

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 Park Ridge IL 60068 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 12 / 01 / 2011 through 12 / 31 / 2011

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 03 / 14 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="1200707.26"/>	<input type="text" value="1200707.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1832335.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40920.20"/>	<input type="text" value="1674448.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1873255.79"/>	<input type="text" value="2875156.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102800.46"/>	<input type="text" value="1104700.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1770455.33"/>	<input type="text" value="1770455.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	32821.50	1387411.30
(ii) Unitemized	8098.70	278650.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40920.20	1666061.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40920.20	1671061.51
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	799.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	88.39
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))..... ▶	40920.20	1674448.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40920.20	1674448.90

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	4800.46	46562.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4800.46	46562.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	921900.00
24. Independent Expenditures (use Schedule E)	0.00	7965.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	582.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	582.00
29. Other Disbursements	5000.00	127691.77
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)) ..	102800.46	1104700.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102800.46	1104700.83

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)	40920.20	1671061.51
34. Total Contribution Refunds (from Line 28(d))	0.00	582.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40920.20	1670479.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4800.46	46562.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	799.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4800.46	45763.06

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

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

FOR LINE NUMBER: PAGE 6 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Basem B. Abdelmalak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of General Anesthesiology
 9500 Euclid Ave.,
 City Cleveland State OH Zip Code 44195-0001
 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 ▼ 534.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527191
 Amount of Each Receipt this Period
 41.60

B. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave., N.W.
 City Oronoco State MN Zip Code 55960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : C1524883
 Amount of Each Receipt this Period
 83.30

C. Amr E. Abouleish M.D.
 Full Name (Last, First, Middle Initial)
 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 physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1028.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579892
 Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Amr E. Abouleish M.D.
 Full Name (Last, First, Middle Initial)
 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 physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1028.90**

Date of Receipt **12 / 14 / 2011**
Transaction ID : C1525794
 Amount of Each Receipt this Period **83.30**

B. Eric J. Albrecht M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 938 Hanover Ave.
 City Norfolk State VA Zip Code 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Anesthesia, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579941
 Amount of Each Receipt this Period **125.00**

C. James P. Allen D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10026-A S. Mingo Rd. Ste.242
 City Tulsa State OK Zip Code 74122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DDR Anesthesia P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2011**
Transaction ID : C1535898
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	458.30
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)	PAGE 8 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane
JLR Anesth. Assoc.

City Maitland State FL Zip Code 32751

FEC ID number of contributing federal political committee. **C**

Name of Employer JLR Anesth. Assoc. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **213.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1579880

Amount of Each Receipt this Period
41.00

Full Name (Last, First, Middle Initial)
B. Shane C. Angus M.S., A.A.

Mailing Address 2101 16th St NW Apt 324

City Washington State DC Zip Code 20009-6584

FEC ID number of contributing federal political committee. **C**

Name of Employer Case School of Medicin Occupation Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1579932

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
c. Shane C. Angus M.S., A.A.

Mailing Address 2101 16th St NW Apt 324

City Washington State DC Zip Code 20009-6584

FEC ID number of contributing federal political committee. **C**

Name of Employer Case School of Medicin Occupation Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : C1527203

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....▶	207.30
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)	PAGE 9 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Brett L. Arron M.D.
Full Name (Last, First, Middle Initial)

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 - Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527204

Amount of Each Receipt this Period
83.30

B. Mac S. Axelrod M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 8703 Palm Lake Dr.

City Orlando State FL Zip Code 32819-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer JLR Medical Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **459.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579873

Amount of Each Receipt this Period
41.00

C. Michael H. Baik M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 10 Amsterdam Ave Apt 1100

City New York State NY Zip Code 10023-7496

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Lukes Roosevelt Hospital Occupation Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579879

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	207.30
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)	PAGE 10 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Beacham M.D.

Mailing Address 2500 N State St
University of Mississippi Medical

City Jackson State MS Zip Code 39216-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Mississippi Medical Ctr Occupation Anesthesiologist and Pain Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **419.00**

Date of Receipt
12 / 01 / 2011

Transaction ID : C1579908

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
B. Anup Belur M.D.

Mailing Address 1635 Treetop View Ter

City Silver Spring State MD Zip Code 20904-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer Sibley Memorial Hospital Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
12 / 15 / 2011

Transaction ID : C1527411

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Tejas Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
12 / 11 / 2011

Transaction ID : C1524901

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **633.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Jeffrey B. Bennie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1253 Devens Ct.
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMG 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
 12 / 05 / 2011
Transaction ID : C1522615
 Amount of Each Receipt this Period
 500.00

B. Mordechai Bermann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Plymouth Ln.
 City East Brunswick State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medicine & Dentistry of NJ Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : C1527580
 Amount of Each Receipt this Period
 41.60

C. Joseph S. Bernstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 700138
 City Oostburg State WI Zip Code 53070
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : C1530393
 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**

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

FOR LINE NUMBER: PAGE 12 OF 95
(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. Anilchandra Bhagat M.D.

Mailing Address 10 Jessica Ct

City State Zip Code
 Tabernacle NJ 08088-8729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 BURLINGTON ANESTH 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
 12 / 28 / 2011
Transaction ID : C1540563

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Robert A. Biechler M.D.

Mailing Address 4605 N 134th St

City State Zip Code
 Brookfield WI 53005-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Medical College of Wisconsin Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579965

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. David J. Biel A.A.-C

Mailing Address 2929 Edgehill Rd

City State Zip Code
 Cleveland Heights OH 44118-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 University Hospitals, Case Medical Cen Anesthesiologist Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 626.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579927

Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1066.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614
 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 ▼ 1245.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527205
 Amount of Each Receipt this Period
 83.30

B. Robert F. Birch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 582 Summit Ave.
 City St. Paul State MN Zip Code 55102
 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 ▼ 266.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2011
Transaction ID : C1524984
 Amount of Each Receipt this Period
 41.60

C. Kenneth J. Bochenek M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : C1522679
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	174.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Kenneth J. Bochenek M.D.
 Full Name (Last, First, Middle Initial)
 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 **1300.00**

Date of Receipt **12 / 13 / 2011**
Transaction ID : C1525535
 Amount of Each Receipt this Period **50.00**

B. Kenneth J. Bochenek M.D.
 Full Name (Last, First, Middle Initial)
 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 **1300.00**

Date of Receipt **12 / 28 / 2011**
Transaction ID : C1540557
 Amount of Each Receipt this Period **50.00**

C. Jason A. Boehm D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4208 E Whitehall Dr
 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 General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 05 / 2011**
Transaction ID : C1522448
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **183.30**
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)	PAGE 15 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Richard A. Browning M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 359 Rumstick Point Rd

