

**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
08 01 2012

through

M M M / D D D / Y Y Y Y Y Y
08 31 2012

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
11 15 2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		1770455.33
(b) Cash on Hand at Beginning of Reporting Period.....	1668956.55	
(c) Total Receipts (from Line 19)	223816.20	1027801.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1892772.75	2798257.11
7. Total Disbursements (from Line 31)	166489.39	1071973.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1726283.36	1726283.36
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 Y
 08 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 08 / 31 / 2012
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).....

178262.10

809172.80

(ii) Unitemized

45554.10

212628.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

223816.20

1021801.78

(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)

223816.20

1021801.78

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

6000.00

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))..... ▶

223816.20

1027801.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

223816.20

1027801.78

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	2664.39	33322.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2664.39	33322.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93500.00	752325.00
24. Independent Expenditures (use Schedule E)	0.00	119225.83
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	5325.00	7100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	-5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5325.00	2100.00
29. Other Disbursements	65000.00	165000.00
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)) ..	166489.39	1071973.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	166489.39	1071973.75

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)	223816.20	1021801.78
34. Total Contribution Refunds (from Line 28(d))	5325.00	2100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	218491.20	1019701.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2664.39	33322.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2664.39	33322.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 210
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
Cleveland	OH	44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807493

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Ira H. Abels M.D.

Mailing Address 309 Mallard Rd

City	State	Zip Code
Weston	FL	33327-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida Dept of Anest

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2012

Transaction ID : C1802372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : C1805296

Amount of Each Receipt this Period

83.30

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

374.90

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : C1806720

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason R. Acosta M.D.

Mailing Address 1551 Conway Isle Circle

City

Belle Isle

State

FL

Zip Code

32809

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist, 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
08	/	28	/	2012

Transaction ID : C1816421

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David G. Adams M.D.

Mailing Address 12324 River Oaks Pt

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Tennessee Med. Ctr.

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : C1804622

Amount of Each Receipt this Period

250.00

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

833.30

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

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

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

FOR LINE NUMBER:
(check only one)

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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. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital West Bloomfield

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808574

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2865 Woodford Dr

City

Sterling Heights

State

MI

Zip Code

48310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karim Alarakhia M.D.

Mailing Address 10647 EMERALD CHASE DRIVE

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814786

Amount of Each Receipt this Period

500.00

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

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

1041.00

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

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

FOR LINE NUMBER:
(check only one)

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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 L. Aldridge M.D.

Mailing Address 653 W 77th St

City

Tulsa

State

OK

Zip Code

74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812797

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick H. Allaire M.D.

Mailing Address 58991 290th St

City

Cambridge

State

IA

Zip Code

50046-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer

McFarland Clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808568

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Siraj N. Alseri M.D.

Mailing Address 2237 Twin Islands Ct

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Ann Arbor

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816807

Amount of Each Receipt this Period

250.00

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

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

791.00

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

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

FOR LINE NUMBER: PAGE 10 OF 210

(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. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City

Kalispell

State

MT

Zip Code

59901-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : C1804272

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C1808570

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1807494

Amount of Each Receipt this Period

83.30

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

266.30

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2012

Transaction ID : C1802544

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mark R. Applegate M.D.

Mailing Address 1281 Penny Lane

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2012

Transaction ID : C1805472

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ross W. Appleyard M.D.

Mailing Address 416 Krameria St

City

Denver

State

CO

Zip Code

80220-5948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Colorado Anesthesia P.C.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2012

Transaction ID : C1805362

Amount of Each Receipt this Period

250.00

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

1050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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. Kayvan Ariani M.D.

Mailing Address 4007 Bermuda Grove Pl.

City

Longwood

State

FL

Zip Code

32779-3193

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR medical group

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811190

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joel W. Arney M.D.

Mailing Address 4 Windy Hill Ct

City

Sunfish Lake

State

MN

Zip Code

55077-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Ridges Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811193

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807491

Amount of Each Receipt this Period

83.30

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

1083.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott E. Ashcraft M.D.

Mailing Address 8900 Indian Creek Parkway
Suite 500

City State Zip Code
Overland Park KS 66210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Noah A. Babins M.D.

Mailing Address 100 S Virginia Ave Unit 320

City State Zip Code
Winter Park FL 32789-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnold Palmer Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802373

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kristy Z. Baker M.D.

Mailing Address 1810 Bridgewater Drive

City State Zip Code
Heathrow FL 32746

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816573

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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank A. Bakke M.D.

Mailing Address 3501 E Via Colonia Del Sol

City

Tucson

State

AZ

Zip Code

85718-6065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807704

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City

Miami

State

FL

Zip Code

33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814547

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Carolyn F. Bannister M.D.

Mailing Address 5102 Chastleton Drive

City

Stone Mountain

State

GA

Zip Code

30087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811761

Amount of Each Receipt this Period

83.30

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

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

1366.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David K. Barclay M.D.

Mailing Address 8080 Barony Point

City

Mattawan

State

MI

Zip Code

49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew M. Barnett M.D.

Mailing Address 2000 Kehrsdale Ct.

City

Chesterfield

State

MO

Zip Code

63005-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Renee A. Baugh M.D.

Mailing Address 3173 Chestnut Run Dr

City

Bloomfield

State

MI

Zip Code

48302-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817308

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael L. Beaudrie D.O.

Mailing Address 1101 W Clairemont Ave Ste 2C
 Eau Claire Anes

City State Zip Code
 Eau Claire WI 54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816820

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles R. Beckenstein M.D.

Mailing Address 610 S Rome Ave Apt 602

City State Zip Code
 Tampa FL 33606-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer

UniCom Anesthesia Associates, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805563

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Roderick W. Beer M.D.

Mailing Address 3966 Holden Dr.

City State Zip Code
 Ann Arbor MI 48103-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811249

Amount of Each Receipt this Period

250.00

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

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

791.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City

Washington

State

DC

Zip Code

20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814548

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Terry Bejot M.D.

Mailing Address 6911 Van Dorn, #2

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes.

Occupation

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
08 / 08 / 2012

Transaction ID : C1804662

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey P. Bellefleur M.D.

Mailing Address 5195 Vincennes Ct

City

Bloomfield Hills

State

MI

Zip Code

48302-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2012

Transaction ID : C1812760

Amount of Each Receipt this Period

500.00

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

1041.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Belmont Jr., D.O.

Mailing Address E4155 Nicole Ct

City

Eleva

State

WI

Zip Code

54738-9446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816821

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott M. Berger M.D.

Mailing Address 821 McKinley Avenue

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802556

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808532

Amount of Each Receipt this Period

41.60

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

1041.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron P. Betel M.D.

Mailing Address 34488 Old Timber

City

Farmington

State

MI

Zip Code

48331

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel L. Bez D.O.

Mailing Address 3806 Viceroy Dr

City

Okemos

State

MI

Zip Code

48864-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812792

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anila Bhatti M.B.,B.S.

Mailing Address 5105 Franklin Road

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

mednax

Occupation

anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812773

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julian S Bick M.D.

Mailing Address 4100B Oriole Pl

City
Nashville

State
TN

Zip Code
37215-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805373

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Paul C. Bicket M.D.

Mailing Address 13074 S Santa Fe Ave

City

Edmond

State

OK

Zip Code

73025-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814511

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David J. Biel A.A.-C

Mailing Address 2929 Edgehill Rd

City

Cleveland Heights

State

OH

Zip Code

44118-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals of Cleveland

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811764

Amount of Each Receipt this Period

41.60

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

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

624.90

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 F. Birch M.D.

Mailing Address 582 Summit Ave.

City State Zip Code
 St. Paul MN 55102-2654

FEC ID number of contributing federal political committee.

C

Name of Employer
 Fairview Ridges Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 11 / 2012

Transaction ID : C1805374

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Timothy M. Bittenbinder M.D.

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

City State Zip Code
 Temple TX 76508

FEC ID number of contributing federal political committee.

C

Name of Employer
 Texas AM College of Medicine Scott an

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814549

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Joshua G. Black M.D.

Mailing Address 6839 S Canton Ave

City State Zip Code
 Tulsa OK 74136

FEC ID number of contributing federal political committee.

C

Name of Employer
 Associated Anesthesiologist Inc.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : C1807500

Amount of Each Receipt this Period

1000.00

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

1124.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Will Blankenship M.D.

Mailing Address 2215 viewmont way w

City State Zip Code
Seattle WA 98199

FEC ID number of contributing
federal political committee.

C

Name of Employer
swedish medical group

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814545

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carol A. Blum M.D.

Mailing Address 16608 NE 113th St

City State Zip Code
Liberty MO 64068-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816778

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert A. Blumberg D.O.

Mailing Address 31677 Mountain View Rd

City State Zip Code
Franklin MI 48025-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Services, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817311

Amount of Each Receipt this Period

250.00

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

550.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811647

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817346

Amount of Each Receipt this Period

50.00

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

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

150.00

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. Baher N. Bactor M.D.

Mailing Address 15112 La Sabana Dr

City

La Mirada

State

CA

Zip Code

90638-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neal M. Bodner M.D.

Mailing Address 13152 SW 40th St

City

Davie

State

FL

Zip Code

33330-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jason A. Boehm D.O.

Mailing Address 4131 E White Oak Drive

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Johns Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802542

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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. Peter J. Boosalis M.D.

Mailing Address 515 S. Broadway St.

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2012

Transaction ID : C1802509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John P Borrego M.D.

Mailing Address 8332 E. Heatherbrae Dr.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : C1811779

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory W. Bouska M.D.

Mailing Address 3000 Bogey Cir SE

City

Owens Cross Roads

State

AL

Zip Code

35763-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Associate

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C1816395

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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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. Bowman M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
 Eau Claire Anes

City State Zip Code
 Eau Claire WI 54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frances Boyette M.D.

Mailing Address 8225 Marsh Pointe Dr.

City State Zip Code
 Montgomery AL 36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811241

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James R. Bradford M.D.

Mailing Address 900 Peeler Street
 PO Box 4095

City State Zip Code
 Kalamazoo MI 49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816603

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 RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John G. Brock-Utne M.D., Ph.D

Mailing Address 300 Pasteur Drive Anes. Dept.

City	State	Zip Code
Stanford	CA	94305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univ. Med. Ctr.

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : C1807454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Brouillard A.A.Mailing Address 57 Executive Park S
Dept of Anes

City	State	Zip Code
Atlanta	GA	30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine

Occupation

AA Pprogram Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : C1804273

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Curtis C. Brown M.D.

Mailing Address 457 Holly Berry Cir

City	State	Zip Code
Blythewood	SC	29016-8031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : C1807433

Amount of Each Receipt this Period

1000.00

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

1333.30

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. Kurt T. Budenbender D.O.

