

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.
American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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="2012"/>	<input type="text" value="1770455.33"/>	<input type="text" value="1770455.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1837308.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="94959.60"/>	<input type="text" value="503967.68"/>
(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="1932267.88"/>	<input type="text" value="2274423.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="196523.95"/>	<input type="text" value="538679.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1735743.93"/>	<input type="text" value="1735743.93"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	79753.80	378254.40
(ii) Unitemized	15205.80	120713.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	94959.60	498967.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94959.60	498967.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	94959.60	503967.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94959.60	503967.68

DETAILED SUMMARY PAGE

of Disbursements

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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	17524.14	24329.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17524.14	24329.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	337575.00
24. Independent Expenditures (use Schedule E)	74999.81	74999.81
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	1775.00
(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	1775.00
29. Other Disbursements	25000.00	100000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	196523.95	538679.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	196523.95	538679.08

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)	94959.60	498967.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1775.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94959.60	497192.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17524.14	24329.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17524.14	24329.27

**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 6 OF 111
	<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

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. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 10 / 2012
Transaction ID : C1630684
 Amount of Each Receipt this Period 83.30

B. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 14 / 2012
Transaction ID : C1637858
 Amount of Each Receipt this Period 83.30

c. Jonathan C. Anderson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Jossie Ln
 City Kalispell State MT Zip Code 59901-6961
 Name of Employer Northern Rockies Anesthesia Consultant Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 08 / 2012
Transaction ID : C1626008
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 266.60
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 7 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Shane C. Angus A.A.-C, M.		Date of Receipt
Mailing Address 820 1st N.E. LL-150, Mail 25		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C1627460	
Name of Employer Case Western Reserve University	Occupation Program Director	Amount of Each Receipt this Period <input type="text" value="83.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="665.20"/>	

Full Name (Last, First, Middle Initial) B. Shane C. Angus A.A.-C, M.		Date of Receipt
Mailing Address 820 1st N.E. LL-150, Mail 25		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C1637902	
Name of Employer Case Western Reserve University	Occupation Program Director	Amount of Each Receipt this Period <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="665.20"/>	

Full Name (Last, First, Middle Initial) C. David W. Annand M.D.		Date of Receipt
Mailing Address 6600 Colonial Forest Ln		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Knoxville	State TN	Zip Code 37919-8350
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C1644679	
Name of Employer American Anesthesiology of Tennessee	Occupation Anesthesiologist	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.30"/>
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 8 OF 111
<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. Brett L. Arron M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012
Mailing Address 52 Lake Street		Transaction ID : C1637900
City Wakefield	State RI	Zip Code 02879
FEC ID number of contributing federal political committee.	C	
Name of Employer Narragansett Bay Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	
		Amount of Each Receipt this Period 83.30

Full Name (Last, First, Middle Initial) B. Moeed S. Azam M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012
Mailing Address 4317 New Broad St.		Transaction ID : C1639036
City Orlando	State FL	Zip Code 32814-6045
FEC ID number of contributing federal political committee.	C	
Name of Employer JLR Medical Group	Occupation Physician	
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. Kimberly M. Balogh M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012
Mailing Address 9 Ryedale Ct		Transaction ID : C1624111
City Greenville	State SC	Zip Code 29615-6037
FEC ID number of contributing federal political committee.	C	
Name of Employer Greenville Anesthesiology, P.A.	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

SUBTOTAL of Receipts This Page (optional).....▶	1083.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
	<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. Shawn E. Banks M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 601 NE 36th St Apt 3407

City Miami State FL Zip Code 33137-3976

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

Name of Employer University of Miami School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt 04 / 25 / 2012
Transaction ID : C1644870

Amount of Each Receipt this Period 83.30

B. Carolyn F. Bannister M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5102 Chastleton Drive

City Stone Mountain State GA Zip Code 30087

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

Name of Employer Emory University School of Medicine Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 21 / 2012
Transaction ID : C1644513