City Barrington State RI Zip Code 02806

FEC ID number of contributing federal political committee. **C**

Name of Employer PAI Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579959

Amount of Each Receipt this Period
250.00

B. Matthew E. Buckon M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1945 N.W. 28th Pl.

City Portland State OR Zip Code 97210

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Anesthesiology Group, P.C. Occupation anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 24 / 2011
Transaction ID : C1533535

Amount of Each Receipt this Period
250.00

c. Kurt T. Budenbender D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 1850 N. Central Ave Ste 1600

City Phoenix State AZ Zip Code 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 ▼ 1249.90

Date of Receipt
12 / 16 / 2011
Transaction ID : C1527582

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.30

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)	PAGE 16 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Frederick Campbell III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Park Forest Dr Ste 210
 City State Zip Code
 Traverse City MI 49684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Traverse Anesthesia Associates, PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : C1527569
 Amount of Each Receipt this Period
 83.30

B. John Carney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Ridgeview Drive
 City State Zip Code
 Erie PA 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North American Partners in Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 417.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579962
 Amount of Each Receipt this Period
 83.00

C. Debra L. Caroli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4548 Burke St
 City State Zip Code
 Orlando FL 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 jlr medical group anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 377.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579926
 Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.30
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)	PAGE 17 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 A. Carricaburu M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1781 E. 30th Ave.		Transaction ID : C1539300
City Eugene	State OR	Zip Code 97405-4471
FEC ID number of contributing federal political committee.	C	
Name of Employer Scared Heart Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) B. Wilfrido E. Castillo M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2011
Mailing Address 840 E. Birch Ave.		Transaction ID : C1528645
City Milwaukee	State WI	Zip Code 53217
FEC ID number of contributing federal political committee.	C	
Name of Employer AMGA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) C. Andrei Cernea M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2011
Mailing Address 6708 Kenhill Rd		Transaction ID : C1579900
City Bethesda	State MD	Zip Code 20817-6016
FEC ID number of contributing federal political committee.	C	
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional).....▶	791.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 95
	<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. Claire L. Chandler A.A.-C		Date of Receipt 12 / 15 / 2011 Transaction ID : C1527174
Mailing Address 1253 Citadel Dr. NE		Amount of Each Receipt this Period 83.30
City Atlanta	State GA	Zip Code 30324
FEC ID number of contributing federal political committee. C		
Name of Employer Emory	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. Robin Church-Hajduk M.D.		Date of Receipt 12 / 01 / 2011 Transaction ID : C1579922
Mailing Address 4242 Medical Dr., Ste 3100		Amount of Each Receipt this Period 41.00
City San Antonio	State TX	Zip Code 78229
FEC ID number of contributing federal political committee. C		
Name of Employer Tejas Anesthesia, PA	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 959.00	

Full Name (Last, First, Middle Initial) C. Robin Church-Hajduk M.D.		Date of Receipt 12 / 12 / 2011 Transaction ID : C1525486
Mailing Address 4242 Medical Dr., Ste 3100		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78229
FEC ID number of contributing federal political committee. C		
Name of Employer Tejas Anesthesia, PA	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 959.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 J. Cohen M.D.		Date of Receipt 12 / 01 / 2011 Transaction ID : C1579956
Mailing Address 32630 Bingham Rd		Amount of Each Receipt this Period 41.00
City Bingham Farms	State MI	Zip Code 48025-2430
FEC ID number of contributing federal political committee. C		
Name of Employer South Oakland Anesthesia Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	

Full Name (Last, First, Middle Initial) B. Joseph D. Curletta M.D.		Date of Receipt 12 / 01 / 2011 Transaction ID : C1579905
Mailing Address 1850 N Central Ave Suite 1600		Amount of Each Receipt this Period 41.00
City Phoenix	State AZ	Zip Code 85004-4633
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Anesthesiology Consultants, Ltd	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

Full Name (Last, First, Middle Initial) C. Susan G. Curling M.D.		Date of Receipt 12 / 01 / 2011 Transaction ID : C1579902
Mailing Address 8234 Magnolia Glen Drive		Amount of Each Receipt this Period 83.00
City Humble	State TX	Zip Code 77346
FEC ID number of contributing federal political committee. C		
Name of Employer North Houston Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.90	

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8234 Magnolia Glen Drive
 City Humble State TX Zip Code 77346
 Name of Employer North Houston Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.90

Date of Receipt 12 / 17 / 2011
Transaction ID : C1528279
 Amount of Each Receipt this Period 83.30

B. Abhijit Desai M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Clairmont St
 City Longmeadow State MA Zip Code 01106-1002
 Name of Employer Milford Anesthesia Associates, Inc Ane Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579924
 Amount of Each Receipt this Period 41.00

C. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7915 SW 55 Avenue
 City Miami State FL Zip Code 33143
 Name of Employer University of Miami Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.90

Date of Receipt 12 / 16 / 2011
Transaction ID : C1527570
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gary J. DiLisio M.D.
Full Name (Last, First, Middle Initial)

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 Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **917.00**

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579913

Amount of Each Receipt this Period
83.00

B. Patrick J. Donahue M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 15 Chandler Circle

City Andover State MA Zip Code 01810

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES ASSOC OF MASS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
12 / 22 / 2011
Transaction ID : C1533485

Amount of Each Receipt this Period
100.00

C. Patrick J. Donahue M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 15 Chandler Circle

City Andover State MA Zip Code 01810

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES ASSOC OF MASS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
12 / 22 / 2011
Transaction ID : C1540383

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **283.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Charles W. Dorroh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3144 Kenney Dr
 City State Zip Code
 Germantown TN 38139-8041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Metropolitan Anesthesia Alliance 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
 12 / 13 / 2011
Transaction ID : C1525536
 Amount of Each Receipt this Period
 500.00

B. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City State Zip Code
 Grand Rapids MI 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Practice Consultants Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579951
 Amount of Each Receipt this Period
 83.00

C. Zoran Drmanovic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5600 SW Bellflower Ct.
 City State Zip Code
 Palm City FL 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sheridan Healthcorp 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
 12 / 01 / 2011
Transaction ID : C1579923
 Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kenneth Elmassian D.O.		Date of Receipt 12 / 03 / 2011 Transaction ID : C1521075
Mailing Address 2399 Pine Hollow Dr.		Amount of Each Receipt this Period 83.30
City East Lansing	State MI	Zip Code 48823
FEC ID number of contributing federal political committee. C	Name of Employer Ingham Regional Medical Center	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.90	

Full Name (Last, First, Middle Initial) B. Luis Esparza M.D.		Date of Receipt 12 / 28 / 2011 Transaction ID : C1540554
Mailing Address 2810 N Swan Rd Ste 100		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85712-6300
FEC ID number of contributing federal political committee. C	Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Scott D. Fielden M.D.		Date of Receipt 12 / 01 / 2011 Transaction ID : C1579863
Mailing Address PO Box 401805		Amount of Each Receipt this Period 83.00
City Las Vegas	State NV	Zip Code 89140-1805
FEC ID number of contributing federal political committee. C	Name of Employer Anesthesiology Consultants, Inc. Crede	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 753.00	