Mailing Address 1850 N. Central Ave Ste 1600
Valley Anes. Consultants, LTD

City State Zip Code
Phoenix AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia Consultants, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808533

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City State Zip Code
North Providence RI 02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814546

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City State Zip Code
Seattle WA 98102-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805560

Amount of Each Receipt this Period

41.60

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

224.90

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. Troy Caldwell M.D.

Mailing Address 1122 Larchmont Ln

City

Nichols Hills

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811734

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frederick Campbell III, M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808518

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephen D. Campbell M.D.

Mailing Address 545 Beverly Dr.

City

Summerville

State

SC

Zip Code

29485-8175

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of charleston

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804203

Amount of Each Receipt this Period

250.00

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. Daniel Campos III, M.D.

Mailing Address 48 Schooner Ridge Rd

City

Cumb Foreside

State

ME

Zip Code

04110-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816300

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith A. Candiotti M.D.

Mailing Address 940 S Shore Dr

City

Miami

State

FL

Zip Code

33141-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Miller School of M

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808552

Amount of Each Receipt this Period

41.00

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

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

791.00

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. James Carlsen M.D.

Mailing Address 1958 Common Way Rd

City

Orlando

State

FL

Zip Code

32814-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Craig L. Carlson M.D.

Mailing Address 5500 S Spy Glass Cir

City

Sioux Falls

State

SD

Zip Code

57108-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John Carney M.D.

Mailing Address 534 Ridgeview Drive

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808582

Amount of Each Receipt this Period

83.00

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

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

833.00

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. Corey M. Carpenter M.D.

Mailing Address 845 Secret Garden Dr

City

Chattanooga

State

TN

Zip Code

37421-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808539

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Shawn M. Carson ,PACBuild

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AACPMA

Occupation

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alvin R Castillo M.D.

Mailing Address 40 Jamestown Rd

City

Charleston

State

WV

Zip Code

25314-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer

General Anesthesia Services, Inc

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816633

Amount of Each Receipt this Period

250.00

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

541.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chun K. Chan M.D.

Mailing Address 168 Riverwalk Pl

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C1816280

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

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

Mailing Address 1253 Citadel Dr NE

City

Atlanta

State

GA

Zip Code

30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1807468

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John C. Chatelain M.D.

Mailing Address 1319 S.9th St.

City

Fargo

State

ND

Zip Code

58103-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

410.60

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2012

Transaction ID : C1811156

Amount of Each Receipt this Period

41.60

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

166.50

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Chatelain M.D.

Mailing Address 1319 S.9th St.

City

Fargo

State

ND

Zip Code

58103-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

410.60

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811157

Amount of Each Receipt this Period

369.00

Full Name (Last, First, Middle Initial)

B. Jack J. Chavez M.D.

Mailing Address 7319 Lorimar Pl.

City

Knoxville

State

TN

Zip Code

37919-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Department of

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811314

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wen J. Chen M.D.

Mailing Address 2066 Fostoria CIR

City

Danville

State

CA

Zip Code

94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California - San Franci

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811762

Amount of Each Receipt this Period

41.60

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

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

910.60

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. Bayer P. Cheng M.D.

Mailing Address 1118 Ross Clark Cir., #700

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

Occupation

M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814610

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hao Cheng M.B.,B.S.

Mailing Address 2400 Haverford Dr.

City State Zip Code
Troy MI 48098-2378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Pramod K. Chetty M.D.

Mailing Address 750 NE 13th St Ste 200

City State Zip Code
Oklahoma City OK 73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma University Health Sciences Ce

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804644

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elie J. Chidiac M.D.

Mailing Address 1612 Apple Ln.

City

Bloomfield Hills

State

MI

Zip Code

48302-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey K. Clark M.D.

Mailing Address 1835 Lakeview Ct

City

Bloomfield Hills

State

MI

Zip Code

48304-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Richard N. Cochrane M.D.

Mailing Address 1219 Ponderosa Dr N

City

Eau Claire

State

WI

Zip Code

54701-7431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816824

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. Stacy A. Coffin M.D.

Mailing Address 404 Hawthorne Rd., N.

City State Zip Code
 Duluth MN 55812-1540

FEC ID number of contributing federal political committee.

C

Name of Employer

St Lukes Hospital of Duluth

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 25 2012

Transaction ID : C1814551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City State Zip Code
 Bingham Farms MI 48025-2430

FEC ID number of contributing federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

787.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2012

Transaction ID : C1808579

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. John M. Collins M.D.

Mailing Address 12012 Timberlake Dr

City State Zip Code
 Cincinnati OH 45249-1332

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Associates of Cincinnati

Occupation

Anesthesiologist, Pain specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 12 2012

Transaction ID : C1805541

Amount of Each Receipt this Period

500.00

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

1041.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig M. Combs M.D.

Mailing Address 1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TN Medical Center Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert M. Coon M.D.

Mailing Address 5339 S. Toledo

City

Tulsa

State

OK

Zip Code

74135-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI Tulsa

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lisa T. Cooper M.D.

Mailing Address 7134 Buena Vista Ct.

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817317

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. Charles A. Cotton M.D.

Mailing Address 9009 Bella Vista Lane

City State Zip Code
 OKC OK 73131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811747

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cheryl G. Cowens M.D.

Mailing Address 3801 Wilderness Trl.

City State Zip Code
 Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams and Wagner PSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Grant T. Cravens M.D.

Mailing Address 2900 Thomas Ave S Apt 2130

City State Zip Code
 Minneapolis MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesiologists, P.A.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814634

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A. Crone M.D.

Mailing Address 124 E. Cherry Dr.

City

Memphis

State

TN

Zip Code

38117-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1810516

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian L. Cross M.D.

Mailing Address P.O. Box 3010

City

Tustin

State

CA

Zip Code

92781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2012

Transaction ID : C1805539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Susan G. Curling M.D.

Mailing Address 2727 Kirby Dr Apt 11D

City

Houston

State

TX

Zip Code

77098-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810592

Amount of Each Receipt this Period

83.30

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

1083.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City

Plattsburgh

State

NY

Zip Code

12901-6708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

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

Transaction ID : C1802474

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David E. Cutting M.D.

Mailing Address 1889 Fish Hatchery Court

City

Palm Harbor

State

FL

Zip Code

34684-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1816659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Armando D'Arduini M.D.Mailing Address 259 1st St
Dept of Anes

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassau Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1814505

Amount of Each Receipt this Period

200.00

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

491.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Danic M.D.

Mailing Address 14726 Fox

City

Redford

State

MI

Zip Code

48239-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805562

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City

Nichols Hills

State

OK

Zip Code

73116-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.20

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814685

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Anand S. Dash M.D.

Mailing Address 1915 Wrocklage Ave Unit 306

Unit 306

City

Louisville

State

KY

Zip Code

40205-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816504

Amount of Each Receipt this Period

41.60

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

208.20

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. C.Phillip deJarnette M.D.

Mailing Address 888 Guinevere Way SW

City State Zip Code
 Lilburn GA 30047-5449

FEC ID number of contributing federal political committee.

C

Name of Employer

N.A.P.

Occupation

Associate Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 23 2012

Transaction ID : C1812835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James K. DelloRusso M.D.

Mailing Address 18572 Garnet Ln.

City State Zip Code
 Huntington Beach CA 92648

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 06 2012

Transaction ID : C1803184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035-7451

FEC ID number of contributing federal political committee.

C

Name of Employer

Center for Spine Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
 08 29 2012

Transaction ID : C1816503

Amount of Each Receipt this Period

83.30

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

1333.30

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808564

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Louis J. DeWild M.D.

Mailing Address 1215 Pleasant St., #400

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : C1803234

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City

Armonk

State

NY

Zip Code

10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : C1812095

Amount of Each Receipt this Period

83.30

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

624.30

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. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Children

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810596

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City

Miami

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808519

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City

South Portland

State

ME

Zip Code

04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808561

Amount of Each Receipt this Period

83.00

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

207.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 210
(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. Hannah M. Dillon M.D.

Mailing Address 317 E. Canyon View Dr.

City	State	Zip Code
Tucson	AZ	85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : C1806658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cain E. Dimon M.D.

Mailing Address 25450 Franklin Park Dr

City	State	Zip Code
Franklin	MI	48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesia of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814542

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John M. Dinger M.D.

Mailing Address 246 Cedar Heights Dr

City	State	Zip Code
Duncansville	PA	16635-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spring Cove Medical Services, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816811

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J. Doles M.D.

Mailing Address 9149 Brenham Ct

City

Montgomery

State

AL

Zip Code

36117-0923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas A. Dosland M.D.

Mailing Address 9780 Hidden Glade Rd

City

Saint Paul

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kolleen C. Dougherty M.D.

Mailing Address 30 Richards St.

City

South Portland

State

ME

Zip Code

04106-6530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816609

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.10

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812093

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John J. Doyle M.D.

Mailing Address 120 N River Dr

City

St Augustine

State

FL

Zip Code

32095-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Clay County

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813492

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John Draper M.D.

Mailing Address 10616 Casador Del Oso NE

City

Albuquerque

State

NM

Zip Code

87111-6920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Specialists of Albuquerque

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811854

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zoran Drmanovic M.D.

Mailing Address 5600 SW Bellflower Ct.

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808566

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Wendy W. Duchene M.D.

Mailing Address 5512 Aberdeen Rd

City

Fairway

State

KS

Zip Code

66205-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roman Dudaryk M.D.

Mailing Address 1800 NW 10th Ave # T-239

City

Miami

State

FL

Zip Code

33136-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Traum Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805569

Amount of Each Receipt this Period

500.00

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

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

791.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. D'Ann Duesterhoeft M.D.

Mailing Address 5227 Glenbrook Dr

City

Vienna

State

WV

Zip Code

26105-3169

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Anesthesia, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David L. Dugan M.D.

Mailing Address 14207 Independence Ct

City

Basehor

State

KS

Zip Code

66007-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804693

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher J. Dunkerley M.D.

Mailing Address 49 McCormack Rd

City

Slingerlands

State

NY

Zip Code

12159-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805258

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve A. Dunn M.D.

Mailing Address 194 Boulder Dr.

City

Muskegon

State

MI

Zip Code

49444-7748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore 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
08 / 25 / 2012

Transaction ID : C1814532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey W. Dyer-Smith M.D.

Mailing Address 3500 Mountain Lane

City

Mountain Brook

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Perioperative Services, P.C.

Occupation

Anesthesiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817623

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jane Easdown M.D.