Amount of Each Receipt this Period 83.30

C. Timothy Beacham M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2500 N State St Dept of Anesthesiology

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 ▼ 332.00

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627448

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 10 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Lloyd Biby M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1623309
Mailing Address Sacred Heart Medical Ctr. at River 3333 RiverBend Dr.		Amount of Each Receipt this Period 250.00
City Springfield	State OR	Zip Code 97477
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest Anesthesia Physicians, P.C.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Julian S Bick M.D.		Date of Receipt MM / DD / YYYY 04 / 11 / 2012 Transaction ID : C1633272
Mailing Address 4100B Oriole Pl		Amount of Each Receipt this Period 83.30
City Nashville	State TN	Zip Code 37215-3514
FEC ID number of contributing federal political committee. C		
Name of Employer Vanderbilt Univ Med Ctr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Wendy B. Binstock M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012 Transaction ID : C1637903
Mailing Address 1122 W Montana St		Amount of Each Receipt this Period 83.30
City Chicago	State IL	Zip Code 60614-2221
FEC ID number of contributing federal political committee. C		
Name of Employer university of chicago	Occupation physican	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

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 11 OF 111
(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

A. Benjamin B. Blackmon Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1117 Glenwood Ct
 City Columbia State SC Zip Code 29204-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Camden Anesthesiology Associates, LLC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2012
Transaction ID : C1643125
 Amount of Each Receipt this Period 500.00

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 ▼ 300.00

Date of Receipt 04 / 11 / 2012
Transaction ID : C1634256
 Amount of Each Receipt this Period -50.00

C. Jason A. Boehm D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4131 E White Oak Drive
 City Springfield State MO Zip Code 65809-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Johns Clinic Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 05 / 2012
Transaction ID : C1625354
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.30
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 12 OF 111
<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. Chris G. Boukedes M.D.		Date of Receipt
Mailing Address 15 Lawson Way		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1624112
Name of Employer Greenville Anesthesiology		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Carlos L. Bracale M.D.		Date of Receipt
Mailing Address 209 Ryans Run Ct		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Greenville	State SC	Zip Code 29615-6055
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1624113
Name of Employer GREENVILLE ANESTH		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Alrick G. Brooks M.D.		Date of Receipt
Mailing Address 137 Ashford Park		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Macon	State GA	Zip Code 31210-8032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1644563
Name of Employer Central Georgia Anesthesia		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 111
<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. David E. Bryant M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 13601 Preston Rd Ste 900W
Pinnacle Anes. Consultants

City Dallas State TX Zip Code 75240-4908

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

Name of Employer Pinnacle Anes. Consultants Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1625105

Amount of Each Receipt this Period 1000.00

B. Kevin D. Bucol M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 12615 Town and Country Estates Ln.

City St. Louis State MO Zip Code 63141

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

Name of Employer WCCA Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2012
Transaction ID : C1644520

Amount of Each Receipt this Period 500.00

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

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

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 ▼ 333.20

Date of Receipt 04 / 16 / 2012
Transaction ID : C1637979

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.30

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 14 OF 111
(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. Jeffrey J. Buffo M.D.

Mailing Address 3041 120th St. N.E.

City Cedar Rapids State IA Zip Code 52404-8901

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

Name of Employer LCA 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
 04 / 13 / 2012

Transaction ID : C1637843

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City North Providence State RI Zip Code 02911-2134

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

Name of Employer Providence VAMC Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : C1644869

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. David A. Burkamper M.D.

Mailing Address 1499 Cedar Tree Ct NE

City Swisher State IA Zip Code 52338-9410

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

Name of Employer LINN CTY ANESTH 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
 04 / 19 / 2012

Transaction ID : C1643178

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 15 OF 111
	<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 W. Cambier M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12901 Walmer St
 City Overland Park State KS Zip Code 66209-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1630610
 Amount of Each Receipt this Period
 250.00

B. Frederick Campbell III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Park Forest Dr Ste 210
 City Traverse City State MI Zip Code 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Traverse Anesthesia Associates, PC Occupation physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637965
 Amount of Each Receipt this Period
 83.30

C. Vito A. Cancellaro M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Fox Hunt Ln
 City Greer State SC Zip Code 29651-6848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GAPA 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
 04 / 02 / 2012
Transaction ID : C1624114
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
<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. Mark Carithers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624116
 Amount of Each Receipt this Period **500.00**

B. Richard Carithers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., Suite B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624117
 Amount of Each Receipt this Period **500.00**

C. John Carney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Ridgeview Drive
 City Erie State PA Zip Code 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **332.00**

Date of Receipt **04 / 01 / 2012**
Transaction ID : C1627501
 Amount of Each Receipt this Period **83.00**

SUBTOTAL of Receipts This Page (optional)..... **1083.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 17 OF 111
(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. Shawn M. Carson ,PACBuilde

Mailing Address 2139 Auburn Avenue

City State Zip Code
 Cincinnati OH 45219

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

Name of Employer Occupation
 AACPMA MD

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
 04 / 13 / 2012
Transaction ID : C1637839

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Keith L. Carter M.D.