SUBTOTAL of Receipts This Page (optional).....▶	216.30
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)	PAGE 24 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Richard M. Flowerdew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hedgerow Dr
 City Falmouth State ME Zip Code 04105
 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 ▼ 996.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527192
 Amount of Each Receipt this Period
 83.30

B. G. Craig Fox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Melrose Ln
 City Green Village State NJ Zip Code 07935
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : C1525791
 Amount of Each Receipt this Period
 83.30

C. William Frame M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Edward St
 City Decatur State IL Zip Code 62526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assoc. Anesthesiologists of Decatur Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1079.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : C1535897
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 95
	<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

A. Jeffery L. Fuqua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 Mallard Bay Dr.
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMAET Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **878.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579914
 Amount of Each Receipt this Period
208.00

B. Rajeev Garg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 W Wild Cherry Dr
 City Mars State PA Zip Code 16046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC 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
 12 / 16 / 2011
Transaction ID : C1527665
 Amount of Each Receipt this Period
500.00

C. David G Garrett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Warren Street
 City Newton State MA Zip Code 02459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newton-Wellesley Hospital 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
 12 / 31 / 2011
Transaction ID : C1539302
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1208.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Phillip Geiger M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 667.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579925
 Amount of Each Receipt this Period
 41.00

B. Phillip Geiger M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 667.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2011
Transaction ID : C1521083
 Amount of Each Receipt this Period
 83.30

C. David F. Gloyna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Scott White, Dept. of Anes.
 2401 South 31st
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : C1527583
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Santiago L. Gomez M.D.
 Full Name (Last, First, Middle Initial)
 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 **291.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527451
 Amount of Each Receipt this Period
41.60

B. Michael C. Gosney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Chase Dr.
 City Muscle Shoals State AL Zip Code 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527176
 Amount of Each Receipt this Period
83.30

C. Dara A. Green M.D.
 Full Name (Last, First, Middle Initial)
 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 **628.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579869
 Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional).....	332.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. David Guadalupe A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1167 Hillsboro Mile Apt 708
 City Hillsboro Beach State FL Zip Code 33062-1618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nova Southeastern University Occupation Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 459.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579936
 Amount of Each Receipt this Period
 41.00

B. Allen N. Gustin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 653 W Briar Pl Apt 1
 City Chicago State IL Zip Code 60657
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : C1522678
 Amount of Each Receipt this Period
 50.00

C. Daniel Hagengruber M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Sacred Heart Med Ctr at RiverBend
 3333 RiverBend Drive
 City Springfield State OR Zip Code 97477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Anesthesia Physicians 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
 12 / 30 / 2011
Transaction ID : C1539294
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	341.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Aaron Hammond D.O.
Full Name (Last, First, Middle Initial)
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 ▼ 913.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2011
Transaction ID : C1522682
Amount of Each Receipt this Period
83.30

B. Jeanette A. Harrington M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 200 Hawkins Dr
University of Iowa Hospitals and C
City Iowa City State IA Zip Code 52242
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 ▼ 249.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2011
Transaction ID : C1528284
Amount of Each Receipt this Period
83.30

C. James A. Harris D.O.
Full Name (Last, First, Middle Initial)
Mailing Address 5574 Burnside Dr Apt 7
City Rockville State MD Zip Code 20853-2461
FEC ID number of contributing federal political committee. **C**
Name of Employer US Army Occupation Resident
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2011
Transaction ID : C1579906
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.60
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	FOR LINE NUMBER: (check only one)	PAGE 30 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Ronald L. Harter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7825 Holiston Ct
 City State Zip Code
 Dublin OH 43016-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio State University Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1079.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : C1528277
 Amount of Each Receipt this Period
 83.30

B. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Nashua Anesthesia Partners
 City State Zip Code
 Nashua NH 03060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nashua Anesthesia Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527193
 Amount of Each Receipt this Period
 83.30

C. Bradley N. Haugstad M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9623 42nd Ave
 City State Zip Code
 Pleasant Prairie WI 53158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bradley N. Haugstad MD, SC 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
 12 / 27 / 2011
Transaction ID : C1535883
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Jonathan C. Hausheer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 771 Dommerich Dr.
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **377.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579899
 Amount of Each Receipt this Period **41.00**

B. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 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 Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1079.90**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527194
 Amount of Each Receipt this Period **83.30**

C. Michael A. Herzig M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Sears Rd.
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Assoc. of Massachusetts Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579955
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **149.30**
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)	PAGE 32 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Charles F. Hewell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Wing Ln
 City Saint Charles State IL Zip Code 60174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delnor Community Hospital Occupation Physician-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
 12 / 19 / 2011
Transaction ID : C1528679
 Amount of Each Receipt this Period
 500.00

B. Kirk B. Hickey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17104 Saddlecreek Way
 City Edmond State OK Zip Code 73012-7424
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579878
 Amount of Each Receipt this Period
 25.00

C. Bryan G. Holbrook M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 N. Blue Sage Ln.
 City Layton State UT Zip Code 84040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAA, Inc. Occupation physician
 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
 12 / 28 / 2011
Transaction ID : C1535998
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. John H. Huntington M.D.
Full Name (Last, First, Middle Initial)

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 ▼ **878.00**

Date of Receipt **12 / 01 / 2011**

Transaction ID : C1579868

Amount of Each Receipt this Period **41.00**

B. William E. Hurford M.D.
Full Name (Last, First, Middle Initial)

Mailing Address University of Cincinnati Medical C
231 Albert Sabin Way

City Cincinnati State OH Zip Code 45267-0531

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Cincinnati Medical Cente Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1295.00**

Date of Receipt **12 / 01 / 2011**

Transaction ID : C1579939

Amount of Each Receipt this Period **41.00**

c. Christopher J. Huser M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6288 Ellingwood Point Way

City Castle Rock State CO Zip Code 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Denver Anesthesia Dept. of Anest Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 07 / 2011**

Transaction ID : C1522898

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	332.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Barrett Hill Rd.
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Hospital Anes. Dept. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527195
 Amount of Each Receipt this Period **83.30**

B. Mark T. Isaac D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1459 Lexington Ontario Rd
 City Mansfield State OH Zip Code 44903
 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 **1100.00**

Date of Receipt **12 / 29 / 2011**
Transaction ID : C1539258
 Amount of Each Receipt this Period **100.00**

C. Mark T. Isaac D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1459 Lexington Ontario Rd
 City Mansfield State OH Zip Code 44903
 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 **1100.00**

Date of Receipt **12 / 29 / 2011**
Transaction ID : C1539259
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1183.30
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:	PAGE 35 OF 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Cleveland Clinic Florida Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1129.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : C1527568
 Amount of Each Receipt this Period
 83.30