Mailing Address 5106 Cornwall Dr

City

Brentwood

State

TN

Zip Code

37027-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

associate Professor of Anesthesiology

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C1808543

Amount of Each Receipt this Period

41.00

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

641.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony L. Edelman M.D.

Mailing Address 1309 Baldwin Ave

City

Ann Arbor

State

MI

Zip Code

48104-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : C1805363

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. David J. Egli M.D.

Mailing Address 120 Red Oak Ln.

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANKATO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1814513

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Beth A. Elliott M.D.Mailing Address Anesthesia Dept.
200 First St. S.W.

City

Rochester

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1812067

Amount of Each Receipt this Period

250.00

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

975.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sean L. Elliott D.O.

Mailing Address 1129 Surrey Hills Road

City State Zip Code
Saint Louis MO 63117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Anesthesiology Associates

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City State Zip Code
East Lansing MI 48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingham Regional Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802473

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Steven W. Emmons M.D.

Mailing Address 6508 Cypress Holw

City State Zip Code
Edmond OK 73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
oklahoma university health science cen

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813480

Amount of Each Receipt this Period

500.00

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

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

833.30

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

Use separate schedule(s)
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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. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City State Zip Code
New York NY 10029

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 ▼

332.80

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810595

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gregory L. Erb M.D.

Mailing Address 14905 W. 60th St

City State Zip Code
Shawnee KS 66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802459

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811259

Amount of Each Receipt this Period

85.00

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

626.60

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

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

Use separate schedule(s)
for each category of the
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☒ 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. Monique Espinosa M.D.

Mailing Address PO Box 16370 (M-820)

Anes. Dept.

City

Miami

State

FL

Zip Code

33101-6370

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 ▼

249.90

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799060

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Eric D. Etzel D.O.

Mailing Address 3701 Timber Creek Ct

City

Eau Claire

State

WI

Zip Code

54701-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816825

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Forest L. Evans Jr., M.D.

Mailing Address PO Box 1928

City

Columbia

State

SC

Zip Code

29202-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802672

Amount of Each Receipt this Period

41.60

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

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

624.90

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
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James C. Evans D.O.

Mailing Address 8765 Clark rd

City

Grand Ledge

State

MI

Zip Code

48837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center Anesthe

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : C1808565

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John M. Evans M.D.

Mailing Address 625 Shoreline Ct

City

Eau Claire

State

WI

Zip Code

54703-2057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816826

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Olawale A. Fadugba M.B.,Ch.B.

Mailing Address 423 E Whispering Ln

City

Galloway

State

NJ

Zip Code

08205-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic City Medical Centre

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1804184

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rhesa S. Farmer M.D.

Mailing Address 5370 E. Camino Francisco Soza

City	State	Zip Code
Tucson	AZ	85718-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : C1811125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ana M. Faus M.D.

Mailing Address 7330 E. Bayaud Ave.

City	State	Zip Code
Denver	CO	80230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Colorado Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : C1812784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Feinerman M.D.

Mailing Address 3906 W Obispo St

City	State	Zip Code
Tampa	FL	33629-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulfcoast Anesthesia Partners

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : C1803150

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

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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. Scott D. Fielden M.D.

Mailing Address PO Box 401805

Anesthesiology Consultants, Inc. C

City State Zip Code
 Las Vegas NV 89140-1805

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc. Crede

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : C1808544

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Ralph Fillmore M.D.

Mailing Address 1118 Ross Clark Cir., #700

City State Zip Code
 Dothan AL 36301

FEC ID number of contributing federal political committee.

C

Name of Employer

ACMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 29 / 2012

Transaction ID : C1816523

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sheldon P. Fineman M.D.

Mailing Address 2269 Kendall St.

City State Zip Code
 Virginia Beach VA 23451

FEC ID number of contributing federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 08 / 2012

Transaction ID : C1804642

Amount of Each Receipt this Period

250.00

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

1333.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cherie F. Fisher M.D.

Mailing Address 11058 Canary Island Ct

City

State

Zip Code

Plantation

FL

33324-8203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cleveland Clinic

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lauren L. Fitzgerald M.D.

Mailing Address 4505 Kamran Ct

City

State

Zip Code

Edmond

OK

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Affiliated Anesthesiologist, LLC

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City

State

Zip Code

Tucson

AZ

85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Old Pueblo Anesthesia

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.60

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814627

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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Detailed Summary Page

FOR LINE NUMBER:
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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. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City
Falmouth

State
ME

Zip Code
04105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807486

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Barry G. Foley M.D.

Mailing Address P.O. Box 940127

City
Maitland

State
FL

Zip Code
32794

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803237

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patrick Foster M.D.

Mailing Address 161 Rosehill Dr

City
Bellefonte

State
PA

Zip Code
16823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Nittany Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816417

Amount of Each Receipt this Period

250.00

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

833.30

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. Deanna K. Fox M.D.

Mailing Address 8513 Rosehill Rd

City

Lenexa

State

KS

Zip Code

66215-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816814

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. G. Craig Fox M.D.

Mailing Address 21 Melrose Ln

City

Green Village

State

NJ

Zip Code

07935-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2012

Transaction ID : C1806717

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Stuart W. Fraley M.D.

Mailing Address 8253 Glengarry Ct.

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : C1814247

Amount of Each Receipt this Period

500.00

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

1083.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (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. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : C1799760

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Samir F. Fuleihan M.D.Mailing Address Harper Hosp., Anes. Dept.
3990 John R

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : C1817318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bennett E. Fuller M.D.

Mailing Address 7301 Aurelia Rd

City

Oklahoma City

State

OK

Zip Code

73121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, LLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : C1816808

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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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. 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 ▼

583.30

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

583.30

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803174

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Brantley Gaitan M.D.

Mailing Address 5777 E Mayo Blvd - Anesthesiology

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Arizona Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816532

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Emilio B. Gallo M.D.

Mailing Address 8930 Southern Breeze Dr.

City State Zip Code
Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael A. Garcia M.D.

Mailing Address 3231 Fountain Blvd.

City State Zip Code
Tampa FL 33609-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Children Specialty Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brett L. Gardner M.D.

Mailing Address 3703 Freedom Dr.

City State Zip Code
Eau Claire WI 54703-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816827

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey C. Gardner M.D.

Mailing Address 935 Oaklawn Ave

City

Winston Salem

State

NC

Zip Code

27104-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest University Dept of Anesthe

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City

San Angelo

State

TX

Zip Code

76904-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816502

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.40

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808567

Amount of Each Receipt this Period

41.00

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

374.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802519

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Tony George M.D.

Mailing Address 7 Layer Dr.

City

Morris Plains

State

NJ

Zip Code

07950-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wisam M. George D.O.

Mailing Address 4775 Driftwood Dr

City

Commerce Township

State

MI

Zip Code

48382-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817319

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy R. Gerry M.D.

Mailing Address 3024 Coltman Ln.

City

Eau Claire

State

WI

Zip Code

54701-5803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1816828

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William W. Gezzar M.D.

Mailing Address 1820 Whitecap Circle

City

North Fort Myers

State

FL

Zip Code

33903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1802504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip M. Gilberstadt M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C

Eau Claire Anes

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1816829

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgpoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805508

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maria A. Gomez M.D.

Mailing Address 5828 N 3RD AVE

City

Phoenix

State

AZ

Zip Code

85013-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814607

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Santiago L. Gomez M.D.

Mailing Address 13 Chateau Pontet Canet Dr

City

Kenner

State

LA

Zip Code

70065-2035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane Hospital

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807483

Amount of Each Receipt this Period

41.60

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

1341.60

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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. Dale A. Gonzales M.D.

Mailing Address 441 S. Livernois Rd., #190

City
Rochester

State
MI

Zip Code
48307-2591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul M. Greaves M.D.

Mailing Address 1165 Linnwood Dr NE

City
Albany

State
OR

Zip Code
97322-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805356

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

C. Dara A. Green M.D.

Mailing Address 13657 Glynshel Drive

City
Winter-Garden

State
FL

Zip Code
34787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnold Palmer Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808548

Amount of Each Receipt this Period

208.00

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

959.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan B. Green M.D., Ph.D

Mailing Address 3621 Shukla Ct

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2012

Transaction ID : C1814648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ralph Gregg M.D.

Mailing Address 18400 Pioneer Rd

City

Fort Myers

State

FL

Zip Code

33908-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : C1813465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. CAROLYN GREGORIUS

Mailing Address 2220 THE KNOLLS

City

LINCOLN

State

NE

Zip Code

68512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Spouse of ASA member

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : C1811256

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen C. Grice M.D.

Mailing Address 9175 Old Southwick Pass

City

Alpharetta

State

GA

Zip Code

30022-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Hospital Northside Anesthesi

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816425

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alina M Grigore M.D.

Mailing Address 2212 Timber Rose Dr

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical School

Occupation

Cardiovascular Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Francisco Grinberg M.D.

Mailing Address 41 Pinnacle Dr

City

South Burlington

State

VT

Zip Code

05403-7914

FEC ID number of contributing
federal political committee.

C

Name of Employer

UVM

Occupation

MD- Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811723

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 210
(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. Andrew M Gross M.D.

Mailing Address 6801 LAKE DEVONWOOD DR

City	State	Zip Code
Fort Myers	FL	33908-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center of Florida

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2012

Transaction ID : C1802521

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Justin A. Gullledge M.D.

Mailing Address 5508 NW 108th Ter

City	State	Zip Code
Oklahoma City	OK	73162-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : C1814518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City	State	Zip Code
Chicago	IL	60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : C1806121

Amount of Each Receipt this Period

50.00

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

591.60

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

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

Use separate schedule(s)
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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. Melanie J. Guthrie A.A.-C, M.

Mailing Address 2411 Holmes Street
MG-200

City State Zip Code
Kansas City MO 64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri - Kansas City

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802522

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Halim D. Haber M.D.

Mailing Address 19 Nantucket Dr

City State Zip Code
Bloomfield Hills MI 48304-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Osama I. Hafez M.D.

Mailing Address 26637 Castlevue Way

City State Zip Code
Wesley Chapel FL 33544-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER ANESTHESIOLO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799107

Amount of Each Receipt this Period

300.00

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

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

591.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Norman J. Halliday M.D.

Mailing Address 660 NE 105th St

City

Miami Shores

State

FL

Zip Code

33138-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami Sch of Med

Occupation

medical practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : C1814974

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Malik A. Hamid M.D.

Mailing Address Anes Dept

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : C1804193

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Aaron Hammond D.O.

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

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : C1802669

Amount of Each Receipt this Period

83.30

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

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

683.30

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. Chad E. Harbin D.O.

