transaction ID : C2638368

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2641974

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2641975

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ronald E. Stevens M.D.

Mailing Address P.O. Box 2899

City

Cheyenne

State

WY

Zip Code

82003

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGH PLAINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2646206

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.

Mailing Address 1800 Alabama Highway 157 Ste 201

City State Zip Code
Cullman AL 35058-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Pain Center Cullman

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.18

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2014

Transaction ID : C2650363

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey W. Stone M.D.

Mailing Address 4237 Purdue Avenue

City State Zip Code
Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel Anesthesia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2642113

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen M. Strevels M.D.

Mailing Address PO Box 51947

City State Zip Code
Knoxville TN 37950-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Anesthesiologists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : C2639873

Amount of Each Receipt this Period

500.00

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

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

833.34

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volker I. Striepe M.D.

Mailing Address 621 Post Oak Circle

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashville Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 11 / 2014

Transaction ID : C2645901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James L. Suthoff D.O.

Mailing Address 5015 S Rochelle Ct

City State Zip Code
 Springfield MO 65804-7810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 02 / 2014

Transaction ID : C2637871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David A. Tavares Jr., M.D.

Mailing Address 3528 Crossbow Drive

City State Zip Code
 Frisco TX 75033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ascendant Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 02 / 08 / 2014

Transaction ID : C2645493

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 54
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bijo J. Thomas M.D.

Mailing Address 214 Rolling Hills Dr.

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Valley General Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2014

Transaction ID : C2649902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pam D. Varner M.D.

Mailing Address 3504 Pine Ridge Rd

City

Mountain Brk

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

School of Medicine Univ of Alabama at

Occupation

Medical Doctor; Professor of Anesthesi

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 02 / 2014

Transaction ID : C2638898

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ebon J. Wallace-Talifarro M.D.

Mailing Address 7205 Meadowgrass Court

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 04 / 2014

Transaction ID : C2639892

Amount of Each Receipt this Period

150.00

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

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

1650.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City

Albuquerque

State

NM

Zip Code

87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : C2651039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stacie L. Wong M.D.

Mailing Address 115 McIntosh Dr

City

Savannah

State

GA

Zip Code

31406-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer

South University

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2014

Transaction ID : C2640680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence I. Young M.D.

Mailing Address 1717 Valley Forge Dr.

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650362

Amount of Each Receipt this Period

125.00

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

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

875.00

42471.57

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

Credit Card Merchant

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : D154080

Amount of Each Disbursement this Period

2739.57

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2739.57

2739.57

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

PAGE 45 OF 54

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GOP GENERATION Y FUND

Mailing Address PO Box 9055

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2014 Contribution

Date of Disbursement

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

Transaction ID : D153815

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Minnesota House DFL Caucus

Mailing Address 255 Plato Blvd E

City	State	Zip Code
Saint Paul	MN	55107-1623

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : D153701

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Minnesota Senate Majority

Mailing Address PO Box 7307

City	State	Zip Code
Saint Paul	MN	55107

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : D153702

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR PROSPERITY IN AMERICA TODAY PACMailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154065

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Ami Bera M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154064

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Ann WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

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

Transaction ID : D153816

Amount of Each Disbursement this Period

3500.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Betty McCollumCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : D153929

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City	State	Zip Code
BRYAN	TX	77805

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Bill FloresCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154067

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RANGEL FOR CONGRESS

Mailing Address PO BOX 5577

City	State	Zip Code
NEW YORK	NY	10027

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Charles B. RangelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : D153928

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue, Suite 605

City	State	Zip Code
Dallas	TX	75201

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Eddie Bernice JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154071

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Frank Pallone Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154059

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Fred UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154069

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Gene GreenCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 29

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : D153813

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City	State	Zip Code
Laredo	TX	78042

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Henry CuellarCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 28

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : D154054

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City	State	Zip Code
THOUSAND OAKS	CA	91358

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Julia BrownleyCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 26

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : D154063

Amount of Each Disbursement this Period

3000.00

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

6000.00

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

PAGE 50 OF 54

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : D154062

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Linda T. SanchezCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2014

Transaction ID : D153691

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Linda T. SanchezCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2014

Transaction ID : D153700

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Michael C. BurgessCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154068

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO Box 440305

City	State	Zip Code
West Somerville	MA	02144-0027

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Michael E. CapuanoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA	District: 07	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : D153932

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Mailing Address 7240 Evans Mill Rd

City	State	Zip Code
McLean	VA	22101-3422

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Michelle Lujan GrishamCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM	District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : D154056

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COFFMAN FOR CONGRESSMailing Address 4950 S YOSEMITE STREET F2
#511

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Mike CoffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

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

Transaction ID : D153818

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Raul Ruiz M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : D153931

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Renee EllmersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

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

Transaction ID : D153817

Amount of Each Disbursement this Period

1000.00

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

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

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Transaction ID : D153814Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Richard E. NealCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

1000.00

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Mailing Address P. O. BOX 909

City	State	Zip Code
COLUMBUS	GA	31902

Transaction ID : D154061Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Sanford D. Bishop Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 02

2000.00

Full Name (Last, First, Middle Initial)

C. SOUTHERLAND FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Mailing Address PO BOX 1692

City	State	Zip Code
LYNN HAVEN	FL	32444

Transaction ID : D153930Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Steve Southerland IICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

2500.00

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City	State	Zip Code
GLENDAL	AZ	85312

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Trent FranksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2014

Transaction ID : D154066

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

5000.00

64500.00