B. Douglas J. Jacobson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 W. Linda Vista Blvd
 City State Zip Code
 Tucson AZ 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Old Pueblo Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579964
 Amount of Each Receipt this Period
 41.00

C. Daniel J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City State Zip Code
 Centennial CO 80015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Denver Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 996.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527206
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Curby D. Jenkins D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Emily Ln.
 City Haslett State MI Zip Code 48840-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self - Lansing Anesthesiologists, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579871
 Amount of Each Receipt this Period **83.00**

B. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St.
 City Waterville State ME Zip Code 04901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **834.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579909
 Amount of Each Receipt this Period **83.00**

C. Kenneth E. Johnson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Heather Circle
 City Jefferson State MA Zip Code 01522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KEJ Anesthesiology, LLC Occupation Locum tenens
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579904
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **191.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gary P. Jones A.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2011 Transaction ID : C1527571
Mailing Address 6410 Fannin St Suite 480		Amount of Each Receipt this Period 83.30
City Houston State TX Zip Code 77030-3000	FEC ID number of contributing federal political committee. C	
Name of Employer Case Western Reserve University Occupation Anesthesiologist Assistant Program Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.90

Full Name (Last, First, Middle Initial) B. Tripti Kataria M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : C1527196
Mailing Address 130 S Canal St Apt 419		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.90

Full Name (Last, First, Middle Initial) C. Biju M. Kattapuram M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2011 Transaction ID : C1522850
Mailing Address 6834 Tammy Ct		Amount of Each Receipt this Period 250.00
City Bethesda State MD Zip Code 20817-4206	FEC ID number of contributing federal political committee. C	
Name of Employer washington hospital center Occupation anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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

FOR LINE NUMBER: PAGE 38 OF 95
(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. Michael Katz M.D.

Mailing Address P.O. Box 3844

City State Zip Code
Wilmington DE 19807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Outpatient Anesthesia Specialists 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
12 / 06 / 2011
Transaction ID : C1522675

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
university anesthesiologists anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011
Transaction ID : C1579886

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
university anesthesiologists anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011
Transaction ID : C1579887

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Scott Kercheville M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address Mail Code 7838 7703 Floyd Curl Drive		Transaction ID : C1527185
City San Antonio	State TX	Zip Code 78229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer UTHSCSA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. James K. Kerr III, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011
Mailing Address 2165 Herschel St		Transaction ID : C1533177
City Jacksonville	State FL	Zip Code 32204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer North Florida Anesthesia Consultants	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.90	

Full Name (Last, First, Middle Initial) C. Rubin Kesner D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2011
Mailing Address 35 Hearthstone Dr		Transaction ID : C1525781
City Gansevoort	State NY	Zip Code 12831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Anesthesia Group of Albany	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.30	

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 95
(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. Laura Kihlstrom M.D.

Mailing Address 915 Larchmont Cres.

City Norfolk State VA Zip Code 23508

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Anesthesia, Inc. Occupation 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
12 / 22 / 2011

Transaction ID : C1533491

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th PI

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 ▼ **419.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1579897

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. Jeffrey G. King M.D.

Mailing Address 2763 Meeting PL

City Orlando State FL Zip Code 32814

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 ▼ **459.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1579935

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional)..... **1124.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kevin P. Kinkead M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2011 Transaction ID : C1579876
Mailing Address 1776 McConnell Dr.		Amount of Each Receipt this Period 208.00
City Williamsport	State PA	Zip Code 17701-9300
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Williamsport	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2790.00	

Full Name (Last, First, Middle Initial) B. Heidi M. Koenig M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 Transaction ID : C1540547
Mailing Address 507 Ridgewood Road		Amount of Each Receipt this Period 1000.00
City Louisville	State KY	Zip Code 40207-1324
FEC ID number of contributing federal political committee. C		
Name of Employer University of Louisville	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) c. Christopher J. Kreuzer M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2011 Transaction ID : C1528285
Mailing Address 2045 Scarlet Oak Ct. NE		Amount of Each Receipt this Period 41.60
City Ada	State MI	Zip Code 49301
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Practice Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.80	

SUBTOTAL of Receipts This Page (optional).....▶	1249.60
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	FOR LINE NUMBER: (check only one)	PAGE 42 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 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 Medical Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1079.90

Date of Receipt 12 / 04 / 2011
Transaction ID : C1521079
 Amount of Each Receipt this Period 83.30

B. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical School Occupation Associate Professor of Anesthsiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2011
Transaction ID : C1521715
 Amount of Each Receipt this Period 100.00

C. Scott M. Kuhnert M.D.
 Full Name (Last, First, Middle Initial)
 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 Lansing Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1332.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579874
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional).....▶	266.30
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: PAGE 43 OF 95
(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. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City State Zip Code
 Hampton Cove AL 35763

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Alabama Anes. of Huntsville, LLC physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : C1525786

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City State Zip Code
 Norton Shores MI 49441-4642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Lakeshore Anesthesia physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : C1527784

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City State Zip Code
 Hillsborough NJ 08844-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Anesthesia Consultants of New Jersey ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **459.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : C1579860

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **299.30**

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: PAGE 44 OF 95
(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. Michael J. Lalich M.D.

Mailing Address 1501 S. Lake George Dr.

City State Zip Code
 Mishawaka IN 46545-4068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 St. Joseph Valley Anesthesia 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
 12 / 19 / 2011

Transaction ID : C1528936

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Gary Lawson-Boucher M.D.

Mailing Address 5391 Hickory Wood Dr

City State Zip Code
 Naples FL 34119-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Griffin Anaesthesia Services, PA Anaesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011

Transaction ID : C1579870

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
C. Michael C. Lewis M.D.

Mailing Address 1120 NW 14th Street - Suite 960
 University of Miami Miller School

City State Zip Code
 Miami FL 33136-1005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 University of Miami School of Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1279.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : C1527186

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.30

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)	PAGE 45 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. J. Lance Lichtor M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4668 #8824

City New York State NY Zip Code 10163-4668

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of Mass Med School Dept Anes Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **616.80**

Date of Receipt **12 / 01 / 2011**

Transaction ID : C1579910

Amount of Each Receipt this Period **41.00**

B. J. Lance Lichtor M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4668 #8824

City New York State NY Zip Code 10163-4668

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. of Mass Med School Dept Anes Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **616.80**

Date of Receipt **12 / 18 / 2011**

Transaction ID : C1528633

Amount of Each Receipt this Period **41.60**

C. John E. Lindsey Jr., M.D.
Full Name (Last, First, Middle Initial)

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, L. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **749.90**

Date of Receipt **12 / 15 / 2011**

Transaction ID : C1527187

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....▶	165.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 95
(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

A. Asa C. Lockhart M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2106 Kennebunk Ln.
City Tyler State TX Zip Code 75703
FEC ID number of contributing federal political committee. **C**
Name of Employer EAST TX ANES ASSC Occupation Medical Doctor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 19 / 2011**
Transaction ID : C1528666
Amount of Each Receipt this Period **83.30**