Mailing Address 16495 Timberlane Dr

City

Athens

State

AL

Zip Code

35613-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Decatur

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nancy J. Haring M.D.

Mailing Address PO Box 235019

City

Montgomery

State

AL

Zip Code

36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Jeanette A. Harrington M.D.

Mailing Address 200 Hawkins Dr

Department of Anesthesiology

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa Hospitals and Clini

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810597

Amount of Each Receipt this Period

83.30

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

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

1583.30

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. James A. Harris D.O.

Mailing Address 3238 Gallows Rd

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810590

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Steven J. Hauck M.D.

Mailing Address 714 September Chase

City

Wellford

State

SC

Zip Code

29385-9228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartanburg Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803249

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joy L. Hawkins M.D.

Mailing Address 12631 E 17th Ave, MS 8203

City

Aurora

State

CO

Zip Code

80045-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado School of Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814522

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert E. Heflin M.D.

Mailing Address 6 Fairview Hts

City

Parkersburg

State

WV

Zip Code

26101-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Anesthesia Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas D. Heiman M.D.

Mailing Address 3670 E 1st St Apt B

City

Long Beach

State

CA

Zip Code

90803-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803239

Amount of Each Receipt this Period

300.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen W. Heimbach M.D.

Mailing Address 1105 Camelot Dr

City

Yukon

State

OK

Zip Code

73099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma University Health Sciences Ce

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael R. Hejtmanek M.D.

Mailing Address 2222 40th St.

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807475

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard L. Henry M.D.

Mailing Address 3046 Obrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802676

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Michelle J. Herman M.D.

Mailing Address 7460 W. Ina Road

City

Tucson

State

AZ

Zip Code

85743

FEC ID number of contributing
federal political committee.

C

Name of Employer

southern arizona anesthesiology

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816527

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter G. Hild M.D.

Mailing Address 3901 Rainbow Blvd.
2467 Bell Mem. Hosp.

City

Kansas City

State

KS

Zip Code

66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Anesthesiology Found

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804158

Amount of Each Receipt this Period

500.00

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

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

791.60

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. Vernon C. Hill M.D.

Mailing Address 1621 Stanford Drive

City

Anchorage

State

AK

Zip Code

99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAMG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City

Belleair

State

FL

Zip Code

33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808545

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Maggie M. Ho D.O.

Mailing Address 9 Carleys Way

City

Rockaway

State

NJ

Zip Code

07866-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anest. Group St. Clares Hosp.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816410

Amount of Each Receipt this Period

250.00

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

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

541.00

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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. Stephen Q. Hoang M.D.

Mailing Address 5930 Royal Ln # E-171

City	State	Zip Code
Dallas	TX	75230-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Medical Center DallasOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : C1816577

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joyce L. Hoatson M.D.

Mailing Address 2127 S Terrace Blvd

City	State	Zip Code
Longwood	FL	32779-4888

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR AnesthesiaOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : C1812772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dag Holmsen M.D.

Mailing Address 73 Oxen Dr

City	State	Zip Code
Oakland	ME	04963-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennebec Anesthesia AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : C1806661

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Houlton M.D.

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Memorial Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811149

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Jeffrey Huang M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGO

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813475

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.60

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808563

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.60

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811765

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lewis A. Hunt M.D.

Mailing Address 36 Foxchase

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1809226

Amount of Each Receipt this Period

1000.00

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

1166.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City Birmingham State AL Zip Code 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808557

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. John M. Hunter M.D.

Mailing Address 46-133 Punalei Pl

City Kaneohe State HI Zip Code 96744-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Anesthesia Medical Group, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John H. Huntington M.D.

Mailing Address 3333 Evergreen Dr., NE

City Grand Rapids State MI Zip Code 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808547

Amount of Each Receipt this Period

41.00

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

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

582.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 100254- Hurley

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL Med Ctr Anes Dept

Occupation

Pain Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2012

Transaction ID : C1805297

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2012

Transaction ID : C1807476

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Thomas F. Ingersoll M.D.

Mailing Address 8600 N. Route 91, Suite #250

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2012

Transaction ID : C1816242

Amount of Each Receipt this Period

250.00

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

374.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan N. Iovan M.D.

Mailing Address 6640 Valley Spring

City

Bloomfield Township

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816247

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew J. Irwin M.D.

Mailing Address 3317 Evergreen Lanen

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Dept of Anesth

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City

Mansfield

State

OH

Zip Code

44903-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816501

Amount of Each Receipt this Period

100.00

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

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

1100.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Jabour M.D.

Mailing Address 10571 Greenbelt Dr.

City State Zip Code
 Clive IA 50325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associated Anesthesiologists, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City State Zip Code
 Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cleveland Clinic Florida

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808517

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Aurelia D. Jamerson M.D.

Mailing Address 5434 Avalon Ct.

City State Zip Code
 West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817323

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 5251 Westminster Dr

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802547

Amount of Each Receipt this Period

500.00

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 ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807487

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. J. Lawrence Jayne Jr., M.D.

Mailing Address 350 Blountville Highway
Suite 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804639

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City

San Luis Obispo

State

CA

Zip Code

93401-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808550

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. William M. Jenkins J.D., M.B.

Mailing Address 3938 Blackstone Court

City

Hayward

State

CA

Zip Code

94542

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Jenkins, M.D.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.40

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802475

Amount of Each Receipt this Period

83.30

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

416.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. F. Jimenez M.D.

Mailing Address 116 Seven Iron Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corporation

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Denise C. Joffe M.D.

Mailing Address 2222 78th Ave. SE

City

Mercer Island

State

WA

Zip Code

98040-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of washington

Occupation

md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1811855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Adam S. Johnson M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1809222

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. Brad N. Johnson D.O.

Mailing Address 303 W Spring Meadows Ln

City

State

Zip Code

Dewitt

MI

48820-7711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lansing Anesthesiologist, P.C.

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Johnson M.D.

Mailing Address 5007 Monica Rd NW

City

State

Zip Code

Huntsville

AL

35810-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Huntsville Anesthesiology Consultants

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1816895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul W. Johnson M.D.

Mailing Address 39 Woodmere Dr.

City

State

Zip Code

Dothan

AL

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Consultants Medical Group,

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804307

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rushton M. Jones M.D.

Mailing Address 1 Shire Cir

City State Zip Code
 East Greenbush NY 12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : C1811847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William M. Jordan M.D.

Mailing Address 1859 Ridge Ave

City State Zip Code
 Montgomery AL 36106-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 17 / 2012

Transaction ID : C1811245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Vilma A. Joseph M.D.

Mailing Address 682 Frick St

City State Zip Code
 Elmont NY 11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monetefiore Medical Center Albert Eins

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : C1816281

Amount of Each Receipt this Period

41.60

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

1291.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Kapla M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
 Eau Claire Anesthesiologists

City State Zip Code
 Eau Claire WI 54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Suzanne B. Karan M.D.

Mailing Address 1410 Highland Ave

City State Zip Code
 Rochester NY 14620-1876

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester - Strong Memor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799058

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Vida R. Kasuba M.D.

Mailing Address 1406 Elizabeth Ct

City State Zip Code
 Coraopolis PA 15108-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer

PITTSBURGH ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816810

Amount of Each Receipt this Period

250.00

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

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

791.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City
Chicago

State
IL

Zip Code
60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807477

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Eric H. Katz M.D.

Mailing Address 10830 S. Tropical Trl.

City

Merritt Island

State

FL

Zip Code

32952-7013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Melbourne Anesthesia, P.A.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John L. Keating M.D.

Mailing Address 514 W Pueblo St Fl 2

City

Santa Barbara

State

CA

Zip Code

93105-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Med Grp of Santa Barbara

Occupation
Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814661

Amount of Each Receipt this Period

250.00

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric R. Kelhoffer M.D.

Mailing Address 250 E 53rd St Apt 504

City
New York

State
NY

Zip Code
10022-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sloan-Kettering Cancer Center Anes. De

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John A. Kellow M.D.

Mailing Address 5683 Branford Dr

City

West Bloomfield

State

MI

Zip Code

48322-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advances Anesthesia Assoc., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James K. Kerr III, M.D.

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811759

Amount of Each Receipt this Period

83.30

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805561

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Edward N. Kim M.D.

Mailing Address 2967 Warner Dr.

City

West Bloomfield

State

MI

Zip Code

48324-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th Pl

City

Kirkland

State

WA

Zip Code

98034-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia - Evergreen Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812097

Amount of Each Receipt this Period

100.00

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

433.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Collin K. King M.D.

Mailing Address 901 Persimmon Pl

City

Birmingham

State

AL

Zip Code

35226-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1816804

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Benjamin M. Kline M.D.

Mailing Address 9 Brookfield Ave.

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nicholas Koehler M.D.

Mailing Address 11807 Park Ave

City

Seffner

State

FL

Zip Code

33584-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Florida

Occupation

Anesthesiologist Pain Fellow

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802458

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<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. Rainer Kohrs M.D.

Mailing Address 6819 E 116th St

City

Bixby

State

OK

Zip Code

74008-8251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1811709

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vesela Kovacheva M.D., Ph.D

Mailing Address 790 Boylston St Apt 23F

City

Boston

State

MA

Zip Code

02199-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hospital

Occupation

attending

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1814611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Wenzel Daniel Kovarik M.D.

Mailing Address 51 Prospect St

City

Portland

State

ME

Zip Code

04103-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1814530

Amount of Each Receipt this Period

250.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan D. Kreher M.D.

Mailing Address 7719 Wynlakes Blvd.

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811243

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802515

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Gopal Krishna M.D.

Mailing Address 8807 Jules ILane

City

Indianapolis

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer

IUHP, Indianapolis, IN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812781

Amount of Each Receipt this Period

250.00

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

1333.30

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. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807469

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Scott M. Kuhnert M.D.

Mailing Address 4640 Hawk Hollow Dr E

City

Bath

State

MI

Zip Code

48808-8776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Pain Management, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.30

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811095

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John E. Kurtz M.D.

Mailing Address 929 Arboretum Dr.

City

Saline

State

MI

Zip Code

48176-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817328

Amount of Each Receipt this Period

250.00

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

433.30

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

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. Andre M. Kwa M.D.

Mailing Address 1859 Oakbrook Dr

City

Longwood

State

FL

Zip Code

32779-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George Kwitka M.D.

Mailing Address PO Box 483

City

Mandan

State

ND

Zip Code

58554-0483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807943

Amount of Each Receipt this Period

175.00

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

675.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808524

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808541

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Benjamin A. Lampert M.D.

Mailing Address 245 S Farm Road 197

City

Springfield

State

MO

Zip Code

65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814674

Amount of Each Receipt this Period

1000.00

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

1124.30

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. Tanner Lang M.D.