B. Christopher H. Lowe M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 800 E Dawson St
City Tyler State TX Zip Code 75701
FEC ID number of contributing federal political committee. **C**
Name of Employer Mother Frances Hospital Anesthesiology Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 29 / 2011**
Transaction ID : C1539261
Amount of Each Receipt this Period **1000.00**

C. Joshua L. Lumbley M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 410 W 10th Ave N411 Doan Hall
City Columbus State OH Zip Code 43210-1240
FEC ID number of contributing federal political committee. **C**
Name of Employer The Ohio State University Medical Cent Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **574.60**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579942
Amount of Each Receipt this Period **41.00**

SUBTOTAL of Receipts This Page (optional)..... **1124.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Joshua L. Lumbley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Medical Cent Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **574.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : C1531066
 Amount of Each Receipt this Period
41.60

B. Asif M. Malik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Charnwood Dr
 City Troy State MI Zip Code 48098
 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 **834.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579890
 Amount of Each Receipt this Period
83.00

C. Mark Mandabach M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Anesthesiology
 619 S. 19th St., JT845
 City Birmingham State AL Zip Code 35249-6810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Alabama - Birmingham Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579877
 Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....	207.60
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	FOR LINE NUMBER: (check only one)	PAGE 48 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Kurt W. Markgraf M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3663 McKinley Ave
 City Fort Myers State FL Zip Code 33901
 Name of Employer Medical Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.90

Date of Receipt 12 / 04 / 2011
Transaction ID : C1521081
 Amount of Each Receipt this Period 83.30

B. Timothy Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203
 City Little Rock State AR Zip Code 72202-3591
 Name of Employer University of Arkansas for Medical Sci Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1502.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579954
 Amount of Each Receipt this Period 166.00

C. Joel E. McCreary D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City Scottsdale State AZ Zip Code 85251
 Name of Employer Pacific Anesthesia Occupation Staff Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579898
 Amount of Each Receipt this Period 125.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Michael G. McCue M.D.
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579893

Amount of Each Receipt this Period 83.00

B. Brian P. McGlinch M.D.
Full Name (Last, First, Middle Initial)

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 ▼ 1166.90

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579950

Amount of Each Receipt this Period 83.00

C. Brian P. McGlinch M.D.
Full Name (Last, First, Middle Initial)

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 ▼ 1166.90

Date of Receipt 12 / 15 / 2011
Transaction ID : C1527188

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.30

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)	PAGE 50 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 University of Miami Dept of Anesth
 City Miami State FL Zip Code 33196
 Name of Employer University of Miami Dept of Anesthesio
 Occupation Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579915
 Amount of Each Receipt this Period
 83.00

B. Gregory R. Mehaffey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 N Hughes St
 City Little Rock State AR Zip Code 72207
 Name of Employer UAMS
 Occupation Resident
 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
 12 / 27 / 2011
Transaction ID : C1539318
 Amount of Each Receipt this Period
 500.00

C. John G. Melton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3324 King Edwards Ct
 City Eugene State OR Zip Code 97401
 Name of Employer Northwest Anesthesia Physicians, PC
 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
 12 / 10 / 2011
Transaction ID : C1524888
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	833.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Robert K. Michaels M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3632 Beech Tree Dr

City Orlando State FL Zip Code 32835

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 ▼ **500.60**

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579875

Amount of Each Receipt this Period
41.00

B. Robert K. Michaels M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3632 Beech Tree Dr

City Orlando State FL Zip Code 32835

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 ▼ **500.60**

Date of Receipt
12 / 03 / 2011
Transaction ID : C1521071

Amount of Each Receipt this Period
41.60

C. Kimberly D. Milhoan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2850 Lakehills St.

City San Antonio State TX Zip Code 78251

FEC ID number of contributing federal political committee. **C**

Name of Employer Tejas Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579916

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **107.60**

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	FOR LINE NUMBER: (check only one)	PAGE 52 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Michael D. Miller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15936 Oak Park Ct
 City Westfield State IN Zip Code 46074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACI-LLC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579919
 Amount of Each Receipt this Period
 41.00

B. Vincent Miller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Southfield Drive
 City Williston State VT Zip Code 05495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Health Care and Univers Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2011
Transaction ID : C1528629
 Amount of Each Receipt this Period
 10.00

C. Christopher G. Millson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Wimbledon Dr
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Desert Anesthesiologists Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1079.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527189
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.30
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)	PAGE 53 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mitchell F. Minana M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011
Mailing Address 1306 E Welden Dr		Transaction ID : C1525533
City Spokane	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Karen P. Mitchell M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2011
Mailing Address 3838 N Braeswood Blvd Apt 112		Transaction ID : C1579884
City Houston	State TX	Zip Code 77025-3005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer Memorial Hermann Southwest Hospital	Occupation Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) C. Richard C. Month M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2011
Mailing Address 2125 Spring Garden St Apt 1F		Transaction ID : C1579891
City Philadelphia	State PA	Zip Code 19130-3532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer Hospital of The University of Pennsylv	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1336.00	

SUBTOTAL of Receipts This Page (optional).....▶	182.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Donald A. Moore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Oakhurst Dr
 City Ooltewah State TN Zip Code 37363-9448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anes. Consultants Exchange Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579929
 Amount of Each Receipt this Period
 125.00

B. James Moore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Ronald Reagan UCLA Medical Center
 757 Westwood Plaza, Suite 3325
 City Los Angeles State CA Zip Code 90095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Department of Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : C1524882
 Amount of Each Receipt this Period
 83.30

C. Thomas A. Moore II, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1748 Vestwood Hills Dr
 City Vestavia State AL Zip Code 35216-1366
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579937
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	333.30
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: PAGE 55 OF 95
(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. Martin C. Muller M.D.

Mailing Address 120 NW 14th Ave. Ste. 300

City State Zip Code
 Portland OR 97209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 OAG 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
 12 / 22 / 2011

Transaction ID : C1533376

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill Rd.