Mailing Address N3292 Feather Ridge Dr

City State Zip Code
 Appleton WI 54913-9698

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAA anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gordon M. Langston M.D.

Mailing Address 1110 Gist St

City State Zip Code
 Columbia SC 29201-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804179

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City State Zip Code
 Edmond OK 73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808571

Amount of Each Receipt this Period

41.00

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

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

1041.00

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. Kathryn K. Lauer M.D.

Mailing Address 9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Froedter Memorial Lutheran Hospital

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812804

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James S. Lawrence Jr., M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789

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 ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811818

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gary Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct Ste 101

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808549

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phong H. Le D.O.

Mailing Address 3361 Hollow Spring Dr

City

Dewitt

State

MI

Zip Code

48820-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

McClaren of Greater Lansing

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814692

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City

Winter Garden

State

FL

Zip Code

34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805376

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Abhijit V. Lele M.B.,B.S.

Mailing Address 9663 Cailler Dr

City

Lenexa

State

KS

Zip Code

66220-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

NEURO-INTENSIVIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804192

Amount of Each Receipt this Period

250.00

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

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

1291.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City
New York

State Zip Code
NY 10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University Department of Anesthes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811145

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Penny J. Lindgren M.D.

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

City
Albuquerque

State Zip Code
NM 87110

FEC ID number of contributing
federal political committee.

C

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

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John L. Lindsey III, M.D.

Mailing Address 3216 N 161st St

City
Omaha

State Zip Code
NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia West PC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802554

Amount of Each Receipt this Period

250.00

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

791.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807479

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Joe Z. Liu M.D.

Mailing Address 3456 Balfour Dr

City

Troy

State

MI

Zip Code

48084-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Rene A. Llera Jr., M.D.

Mailing Address PO Box 235019

City

Montgomery

State

AL

Zip Code

36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811247

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Lodahl M.D.

Mailing Address E2855 Hailey Ln

City

Eau Claire

State

WI

Zip Code

54701-8882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen P. Long M.D.

Mailing Address 1501 Maple Ave Ste 301

Commonwealth Pain Specialists, LLC

City

Richmond

State

VA

Zip Code

23226-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Pain Specialists, LLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2012

Transaction ID : C1811172

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Thomas D. Looke M.D.,Ph.D.

Mailing Address 4609 Jetty St

City

Orlando

State

FL

Zip Code

32817-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

Transaction ID : C1816491

Amount of Each Receipt this Period

500.00

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

1041.60

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. Timothy Lorenz M.D.

Mailing Address 2864 N.E. 25th Ct.

City State Zip Code
Fort Lauderdale FL 33305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesco

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804180

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
N411 Doan Hall

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811213

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Anne M. Lynn M.D.

Mailing Address 6049 51st Ave NE

City State Zip Code
Seattle WA 98115-7707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of WashingtonSeattle Childr

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803232

Amount of Each Receipt this Period

250.00

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

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

691.60

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

Mailing Address 1070 Arastradero Rd Ste 285

City State Zip Code
Palo Alto CA 94304-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Univ Med Ctr Dept of Anes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1808156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Myrtice Macon M.D.

Mailing Address 4343 Quarton

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
south oakland anesthesiologist associa

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City State Zip Code
Troy MI 48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford West Bloomfield Hospital An

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.10

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813522

Amount of Each Receipt this Period

83.30

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

583.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Manalo M.D.

Mailing Address 6560 High Dr.

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845

City

Birmingham

State

AL

Zip Code

35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808551

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Philip A. Mandato D.O.

Mailing Address 607 Fairway Dr

City

Telford

State

PA

Zip Code

18969-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811138

Amount of Each Receipt this Period

500.00

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

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

1083.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Mann M.D.

Mailing Address 989 Innswood Ct.

City

Longwood

State

FL

Zip Code

32779-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1816876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frederick M. Mansfield M.D.

Mailing Address 827 Ellwood Ave

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Westley T. Manske D.O.

Mailing Address 2319 Rivers Edge Dr

City

Altoona

State

WI

Zip Code

54720-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816833

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mollyann G. March M.D.

Mailing Address 6504 Greentree Rd.

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802517

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Rhonda A. Marvar M.D.

Mailing Address 43 Oxford

City

Pleasant Ridge

State

MI

Zip Code

48069

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Cardiovascular Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812071

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pamela J. Masoud M.D.

Mailing Address 2828 N Folkestone Loop

City

Hernando

State

FL

Zip Code

34442-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crystal River Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rima Matevosian M.D.

Mailing Address 1934 Rimcrest Dr.

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing
federal political committee.

C

Name of Employer

OV-UCLA Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian G. McAllister M.D.

Mailing Address 39 Rangers Way

City

Cumberland

State

ME

Zip Code

04021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814660

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell K. McAllister M.D.

Mailing Address 2401 S 31st St

City

Tempe

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Maurice G. McCabe M.D.

Mailing Address 126 Appleton Ln

City

Madison

State

AL

Zip Code

35756-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS OF HUNTSVILLE

Occupation

M.D.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808581

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Felicia M. McCreary M.D.

Mailing Address 4724 N. 69th St.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811760

Amount of Each Receipt this Period

100.00

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

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

391.00

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. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City

Phoenix

State

AZ

Zip Code

85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803226

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dennis L McCrery Jr., M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael G. McCue M.D.

Mailing Address 881 Watkins St

City

Birmingham

State

MI

Zip Code

48009-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808555

Amount of Each Receipt this Period

83.00

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

708.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 5801 S Ellis Ave, RM 514

Dept of Anes & Critical Care

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814684

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807488

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Edward K. McGough M.D.

Mailing Address 120 S Bend Dr

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799116

Amount of Each Receipt this Period

500.00

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

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

624.90

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. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808562

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816612

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jaideep H. Mehta M.D.

Mailing Address UTHSC, Dept of Anesthesiology
6431 Fannin St., MSB 5.020

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.60

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802671

Amount of Each Receipt this Period

41.70

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

208.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walter J. Merrell M.D.

Mailing Address 1450 Alabama Dr.

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric J. Miano M.D.

Mailing Address 12130 Sawhill Blvd

City

Spotsylvania

State

VA

Zip Code

22553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spotsylvania Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804159

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Douglas T. Miller M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

ago

Occupation

md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814714

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. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808577

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI-LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.10

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802673

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807489

Amount of Each Receipt this Period

83.30

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

207.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Q. Milz M.D.

Mailing Address 5211 Terre Bone Trl

City

Eau Claire

State

WI

Zip Code

54701-9380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811258

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Sharon D. Minott M.D.

Mailing Address 2300 Haggerty Rd Ste 2100

City

West Bloomfield

State

MI

Zip Code

48323-2191

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817331

Amount of Each Receipt this Period

250.00

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

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

850.00

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. Barry Moody M.D.

Mailing Address 216 Marengo St.,
Suite F

City State Zip Code
Florence AL 35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barry J. Moody, DMD, MD, PC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811743

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Avijit Mookerjee M.D.

Mailing Address 5150 Winlane

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas A. Moore II, M.D.

Mailing Address 1748 Vestwood Hills Dr

City State Zip Code
Vestavia AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama School of Medici

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808572

Amount of Each Receipt this Period

125.00

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

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

875.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 210
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George A. Moresea M.D.

Mailing Address 1232 Ashwood Rd

City	State	Zip Code
Akron	OH	44312-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stark County Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816598

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : C1803254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott C. Morrow M.D.

Mailing Address 8252 Tivoli Drive

City	State	Zip Code
Orlando	FL	32836-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814593

Amount of Each Receipt this Period

500.00

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

833.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phillip J. Mosca M.D.

Mailing Address 135 Sheffield Dr

City

Freehold

State

NJ

Zip Code

07728-7771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phillip J. Mosca, M.D., LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807462

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Moya M.D.

Mailing Address 1450 Madruga Ave Ste 207

City

Coral Gables

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jianlong Mu M.D.

Mailing Address 5 Harvest Ln

City

Hockessin

State

DE

Zip Code

19707-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814535

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael L. Mueller M.D.

Mailing Address 1520 Chandler Rd SE

City

Huntsville

State

AL

Zip Code

35801-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814599

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808526

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Robert F. Murray III, M.D.

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810599

Amount of Each Receipt this Period

83.30

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

1166.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D. Nachtigal M.D.

Mailing Address 3901 Rainbow Blvd MS 1034

City
Kansas City

State Zip Code
KS 66160

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Physicians

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804186

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Y. Nakajima M.D.

Mailing Address PO Box 4918

City
Orlando

State Zip Code
FL 32802-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolverine Anesthesia Consultants

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814523

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Balajee G. Nallamothe M.D.

Mailing Address 2930 W Hickory Grove Rd

City
Bloomfield Hills

State Zip Code
MI 48302-0931

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOAA

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812785

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Norah N. Naughton M.D.

Mailing Address 4270 Plymouth Road

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814543

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James E. Navratil M.D.

Mailing Address 9288 E Mountain Spring Rd

City

Scottsdale

State

AZ

Zip Code

85255-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2012

Transaction ID : C1814650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin S. Neff M.D.

Mailing Address 25870 Woodlore Rd

City

Franklin

State

MI

Zip Code

48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817332

Amount of Each Receipt this Period

250.00

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

833.30

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. Eric J. Neller M.D.

Mailing Address 9316 Autumn Road

City

Oklahoma City

State

OK

Zip Code

73151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eric Neller MD PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Khanh Nguyen M.D.

Mailing Address 3 Northwood Pl

City

Colts Neck

State

NJ

Zip Code

07722-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthebest, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804183

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City

Cumming

State

GA

Zip Code

30041-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807471

Amount of Each Receipt this Period

83.30

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

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

1083.30

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. William W. Nichols M.D.

Mailing Address 1515 37th Ave

City
Seattle

State
WA

Zip Code
98122-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811682

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel G. Nicoli M.D.

Mailing Address 5540 Tanglewood Dr.

City
Ann Arbor

State
MI

Zip Code
48105-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803165

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Craig A. Nordhues M.D.

Mailing Address 104 Inverness Dr

City
Dothan

State
AL

Zip Code
36305-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Grp

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805500

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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. Patrick J. Noud M.D.

Mailing Address 6914 NW 126th Ave

City

Parkland

State

FL

Zip Code

33076-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESCO North Broward

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Blessing B. Nwosu M.B.,B.S.

Mailing Address 188 Santure St.

City

Monroe

State

MI

Zip Code

48162-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARPER UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Richard P. O'Flynn M.D.

Mailing Address 10 White Pine Ln.