City State Zip Code
 Springfield VT 05156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 V A Medical Center Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1162.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011

Transaction ID : C1527572

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 State Zip Code
 Pleasant Ridge MI 48069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 South Oakland Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2011

Transaction ID : C1528286

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60

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	FOR LINE NUMBER: (check only one)	PAGE 56 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Norah N. Naughton M.D.
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **1374.90**

Date of Receipt **12 / 25 / 2011**
Transaction ID : C1533538
 Amount of Each Receipt this Period **83.30**

B. Michael S. Nichols A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 3681 Manor Brook Terrace
 City Atlanta State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University MSA Pr Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **996.90**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527178
 Amount of Each Receipt this Period **83.30**

c. John Q. niklason
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 N Northwest Hwy
 City Park Ridge State IL Zip Code 60068-2538
 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 **1792.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579888
 Amount of Each Receipt this Period **41.00**

SUBTOTAL of Receipts This Page (optional).....	207.60
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	FOR LINE NUMBER: (check only one)	PAGE 57 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Babatunde O. Ogunnaike M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1008 Brentwood Dr
 City State Zip Code
 Murphy TX 75094-4441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Texas Southwestern Medic Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 502.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579953
 Amount of Each Receipt this Period
 83.00

B. Oluwatosin Oladipupo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1836 S Shores Dr
 City State Zip Code
 Decatur IL 62521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Anes. of Decatur Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579917
 Amount of Each Receipt this Period
 83.00

C. Juhan Paiste M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Allentown Anesthesia Associates, Inc. Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : C1533539
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.30
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)	PAGE 58 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Brian S. Pallohusky M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4255 E Ridgeview St

City Springfield State MO Zip Code 65809-3427

FEC ID number of contributing federal political committee. **C**

Name of Employer St Johns Clinic Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579907

Amount of Each Receipt this Period 83.00

B. Brian S. Pallohusky M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4255 E Ridgeview St

City Springfield State MO Zip Code 65809-3427

FEC ID number of contributing federal political committee. **C**

Name of Employer St Johns Clinic Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt 12 / 01 / 2011
Transaction ID : C1579963

Amount of Each Receipt this Period 41.00

C. Parag Pandya M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 210 Royal Vw

City Pittsford State NY Zip Code 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer Geneva General Hospital Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.60

Date of Receipt 12 / 24 / 2011
Transaction ID : C1533534

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.30

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)	PAGE 59 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. John L. Pappas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 294 Barden Rd
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Troy Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1079.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527190
 Amount of Each Receipt this Period
 83.30

B. Samuel M. Parnass M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6938 N Kilpatrick Ave
 City Lincolnwood State IL Zip Code 60712-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NorthShore Skokie Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579866
 Amount of Each Receipt this Period
 25.00

c. Harry G. Parr D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4725 Tully Rd.
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527180
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	191.60
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	FOR LINE NUMBER: (check only one)	PAGE 60 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. William J. Pekarske M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 E. Calle De La Cabra
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Services Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1162.60**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579960
 Amount of Each Receipt this Period **83.00**

B. William J. Pekarske M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 E. Calle De La Cabra
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Services Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1162.60**

Date of Receipt **12 / 30 / 2011**
Transaction ID : C1539267
 Amount of Each Receipt this Period **83.30**

C. Jeremie J. Perry M.D.
 Full Name (Last, First, Middle Initial)
 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 **253.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579930
 Amount of Each Receipt this Period **83.00**

SUBTOTAL of Receipts This Page (optional).....	249.30
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: PAGE 61 OF 95
(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. 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 Occupation
Anesthesia Associates PA ...

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579894

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
B. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

City State Zip Code
Dothan AL 36301

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 ▼
1249.90

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527207

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Jeff A. Poage M.D.

Mailing Address 211 Roan Drive

City State Zip Code
Danville CA 94526-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MACMGI Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579957

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **191.30**

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)	PAGE 62 OF 95
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dean Polce D.O.
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579882
 Amount of Each Receipt this Period
83.00

B. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 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 ...
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579947
 Amount of Each Receipt this Period
83.00

C. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 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 ...
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : C1527573
 Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....	249.30
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)	PAGE 63 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10556 Dunleer Dr
 City Los Angeles State CA Zip Code 90064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Dept of Anesthesiology Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527173
 Amount of Each Receipt this Period
 83.30

B. Sripad P. Rao M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Ryder Trauma Center Anesthesiology Staff Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579896
 Amount of Each Receipt this Period
 83.00

C. David C. Reeder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4102 W 34th Ave
 City Kennewick State WA Zip Code 99337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kennewick General Hospital Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2011
Transaction ID : C1533543
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	666.30
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)	PAGE 64 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Michael Richardson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Sant Peter's Hospital
 Department of Anesthesiology
 City New Brunswick State NJ Zip Code 08901
 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 **1249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527181
 Amount of Each Receipt this Period
83.30

B. Joseph M. Rifici A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City Cleveland State OH Zip Code 44106
 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 **1079.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527197
 Amount of Each Receipt this Period
83.30

C. Brian Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7247
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Physicians, PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : C1539260
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kai J. Rodning M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2011 Transaction ID : C1530971
Mailing Address 3750 Rhonda Dr N		Amount of Each Receipt this Period 250.00
City Mobile	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. C	Name of Employer Coastal Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Ignacio J. Rodriguez M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2011 Transaction ID : C1579944
Mailing Address 2387 W 68th St Ste 401		Amount of Each Receipt this Period 83.00
City Hialeah	State FL	Zip Code 33016-6890
FEC ID number of contributing federal political committee. C	Name of Employer South Miami Pain Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

Full Name (Last, First, Middle Initial) C. Leopoldo V. Rodriguez M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : C1527198
Mailing Address 21050 NE 38th Ave Apt 305 Atlantic 3 at the Point		Amount of Each Receipt this Period 83.30
City Aventura	State FL	Zip Code 33180-4073
FEC ID number of contributing federal political committee. C	Name of Employer Surgery Center of Aventura	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.90	

SUBTOTAL of Receipts This Page (optional).....▶	416.30
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)	PAGE 66 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 L. Rogers M.D.

Mailing Address 2810 N Swan Rd Ste 100
Old Pueblo Anesthesia

City Tucson State AZ Zip Code 85712-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer Old Pueblo Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579921

Amount of Each Receipt this Period
41.00

Full Name (Last, First, Middle Initial)
B. John Rogoski D.O.

Mailing Address 915 Olentangy River Rd Ste 1000
Dept of Anes

City Columbus State OH Zip Code 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer OSUMC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.90

Date of Receipt
12 / 18 / 2011
Transaction ID : C1528632

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Frank Rosemeier M.D.

Mailing Address 10004 Crystalline Ct
JLR Medical Group

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 ▼
295.00

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579934

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.30

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)	PAGE 67 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Lawrence J. Roy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2420 Freeman Manor Dr
 City Jones State OK Zip Code 73049-8747
 Name of Employer Oklahoma Anesthesia Consultants Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 664.90

Date of Receipt 12 / 16 / 2011
Transaction ID : C1527574
 Amount of Each Receipt this Period 83.30

B. Sandra J. Sailors M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 S Alpha Bellbrook Rd
 City Bellbrook State OH Zip Code 45305-9790
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 13 / 2011
Transaction ID : C1525534
 Amount of Each Receipt this Period 450.00

c. Joyce Schlichting M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 RiverBend Drive
 City Springfield State OR Zip Code 97477
 Name of Employer Sacred Heart Riverbend Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2011
Transaction ID : C1539304
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 783.30
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)	PAGE 68 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Michael L. Schmitz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8500 Barrett Road
 City State Zip Code
 Roland AR 72135-9282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ark 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
 12 / 07 / 2011
Transaction ID : C1523031
 Amount of Each Receipt this Period
 250.00