City

Rose Valley

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Hill Anesthesia Consultants at

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2012

Transaction ID : C1805544

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerome F. O'Hara Jr., M.D.

Mailing Address 2931 Hunters Woods Ln

City

Willoughby Hills

State

OH

Zip Code

44094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City

Decatur

State

IL

Zip Code

62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812822

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Thomas A. Olen D.O.

Mailing Address 2141 N. Yasimin Ct.

City

Midland

State

MI

Zip Code

48642-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer

MidMichigan Anesthesiology Group PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802518

Amount of Each Receipt this Period

41.60

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

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

391.60

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan Orme M.D.

Mailing Address 10001 E 33rd Street

City

Jones

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Walid A. Osta M.D.

Mailing Address 27222 Timber Trl

City

Dearborn Hts

State

MI

Zip Code

48127-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James A. Ottevaere M.D.

Mailing Address 8115 160th St

City

Chippewa Falls

State

WI

Zip Code

54729-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816837

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn D. Owen D.O.

Mailing Address 411 Laurel St., #3170

City

Des Moines

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin A. Pace D.O.

Mailing Address 231 Charleston Court, South

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Assoc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811250

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mansukhlal G. Padalia M.D.

Mailing Address 2115 Orleans Dr.

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813496

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juhan Paiste M.D.

Mailing Address 1245 S. Cedar Crest Blvd.
Suite 301

City State Zip Code
Allentown, PA PA 18103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allentown Anesthesia Associates, Inc.

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814544

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Chol Y. Pak M.D.

Mailing Address 5716 NW El Rey Dr

City State Zip Code
Camas WA 98607-9120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Anesthesia Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802541

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City State Zip Code
Springfield MO 65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Springfield

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808559

Amount of Each Receipt this Period

83.00

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

216.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2012

Transaction ID : C1812821

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Thomas J. Papadimos M.D.

Mailing Address 4313 Oak Wood Ct

City

Dublin

State

OH

Zip Code

43016-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : C1806722

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807480

Amount of Each Receipt this Period

83.30

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

208.20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 210
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Park M.D.

Mailing Address 11299 Ross Ct

City	State	Zip Code
Union	KY	41091-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEMC Anes. Dept.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : C1816894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott G. Parkhill M.D.

Mailing Address 300 S. Arlington Ave.

City	State	Zip Code
Reno	NV	89501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Reno

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : C1807455

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City	State	Zip Code
Bloomfield Hills	MI	48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : C1807472

Amount of Each Receipt this Period

83.30

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

1083.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen G. Parr M.D.

Mailing Address 5008 Ilchester RD

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkway Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : C1814520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Padmavathi Patel M.D.

Mailing Address 3990 John R

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harper Univ. Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael A. Patt M.D.

Mailing Address 1510 Surria Ct.

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817349

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl A. Patterson M.D.

Mailing Address 972 Mc Donald Dr.

City State Zip Code
 Northville MI 48167

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of Ann Arbor

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Toni R. Patterson D.O.

Mailing Address 927 Arlington Oaks Ter

City State Zip Code
 Chesterfield MO 63017-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physician Anesthesia Services

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811720

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cebra

City State Zip Code
 Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern Arizona Anesthesia Services

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816619

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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. Samuel Perov M.D.

Mailing Address 5027 W. Bloomfield Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Receiving Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeremie J. Perry M.D.

Mailing Address 2410 Whispering Oaks Ct.

City

Abilene

State

TX

Zip Code

79606-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808569

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Theodore A. Peterson M.D.

Mailing Address 3632 21st Ave. S.

City

St. Cloud

State

MN

Zip Code

56301-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of St. Cloud

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816812

Amount of Each Receipt this Period

250.00

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

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

583.00

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. Lang-Ha T. Pham M.D.

Mailing Address 10015 Petra Ct NE

City

Albuquerque

State

NM

Zip Code

87122-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital, Albuquerque

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804175

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith N Phillippi M.D.

Mailing Address 109 Shoreline Dr

City

Macon

State

GA

Zip Code

31211-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Macon

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Amy M. Pichoff M.D.

Mailing Address 3901 Rainbow Blvd MC 1034

Department of Anesthesiology

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805638

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wesley V. Picolo Jr., M.D.

Mailing Address 7401 SW 5th St.

City

State

Zip Code

Plantation

FL

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Health Care

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1813504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Margaret A. Pitts M.D.

Mailing Address 25 Birchdale Rd

City

State

Zip Code

Bow

NH

03304-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

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

Transaction ID : C1808556

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

Anesthesia Consultants Medical Gro

City

State

Zip Code

Dothan

AL

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

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

Transaction ID : C1807490

Amount of Each Receipt this Period

83.30

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

416.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Polaner M.D.

Mailing Address 13123 E 16th Ave

Dept. of Anesthesiology, B090

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : C1816509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2012

Transaction ID : C1808528

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808578

Amount of Each Receipt this Period

83.00

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

433.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808520

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Linda S. Polley M.D.

Mailing Address 12 Ridgeway St

City

Ann Arbor

State

MI

Zip Code

48104-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Health System

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Julia E. Pollock M.D.

Mailing Address 1100 Ninth Avenue B2-AN

City

Seattle

State

WA

Zip Code

98111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia-Mason Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816297

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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. Karl A. Poterack M.D.

Mailing Address 5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816420

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807467

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John Q. Public

Mailing Address 520 N. Northwest Hwy

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808554

Amount of Each Receipt this Period

41.00

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

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

1124.30

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. Jacob S. Pugsley M.D.

Mailing Address 123 Second Ave # 901

City

Salt Lake City

State

UT

Zip Code

84103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan S. Radin M.D.

Mailing Address 12720 Frank Dr S

City

Seminole

State

FL

Zip Code

33776-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Owen R. Rahman M.D.

Mailing Address 4580 Island Reef Dr

City

Wellington

State

FL

Zip Code

33449-8394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803168

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 146 OF 210
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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. Craig D. Ramsdell M.D.

Mailing Address 56 Lochmoor Blvd.

City

Grosse Pointe Shores

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : C1811254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephanie L. Randall M.D.

Mailing Address 6911 Van Dorn St Ste 2

City

Lincoln

State

NE

Zip Code

68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2012

Transaction ID : C1805360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City

Miami Beach

State

FL

Zip Code

33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : C1808558

Amount of Each Receipt this Period

83.00

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

833.00

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. Puli G. Reddy M.D.

Mailing Address 1118 Ross Clark Circle, #700

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816302

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John R. Reisinger M.D.

Mailing Address 1526 Northway Dr

City State Zip Code
Saint Cloud MN 56303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Minnesota Anesthesia, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mikhail Reznikov M.D.

Mailing Address 6899 Reed Ct.

City State Zip Code
West Bloomfield MI 48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817338

Amount of Each Receipt this Period

250.00

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

1500.00

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

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 A. Riabov M.D.

Mailing Address 3 Warwick Rd

City

Chatham

State

NJ

Zip Code

07928-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda J. Rice M.D.

Mailing Address 1139 42nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33703-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens Hospital

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802446

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Rich M.D.

Mailing Address 2900 Keelingwood Ct.

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802675

Amount of Each Receipt this Period

41.60

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

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

2291.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Don G. Richter M.D.

Mailing Address 15135 Stearns Pl

City

Shawnee Mission

State

KS

Zip Code

66221-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia, Assoc

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cameron J. Ricks M.D.

Mailing Address 33965 Malaga Dr

City

Dana Point

State

CA

Zip Code

92629-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808521

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807484

Amount of Each Receipt this Period

83.30

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

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

374.90

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 K. Rigsby M.D.

Mailing Address 235 Live Oak Ln.

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLRmed

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeremy M. Roberts D.O.

Mailing Address 4056 Scott B Dr

City

Saint Clair

State

MI

Zip Code

48079-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASAPC C/O ABC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Vonn E. Roberts M.D.

Mailing Address 5111 Cavy Rd

City

Lincoln

State

NE

Zip Code

68516-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1810350

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Babak Roboubi M.D.

Mailing Address 7305 Helmsdale Rd.

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington hospital center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811162

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ignacio J. Rodriguez M.D.

Mailing Address 2387 W 68th St Ste 401

City State Zip Code
 Hialeah FL 33016-6890

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Miami Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808575

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. John Rogoski D.O.

Mailing Address Dept. of Anesthesiology
 Doan Hall N411

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wexner Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811144

Amount of Each Receipt this Period

83.30

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

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

666.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa D. Rose M.D.

Mailing Address 109 Masters Way

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services Associates, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Rosemeier M.D.

Mailing Address 10004 Crystalline Ct

City

Orlando

State

FL

Zip Code

32836-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806119

Amount of Each Receipt this Period

377.00

Full Name (Last, First, Middle Initial)

C. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811147

Amount of Each Receipt this Period

83.30

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

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

710.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald J. Rothstein M.D.

Mailing Address 1728 Via Boronada

City State Zip Code
 Palos Verdes Estates CA 90274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrance Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City State Zip Code
 Jones OK 73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808529

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Michael G. Royce M.D.

Mailing Address 2469 E 33rd St

City State Zip Code
 Tulsa OK 74105-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803143

Amount of Each Receipt this Period

1000.00

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

1333.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen M. Rublaitus D.O.

Mailing Address 278 S Kenmore Avenue

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805510

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Konstantin I. Rusin M.D.

Mailing Address 1732 Foxdale Lane

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Russell M.D.

Mailing Address 4190 Skyline Ranch Court

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer

WRAC, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816360

Amount of Each Receipt this Period

250.00

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

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

800.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christa Rylant M.D.

Mailing Address 13321 N Meridian Ave Ste 402

City State Zip Code
Oklahoma City OK 73120-8356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliated Anesthesiologists LLC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : C1814812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rita Fattouch Saikali M.D.

Mailing Address 52 Prince of Wales Ct

City State Zip Code
Williamsville NY 14221-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wagdy Ghaly MD PC

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2012

Transaction ID : C1816500

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Richard G. Saloom M.D.

Mailing Address 1757 Imperial Blvd

City State Zip Code
Lake Charles LA 70605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperial Calcasieu Surgery Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : C1813482

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S. Saltzman M.D.

Mailing Address 1581 Brickell Ave., Apt. #2301

City
Miami

State
FL

Zip Code
33129-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811146

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John D. Scheub M.D.

Mailing Address 585 Neck Road

City

Rochester

State

MA

Zip Code

02770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Cape Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816254

Amount of Each Receipt this Period

250.00

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

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

583.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Schinelli M.D.

Mailing Address 1855 Vermack Ct.

City

Dunwoody

State

GA

Zip Code

30338-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816597

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. James C. Scott M.D.

Mailing Address 1512 Cornell Dr NE

City

Albuquerque

State

NM

Zip Code

87106-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albuquerque VAMC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : C1804276

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James A. Scowcroft M.D.

Mailing Address 3601 W 139th St

Anesthesia Assoc. of Kansas City

City

Overland Park

State

KS

Zip Code

66224-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : C1802477

Amount of Each Receipt this Period

41.60

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

583.20

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alvaro M. Segura-Vasi M.D.

Mailing Address 216 Marengo St Ste F

City

Florence

State

AL

Zip Code

35630-6034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beer, Simon, Williams, Moody and Asso

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kurt A. Senn M.D.

Mailing Address 3104 Blue Lake Dr., #110

City

Birmingham

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816391

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel W. Sewell M.D.

Mailing Address PO Box 51947

City

Knoxville

State

TN

Zip Code

37950-1947

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

08 / 20 / 2012

Transaction ID : C1811203

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Sheplock M.D.

Mailing Address 705 Riley Hospital Drive, Rm 2001

City
Indianapolis

State
IN

Zip Code
46202-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807485

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Richard Y. Shin M.D.

Mailing Address 4123 Stoneleigh

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sally M. Shughart M.D.

Mailing Address 1837 Greenwood Rd SW

City

Roanoke

State

VA

Zip Code

24015

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799112

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Shwachman M.D.

Mailing Address 315 N. 3rd Ave., Suite 200

City State Zip Code
Covina CA 91723-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1814517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ben Shwachman M.D.

Mailing Address 315 N. 3rd Ave., Suite 200

City State Zip Code
Covina CA 91723-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
Sherman Oaks CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cedars-Sinai Medical Center Anes. Dept

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808516

Amount of Each Receipt this Period

83.30

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dean Sider M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811817

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel L. Silvasi M.D.

Mailing Address 2655 Amberly

City

Bloomfield Hills

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kirsten J. Simanonok M.D.

Mailing Address N78 W14573 Appleton Ave., #212

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Hospital Of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811240

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph E. Simpson M.D.

Mailing Address 1524 Agawela Ave.

City

Knoxville

State

TN

Zip Code

37919-8317

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2012

Transaction ID : C1805369

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Harpreet Singh M.D.

Mailing Address 4930 Charing Cross Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick W. Slatev M.D.

Mailing Address 1909 Mulholland Dr

City

Edmond

State

OK

Zip Code

73012-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2012

Transaction ID : C1814659

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

Dept of Anes - N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807470

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2012

Transaction ID : C1802516

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Floyd L. Smith M.D., Ph.D

Mailing Address 3410 Overholser Dr.

City

Bethany

State

OK

Zip Code

73008-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

Transaction ID : C1811708

Amount of Each Receipt this Period

250.00

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

416.60

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. Jeremy B. Smith M.D.

Mailing Address 525 Boulder Lake Way

City

Vestavia

State

AL

Zip Code

35242-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803205

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joel D. Smith D.O.

Mailing Address 60 Tukey Rd.

City

Oakland

State

ME

Zip Code

04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine General Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1811860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Perry W. Smith M.D.

Mailing Address 4017 Old Leeds Rdg

City

Mountain Brk

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799156

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark T. Sontag M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C

Eau Claire Anes

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816838

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vitaly D. Soskin M.D., Ph.D

Mailing Address 3990 John R St, Box 162

City

Detroit

State

MI

Zip Code

48201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Roy G. Soto M.D.

Mailing Address 355 Sycamore Ct

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1803225

Amount of Each Receipt this Period

41.60

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

791.60

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. Fouad Souki M.D.

Mailing Address 253 NE 2nd St Apt 1709

City
Miami

State
FL

Zip Code
33132-2292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Health System

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802444

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Christopher L. Southwick M.D.

Mailing Address 10028 Perry Dr

City

Overland Park

State

KS

Zip Code

66212-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwick LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811186

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George J. Spessot M.D.

Mailing Address 71 Judson Place

City

Rockville Centre

State

NY

Zip Code

11571-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808542

Amount of Each Receipt this Period

83.00

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

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

1483.00

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. Rachel A. Spitznagel M.D.

Mailing Address 8200 Dodge St

City

Omaha

State

NE

Zip Code

68114-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital and Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.60

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804678

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Douglas S. Spurgeon M.D.

Mailing Address 6911 Van Dorn, Suite 2

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804665

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard A. Stark M.D.

Mailing Address 915 E. Eagle Lake Dr.

City

Kalamazoo

State

MI

Zip Code

49009-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810594

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.40

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806725

Amount of Each Receipt this Period

83.30

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

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

1166.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
Cullman AL 35055-5385

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 ▼

437.50

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811214

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Strickland M.D.

Mailing Address 3445 Maguire Rd

City State Zip Code
Windermere FL 34786-7851

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804628

Amount of Each Receipt this Period

500.00

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

812.50

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Talarico D.O.Mailing Address University of Pittsburgh Medical C
200 Lothrop St C-205

City	State	Zip Code
Pittsburgh	PA	15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pittsburgh Medical Center

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807473

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City	State	Zip Code
Ann Arbor	MI	48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia assoc of ann arbor

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : C1803224

Amount of Each Receipt this Period

83.30

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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814600

Amount of Each Receipt this Period

500.00

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

624.90

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. Robert Tawil M.D.

Mailing Address 17001 Jeanette

City
Southfield

State Zip Code
MI 48075-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817343

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cheryl M. Taylor M.D.

Mailing Address 24 Farrington Dr

City
Greenville

State Zip Code
SC 29615-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foothills Anesthesia Consultants PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Geoffrey L. Taylor M.D.

Mailing Address 4708 Val Verde Dr

City
Oklahoma City

State Zip Code
OK 73142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesia LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811308

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie M. Thompson M.D.

Mailing Address 8208 NW 134th Ter

City

Oklahoma City

State

OK

Zip Code

73142-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City

Englewood

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.40

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816596

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephen W. Thompson M.D.

Mailing Address 1205 Country Lane

City

Orlando

State

FL

Zip Code

32804-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812068

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David N. Thrush M.D.

Mailing Address 865 Seddon Cove Way

City

Tampa

State

FL

Zip Code

33602-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moffitt Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John D. Thurn M.D.

Mailing Address 8136 Rosewood Drive

City

Prairie Village

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Med. Ctr. Dept of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James Ting M.D.

Mailing Address 1800 Northlawn Blvd

City

Birmingham

State

MI

Zip Code

48009-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811729

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pikul Tontapanish M.D.

Mailing Address Harpor Hosp. Div., Dept. of Anes.
P.O. Box 1009

City State Zip Code
Jackson MI 49204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald L. Torline M.D.

Mailing Address 14109 Kessler St

City State Zip Code
Overland Park KS 66221-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUAF

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803241

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City State Zip Code
Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808553

Amount of Each Receipt this Period

41.00

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

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

791.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A. Totten M.D.

Mailing Address 3073 OBrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : C1816251

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terrence L. Trentman M.D.

Mailing Address 4811 E Patrick Ln

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic in Arizona

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Narendra S. Trivedi M.D.

Mailing Address 8143 E. Bailey Way,

City

Anaheim Hills

State

CA

Zip Code

92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : C1816241

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807474

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Terrence Truxillo M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806724

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Avery Tung M.D., FCCM

Mailing Address 1711 Elmwood Avenue

City

Wilmette

State

IL

Zip Code

60091-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Professor Quality Chief for Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802555

Amount of Each Receipt this Period

250.00

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

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

374.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S. Turnage M.D.

Mailing Address 400 Health Park Blvd.

City State Zip Code
St. Augustine FL 32086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anes Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805643

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City State Zip Code
Elmhurst IL 60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810591

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City State Zip Code
Rochester Hills MI 48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808576

Amount of Each Receipt this Period

83.00

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

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

2666.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew B. Vance M.D.

Mailing Address PO Box 51947

City

Knoxville

State

TN

Zip Code

37950-1947

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 ▼

300.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811666

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David J. Vangura M.D.

Mailing Address 62 Jefferson Ave

City

Ponte Vedra

State

FL

Zip Code

32082-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hector Vila Jr., M.D.

Mailing Address 4304 W Azeele St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hector Vila Jr MD PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810593

Amount of Each Receipt this Period

83.30

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

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883.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806124

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City

Little Rock

State

AR

Zip Code

72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806718

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lance W. Wagner M.D.

Mailing Address 150 55th St

City

Brooklyn

State

NY

Zip Code

11220-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807482

Amount of Each Receipt this Period

100.00

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

233.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha L. Wakefield M.D.

Mailing Address 619 19th St S

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama in Birmingham

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William M. Walker M.D.

Mailing Address 4451 Rolling Pine

City

Orchard Lake

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

Rainier Anesthesia Associates

City

Puyallup

State

WA

Zip Code

98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 12 / 2012

Transaction ID : C1805515

Amount of Each Receipt this Period

50.00

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803223

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hong Wang M.D., Ph.D

Mailing Address 50634 Drakes Bay Dr

City

Novi

State

MI

Zip Code

48374-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center Department of A

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Erikka L. Washington M.D.

Mailing Address 6431 FANNIN

msb 5.020

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC-Houston Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806723

Amount of Each Receipt this Period

41.60

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

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

341.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lucy A. Waskell M.D., Ph.D

Mailing Address 2204 Devonshire Road

City

Ann Arbor

State

MI

Zip Code

48104-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Service 11R

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barbara Y. Watanabe M.D.

Mailing Address 141 S 293rd Pl

City

Federal Way

State

WA

Zip Code

98003-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific anesthesia

Occupation

MD anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert D. Watson Jr., M.D.

Mailing Address 1970 Bradshire Dr.

City

Mobile

State

AL

Zip Code

36695

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Alabama

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814807

Amount of Each Receipt this Period

250.00

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

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

750.00

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American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary B. Weber M.D.

Mailing Address P.O. Box 50546

City

Casper

State

WY

Zip Code

82605

FEC ID number of contributing
federal political committee.

C

Name of Employer

WMD

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew S. Weisinger M.D.

Mailing Address 405 Beaumont Park Circle

City

Blythewood

State

SC

Zip Code

29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816262

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807492

Amount of Each Receipt this Period

83.30

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

1333.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808560

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Natalie C. Wells M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Anesthesiologists

Occupation

Anesthesiologist, MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas A. Wemmer M.D.

Mailing Address 426 San Remo Wy.

City

San Diego

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wemmer Associates Medical Group Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814590

Amount of Each Receipt this Period

250.00

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

541.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roger F. West Jr., M.D.

Mailing Address 9134 Walnut Grove Dr.

City

Indianapolis

State

IN

Zip Code

46236-8533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas T. West M.D.