B. Gale Segarra-Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 Harvard Dr
 City State Zip Code
 Hartsdale NY 10530-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bedford Anesthesia 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
 12 / 28 / 2011
Transaction ID : C1540566
 Amount of Each Receipt this Period
 500.00

C. Kara L. Settles M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 W. 132nd Terr.
 City State Zip Code
 Leawood KS 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Union Hill Anesthesia 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
 12 / 22 / 2011
Transaction ID : C1533375
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Eric D. Shapiro M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2845 Shumard Oak Dr

City State Zip Code
Braselton GA 30517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Anesthesia Associates of Gainesville Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 05 / 2011
Transaction ID : C1522454

Amount of Each Receipt this Period
250.00

B. Fred E. Shapiro D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 330 Brookline Ave # F-407
Department of Anesthesiology

City State Zip Code
Boston MA 02215-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Harvard Medical School Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
917.00

Date of Receipt
12 / 01 / 2011
Transaction ID : C1579928

Amount of Each Receipt this Period
83.00

C. George Sheplock M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 705 Riley Hospital Drive, Rm 2001

City State Zip Code
Indianapolis IN 46202-5200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Riley Hospital for Children Pediatric Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.90

Date of Receipt
12 / 15 / 2011
Transaction ID : C1527199

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Valeriy Shulin D.O.

Mailing Address 560 West 43 Street, Apt 37K

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : C1539317

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City Sherman Oaks	State CA	Zip Code 91423
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedars-Sinai Medical Center Anes. Dept	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011

Transaction ID : C1527566

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr.

City Wappingers Falls	State NY	Zip Code 12590
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NAPA	Occupation physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : C1527200

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....▶	666.60
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	FOR LINE NUMBER:	PAGE 71 OF 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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.		Date of Receipt
Mailing Address Dept of Anes - N411 Doan Hall 410 W 10th Ave		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Columbus	State OH	Zip Code 43210-1240
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1527177
Name of Employer The Ohio State University		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1079.90"/>		

Full Name (Last, First, Middle Initial) B. Blair Smith M.D.		Date of Receipt
Mailing Address 1046 Lake Colony Ln.		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Birmingham	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1521080
Name of Employer UAB		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1079.90"/>		

Full Name (Last, First, Middle Initial) C. Ryan W. Smith M.D.		Date of Receipt
Mailing Address 98 Holly Ln		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Myrtle Beach	State SC	Zip Code 29572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1579903
Name of Employer Coastal Anesthesia Medical Group		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="41.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="492.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="207.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. George J. Spessot M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 Judson Place
 City State Zip Code
 Rockville Centre NY 11571-0495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Hospital for Joint Diseases Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579867
 Amount of Each Receipt this Period
 83.00

B. John B. Spieker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 San Rafael Dr.
 City State Zip Code
 Dallas TX 75218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John Spieker, MD, PA 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
 12 / 17 / 2011
Transaction ID : C1528295
 Amount of Each Receipt this Period
 500.00

C. Brett M. Sprtel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11934 Crossing Deer Ct
 City State Zip Code
 Roscommon MI 48653-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital Grayling Dept of Anesth Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1419.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579948
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gustav E. Staahl Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 14th Avenue South
 City Fargo State ND Zip Code 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Innovis Health Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579872
 Amount of Each Receipt this Period
 41.00

B. Erica Stein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1079.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : C1528281
 Amount of Each Receipt this Period
 83.30

C. John Stephenson M.D.
 Full Name (Last, First, Middle Initial)
 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 Anes., P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579940
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	207.30
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)	PAGE 74 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Maya S. Suresh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Dryden Rd Ste 1700
 Dept. of Anesthesiology, MS: BCM 1
 City Houston State TX Zip Code 77030
 Name of Employer Baylor College of Medicine Occupation Physician- Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 585.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579883
 Amount of Each Receipt this Period
 83.00

B. Timothy A Swarengin D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 E Primrose St Ste 520
 City Springfield State MO Zip Code 65807
 Name of Employer Ozark Anesthesia Associates, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : C1535884
 Amount of Each Receipt this Period
 500.00

C. Ronald Szabat J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8307 Larkmeade Terrace
 City Potomac State MD Zip Code 20854
 Name of Employer American Society of Anesthesiologist Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : C1533533
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....	666.30
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)	PAGE 75 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Joseph Talarico D.O.
Full Name (Last, First, Middle Initial)

Mailing Address University of Pittsburgh Medical C
200 Lothrop St C-205

City Pittsburgh State PA Zip Code 15213

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 ▼ **534.80**

Date of Receipt **12 / 15 / 2011**

Transaction ID : C1527182

Amount of Each Receipt this Period **41.60**

B. Kyle Thompson M.D.
Full Name (Last, First, Middle Initial)

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 Anesthesiology, P.C. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.30**

Date of Receipt **12 / 01 / 2011**

Transaction ID : C1579918

Amount of Each Receipt this Period **125.00**

C. Kyle Thompson M.D.
Full Name (Last, First, Middle Initial)

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 Anesthesiology, P.C. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.30**

Date of Receipt **12 / 30 / 2011**

Transaction ID : C1539288

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **249.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Pennsylvania Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1079.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : C1527184
 Amount of Each Receipt this Period
83.30

B. Gary F. Tzeng M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 582 S Rex Blvd
 City Elmhurst State IL Zip Code 60126
 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 **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : C1528278
 Amount of Each Receipt this Period
83.30

C. Mathew R. Van Vleck M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Lincolnshire Dr.
 City Rochester Hills State MI Zip Code 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 **253.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : C1579945
 Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... **249.60**
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	FOR LINE NUMBER: (check only one)	PAGE 77 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GFA Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **747.90**

Date of Receipt **12 / 16 / 2011**
Transaction ID : C1527567
 Amount of Each Receipt this Period **83.30**

B. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azelee St
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Office Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **299.90**

Date of Receipt **12 / 17 / 2011**
Transaction ID : C1528280
 Amount of Each Receipt this Period **83.30**

C. Annette D. Vizena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 Skipping Stone Ct
 City Timnath State CO Zip Code 80547-4406
 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 **600.00**

Date of Receipt **12 / 13 / 2011**
Transaction ID : C1525537
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **216.60**
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	FOR LINE NUMBER: (check only one)	PAGE 78 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. J. Michael Vollers M.D.
 Full Name (Last, First, Middle Initial)
 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 **1079.90**

Date of Receipt **12 / 14 / 2011**
Transaction ID : C1525793
 Amount of Each Receipt this Period **83.30**

B. Lance W. Wagner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 55th St
 City Brooklyn State NY Zip Code 11220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran Medical Center Occupation Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527201
 Amount of Each Receipt this Period **100.00**