Mailing Address 405 Starling Dr

City

Slidell

State

LA

Zip Code

70461-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northlake Anesthesiologists, APMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802559

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gregory L. Whitaker D.O.

Mailing Address 1228 E Baltimore Dr

City

El Paso

State

TX

Zip Code

79902-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802479

Amount of Each Receipt this Period

83.30

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

1333.30

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. Robert M. Whitcomb M.D.

Mailing Address 221 Church Rd.

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816787

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erik White M.D.

Mailing Address 4902 21st Ave Ct NW

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John W. Whiteley M.D.

Mailing Address 4679 Meadow Springs Dr

City

Watkinsville

State

GA

Zip Code

30677-4649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Athens Regional Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.60

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813503

Amount of Each Receipt this Period

41.60

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

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

541.60

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. Dana Williams M.D.

Mailing Address 1725 Pine St

City

Montgomery

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jon S. Williams M.D.

Mailing Address 3333 Riverbend Dr
Dept of Anes

City

Springfield

State

OR

Zip Code

97477-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael J. Williams M.D.

Mailing Address 725 Kings Hwy

City

Moorestown

State

NJ

Zip Code

08057-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ. Anes.Dept

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803233

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. N. Jeannie Williams M.D.

Mailing Address 9725 Sunset Circle

City

Lenexa

State

KS

Zip Code

66220

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC OF KC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy G. Williams M.D.

Mailing Address 145 Wildwood Trl

City

Florence

State

AL

Zip Code

35630-0736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beer, Simon, Williams and Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William J. Wood M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists Ltd.

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816840

Amount of Each Receipt this Period

500.00

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Derek Woodrum M.D.

Mailing Address 1500 E Medical Center Dr
1H247UH Box 5048

City State Zip Code
Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City State Zip Code
Nashville TN 37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Spinal Surgery

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808523

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ervin S. Yen M.D.

Mailing Address 1700 Elmhurst Avenue

City State Zip Code
Oklahoma City OK 73120

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

08 / 29 / 2012

Transaction ID : C1816526

Amount of Each Receipt this Period

500.00

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

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

833.30

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☐ 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. Xiaobin Yi M.D.

Mailing Address 7412 Ethel Ave

City

Richmond Heights

State

MO

Zip Code

63117-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University in St. Louis Dep

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chang S. Yoon M.D.

Mailing Address 1720 N Duckcross Cv

City

Wichita

State

KS

Zip Code

67206-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer

MID-Continent Anesthesiology

Occupation

ANESTHESIOLOGIST PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802454

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Nerrin B. Zaharias M.D.

Mailing Address 801 Royal Terr.

City

Birmingham

State

AL

Zip Code

35242-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811840

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
 Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.60

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
 Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.60

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812084

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

291.60

178262.10

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741Purpose of Disbursement
Credit Card Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Credit Card Merchant

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D137168

Amount of Each Disbursement this Period

2664.39

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ 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

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ 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)..... ►

2664.39

2664.39

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : D135736

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BERA 2012 VICTORY FUND

Mailing Address 5429 MADISON AVENUE

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : D135504

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DJOU FOR HAWAII

Mailing Address P.O. BOX 235280

City
HonoluluState
HIZip Code
96823Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Charles DjouCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135259

Amount of Each Disbursement this Period

2000.00

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

12000.00

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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. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14TH STREET NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
2012 Contribution

Candidate Name

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

Disbursement For: 2012

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

State: District: 2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135364

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
2012 General Contribution

Candidate Name

Mr. Marc Allison Veasey

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

Disbursement For: 2012

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

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135662

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
2012 Contribution

Candidate Name

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

Disbursement For: 2012

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

State: District: 2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135362

Amount of Each Disbursement this Period

5000.00

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

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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. ELECT BLAKE FARENTHOLD COMMITTEE

Mailing Address P.O. Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Blake FarentholdCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135258

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City	State	Zip Code
CINCINNATI	OH	45226

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Brad WenstrupCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135264

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City	State	Zip Code
GAINESVILLE	GA	30503

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Rep. Doug Allen CollinsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Primary Runoff

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2012

Transaction ID : D135607

Amount of Each Disbursement this Period

3500.00

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

11000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARY MILLER FOR CONGRESS

Mailing Address 721 S. Brea Canyon Road, Suite 7

City	State	Zip Code
Diamond Bar	CA	91789

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Gary G. MillerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135360

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. George E.B. HoldingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135357

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City	State	Zip Code
SAN RAFAEL	CA	94915

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Jared HuffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135263

Amount of Each Disbursement this Period

2500.00

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

9500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Larry Bucshon

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IN	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : D136293

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KS	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : D135359

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NM	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : D135502

Amount of Each Disbursement this Period

4000.00

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

13000.00

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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. MULVANEY FOR CONGRESS

Mailing Address P.O. Box 1975

City	State	Zip Code
Lancaster	SC	29721

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Mick MulvaneyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SC	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : D135358

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MO BROOKS FOR CONGRESS

Mailing Address 7610 FOXFIRE DR.

City	State	Zip Code
HUNTSVILLE	AL	35802

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Mo BrooksCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AL	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135500

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City	State	Zip Code
Flagstaff	AZ	86004

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Paul GosarCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AZ	District: 04

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135501

Amount of Each Disbursement this Period

2000.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD	State NC	Zip Code 28027
-----------------	-------------	-------------------

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Richard HudsonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 08

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135356

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Steny H. HoyerCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 05

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : D135735

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN	State FL	Zip Code 32444
--------------------	-------------	-------------------

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Steve Southerland IICategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 02

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135257

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

PAGE 200 OF 210

<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. CLAY JR. FOR CONGRESS

Mailing Address P.O. BOX 4544

City
ST. LOUISState
MOZip Code
63108Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. William Lacy ClayCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135660

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City
Los AngelesState
CAZip Code
90026Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Xavier BecerraCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135262

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City
CATONSVILLEState
MDZip Code
21228Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. Benjamin L. CardinCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135363

Amount of Each Disbursement this Period

2500.00

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

9000.00

--

**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 201 OF 210

<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. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. Benjamin L. CardinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135661

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City	State	Zip Code
CASPER	WY	82605

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. John BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135503

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice 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

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

93500.00

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

PAGE 202 OF 210

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Anderson M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address 707 SW Washington St., Suite 700
Oregon Anesthesiology Group, P.C.

City Portland State OR Zip Code 97205

Purpose of Disbursement
Refund of Contribution

010

Candidate Name

Category/
Type**Transaction ID : D135796**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 2/29/2012

Full Name (Last, First, Middle Initial)

B. Jerry Y. Chao M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Albert Einstein Montefiore Medical
111 E 210th St, Department of Anes

City Bronx State NY Zip Code 10467

Purpose of Disbursement
Refund of Contribution

010

Candidate Name

Category/
Type**Transaction ID : D135797**

Amount of Each Disbursement this Period

75.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 2/29/2012

Full Name (Last, First, Middle Initial)

C. David R. Duval D.O.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address 21 Spartan Dr

City Bedford State NH Zip Code 03110-4229

Purpose of Disbursement
Refund of Contribution

010

Candidate Name

Category/
Type**Transaction ID : D135799**

Amount of Each Disbursement this Period

100.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 2/29/2012

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

675.00

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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)

PAGE 203 OF 210

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Dye M.D.

Mailing Address 401 N 31st St Ste 1020

City	State	Zip Code
Billings	MT	59101

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135800

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cheryl L. Gaughen M.D.

Mailing Address 3420 Cesford Grange

City	State	Zip Code
Keswick	VA	22947-9126

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135801

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Donald W. Graves M.D.

Mailing Address 1301 Indiana St # 302

City	State	Zip Code
San Francisco	CA	94107-3485

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135802

Amount of Each Disbursement this Period

250.00

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

550.00

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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)

PAGE 206 OF 210

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth R. Moran M.D.

Mailing Address 4029 Hidden Hill Ct

City	State	Zip Code
Powell	OH	43065-7112

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135809

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald D. Pacelli Jr., M.D.

Mailing Address 7184 Ludlow Dr

City	State	Zip Code
Roseville	CA	95747-5933

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135810

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eugene S. Prokopschyn D.O.

Mailing Address 16789 W 67th Cir

City	State	Zip Code
Arvada	CO	80007

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135811

Amount of Each Disbursement this Period

200.00

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

950.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn M. Rogers M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address 11104 Kuertzmill Dr.

City	State	Zip Code
Cincinnati	OH	45249

Transaction ID : D135812Purpose of Disbursement
Refund of Contribution

010

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

250.00

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

Disbursement For: 2012

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

State: District:

Refund of 2/29/2012

Full Name (Last, First, Middle Initial)

B. Jonathan R. Sadler M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address 221 Devon Dr

City	State	Zip Code
Birmingham	AL	35209-4317

Transaction ID : D135813Purpose of Disbursement
Refund of Contribution

010

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

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

Disbursement For: 2012

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

State: District:

Refund of 2/29/2012

Full Name (Last, First, Middle Initial)

C. Charles Scott Salkeld D.O.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address 14 Burning Tree Ln

City	State	Zip Code
Marmora	NJ	08223-1902

Transaction ID : D135814Purpose of Disbursement
Refund of ContributionCategory/
Type

Amount of Each Disbursement this Period

75.00

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

Disbursement For: 2012

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

State: District:

Refund of 2/29/2012

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

825.00

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

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee



100.00

State: District: Refund of 2/29/2012

State: District: Refund of 2/29/2012

500.00

State: District: Refund of 2/29/2012

700.00

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

PAGE 209 OF 210

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert G. Sugar M.D.

Mailing Address 14500 Castlerock Rd.

City	State	Zip Code
Salinas	CA	93908-9438

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135818

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Yousif M.D.

Mailing Address 67 Marywood Trail

City	State	Zip Code
Wheaton	IL	60187-8181

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135820

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. John F. Zeiger M.D.

Mailing Address 10705 Monte Vista Ct

City	State	Zip Code
Fort Wayne	IN	46814-9068

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

State: District:

Disbursement For: 2012

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

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135821

Amount of Each Disbursement this Period

250.00

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

750.00

5325.00

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

PAGE 210 OF 210

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
2012 Membership Dues

Candidate Name

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

Disbursement For: 2012

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

State: District: 2012 Membership Dues

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : D135734

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Republican State Leadership CommitteeMailing Address 1800 Diagnole Rd
Suite 230

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2012 Membership Dues

Candidate Name

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

Disbursement For: 2012

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

State: District: 2012 Membership Dues

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : D137169

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

Disbursement For:

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

State: District:

Date of Disbursement

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

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

65000.00

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

65000.00