C. Ebon J. Wallace-Talifarro M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 W Benton St # 115D
 City Iowa City State IA Zip Code 52246-5958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Hospital and Clinic Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 07 / 2011**
Transaction ID : C1522893
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	233.30
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)	PAGE 79 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Denham S. Ward M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Elmwood Ave Ste 604
 City Rochester State NY Zip Code 14642-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester- Strong Memori Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527514
 Amount of Each Receipt this Period **250.00**

B. Charles B. Watson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Sturbridge Rd
 City Easton State CT Zip Code 06612-2030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Anesthesia Associates Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **224.80**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527179
 Amount of Each Receipt this Period **41.60**

C. Alan Weiss M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 Royal Arms Dr.
 City Girard State OH Zip Code 44420-1652
 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 **747.90**

Date of Receipt **12 / 15 / 2011**
Transaction ID : C1527202
 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Marisa A. Wiktor D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1905 N Water St Apt 206
 City Milwaukee State WI Zip Code 53202-1589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **418.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579912
 Amount of Each Receipt this Period **41.00**

B. Paul H. Willoughby M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Brewster Ct
 City Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stony Brook University Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 14 / 2011**
Transaction ID : C1525792
 Amount of Each Receipt this Period **83.30**

C. Brett E. Winthrop M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Hammill Ln
 City Reno State NV Zip Code 89511-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Anesthesia, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **751.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : C1579952
 Amount of Each Receipt this Period **83.00**

SUBTOTAL of Receipts This Page (optional)..... **207.30**
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)	PAGE 81 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Granville B. Work M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3749 Lynnfield Dr
 City Virginia Beach State VA Zip Code 23452-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1079.90**

Date of Receipt **12 / 14 / 2011**
Transaction ID : C1525795
 Amount of Each Receipt this Period **83.30**

B. W. Bradley Worthington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 Deer Park Drive
 City Nashville State TN Zip Code 37205-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Spinal Surgery Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1079.90**

Date of Receipt **12 / 16 / 2011**
Transaction ID : C152577
 Amount of Each Receipt this Period **83.30**

C. Richard Wu M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12038 Hickory Grove Road
 City Dunlap State IL Zip Code 61525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2011**
Transaction ID : C1540578
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **666.60**
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	FOR LINE NUMBER: (check only one)	PAGE 82 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. James R. Zaidan M.D., M.B.
Full Name (Last, First, Middle Initial)

Mailing Address 4986 Chedworth Dr

City State Zip Code
Stone Mountain GA 30087-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Emory University School of Medicine 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
12 / 06 / 2011
Transaction ID : C1522676

Amount of Each Receipt this Period
500.00

B. Jonathan R. Zucker M.B.,Ch.B.
Full Name (Last, First, Middle Initial)

Mailing Address 1612 Saint Gregory Drive

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nevada Anesthesia Consultants ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1079.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2011
Transaction ID : C1527578

Amount of Each Receipt this Period
83.30

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	583.30
TOTAL This Period (last page this line number only).....▶	32821.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Credit Card Merchant

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : D124371

Amount of Each Disbursement this Period

4800.46

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4800.46

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

4800.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. BRAVE PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122021

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Category/
Type

Mr. Joaquin Castro

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : D121908

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FITZGERALD FOR US SENATE

Mailing Address 910 SUNSET LANE

City Horicon State WI Zip Code 53032

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Category/
Type

Mr. Jeff Fitzgerald

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : D122406

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 State Zip Code
Concord NC 28027

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Mr. Richard Hudson

Category/
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
12 / 14 / 2011

Transaction ID : D122027

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Huffman for Congress 2012

Mailing Address P.O. BOX 151563

City State Zip Code
San Rafael CA 94915

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Mr. Jared Huffman

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : D122413

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Iowa Society of Anesthesiologists Political Action

Mailing Address 525 SW 5th Street, Suite A

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement
Non-Federal Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Non-Federal Disburse

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D124853

Amount of Each Disbursement this Period

10000.00

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

16000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY
SUITE 301

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Ms. Linda Lingle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D121906

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2011 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122028

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MADISON PAC; THE

Mailing Address 235 STATE STREET #206

City SPRINGFIELD State MA Zip Code 01103

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
2011 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D121964

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2011 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122022

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D121963

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Billy Long

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D121962

Amount of Each Disbursement this Period

3000.00

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. C.A. Ruppensberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122034

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS State FL Zip Code 34489

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Cliff Stearns

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : D122437

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : D122426

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. HANSEN CLARKE FOR CONGRESS

Mailing Address 1448 Woodward Avenue #305

City State Zip Code
Detroit MI 48226

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Hansen Clarke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : D122442

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City State Zip Code
Burlingame CA 94011

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Jackie Speier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : D122019

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS

Mailing Address 6250 Village Parkway

City State Zip Code
Dublin CA 94568

Purpose of Disbursement
Void of Check 6/23/2010

Category/
Type

Candidate Name

Rep. Jerry McNerney

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2011

Transaction ID : D122161

Amount of Each Disbursement this Period

-1000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Jim Matheson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2011

Transaction ID : D122023

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Joe Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2011

Transaction ID : D122024

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KAREN BASS FOR CONGRESS

Mailing Address 777 S. Figueroa Street

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2011

Transaction ID : D121916

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. LANCE FOR CONGRESS

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : D122404

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City State Zip Code
Albuquerque NM 87106

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President
State: NM District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : D121907

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL BROUN COMMITTEE

Mailing Address P.O. Box 1512

City State Zip Code
Athens GA 30601

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Paul Broun

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122020

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D121905

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2011

Transaction ID : D122430

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : D122434

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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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. RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 39

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
2012 Primary Contribution

011
Category/
Type

Candidate Name

Rep. Randy Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : D122483

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
2012 Primary Contribution

011
Category/
Type

Candidate Name

Rep. Shelley Moore Capito

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122035

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. REYES COMMITTEE, INC., THE

Mailing Address 1011 Montana Ave

City State Zip Code
El Paso TX 79902

Purpose of Disbursement
2012 Primary Contribution

011
Category/
Type

Candidate Name

Rep. Silvestre Reyes

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D122025

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2011

Mailing Address PO BOX 1011

Transaction ID : D122414

City State Zip Code
WHEATON IL 60187

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2011 Contribution

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2011

Mailing Address 3700 WILSHIRE BLVD
SUITE 1050-B

Transaction ID : D122410

City State Zip Code
Los Angeles CA 90010

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
2012 Primary Contribution

011
Category/ Type

Candidate Name

Tony Cardenas

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 28

Full Name (Last, First, Middle Initial)

C. WE THE PEOPLE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2011

Mailing Address P.O. Box 2232

Transaction ID : D122439

City State Zip Code
Jenkintown PA 19046

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2011 Contribution

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

11500.00

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

93000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<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. Fair Trust

Mailing Address P.O. Box 11494

City State Zip Code
Tempe AZ 85284

Purpose of Disbursement
Non-Federal Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Non-Federal Disburse

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D124850

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00