Mailing Address 2417 E Northside Dr

City State Zip Code
 Jackson MS 39211-4925

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

Name of Employer Occupation
 Jackson Anesthesia Associates 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
 04 / 23 / 2012
Transaction ID : C1644700

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Sarah K. Cassias M.D.

Mailing Address 2401 Gillham Rd
 Anes. Dept.

City State Zip Code
 Kansas City MO 64108-4619

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

Name of Employer Occupation
 Childrens Mercy Hospital and Clinics Pediatric Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1624845

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Claire L. Chandler A.A.-C		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2012 Transaction ID : C1637872
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 Healthcare	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Albert R. Cho D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2012 Transaction ID : C1623318
Mailing Address 2094 W 29th Ave		Amount of Each Receipt this Period 500.00
City Eugene	State OR	Zip Code 97405-1762
FEC ID number of contributing federal political committee. C		
Name of Employer Scared Heart Medical, Dept of Anes	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Chrostowski M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2012 Transaction ID : C1624489
Mailing Address 5 Perryridge Rd Dept of Anesthesia		Amount of Each Receipt this Period 1000.00
City Greenwich	State CT	Zip Code 06830-4608
FEC ID number of contributing federal political committee. C		
Name of Employer Greenwich Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1583.30
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 20 OF 111
	<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. Melissa A. Conte M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9219 Cromwell Woods Sq.
 City Orlando State FL Zip Code 32827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : C1644680
 Amount of Each Receipt this Period
 500.00

B. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 Kirby Dr Apt 11D
 City Houston State TX Zip Code 77098-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Houston Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638979
 Amount of Each Receipt this Period
 83.30

C. Michael Danic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14726 Fox
 City Redford State MI Zip Code 48239-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1634522
 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 21 OF 111
(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. Alfred L. Daniels M.D.

Mailing Address 2 Hopkins Rd

City State Zip Code
 Boston MA 02130

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

Name of Employer Occupation
 Anesthesia Assoc of Mass ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012

Transaction ID : C1634252

Amount of Each Receipt this Period
 275.00

Full Name (Last, First, Middle Initial)
B. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City State Zip Code
 Columbia SC 29205-3149

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

Name of Employer Occupation
 Critical health systems SC Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012

Transaction ID : C1637884

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
c. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City State Zip Code
 Columbia SC 29205-3149

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

Name of Employer Occupation
 Critical health systems SC Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : C1647475

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.20

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 111
	<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

Full Name (Last, First, Middle Initial) A. Allen Dennis M.D.		Date of Receipt MM / DD / YYYY 04 / 29 / 2012 Transaction ID : C1648145
Mailing Address 14857 Holly Leaf Dr		Amount of Each Receipt this Period 83.30
City Frisco	State TX	Zip Code 75035-7451
FEC ID number of contributing federal political committee. C		
Name of Employer Center for Spine Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Christian Diez M.D.		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 Transaction ID : C1637966
Mailing Address 7915 SW 55 Avenue		Amount of Each Receipt this Period 83.30
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C		
Name of Employer University of Miami	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Gary J. DiLisio M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627450
Mailing Address 324 Gannett Dr Ste 200		Amount of Each Receipt this Period 83.00
City South Portland	State ME	Zip Code 04106-3266
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Management	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

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 23 OF 111
	<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. Lauren H. Doar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. 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
 04 / 02 / 2012
Transaction ID : C1624118
 Amount of Each Receipt this Period
 500.00

B. Rhett A. Dodge M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology 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
 04 / 02 / 2012
Transaction ID : C1624119
 Amount of Each Receipt this Period
 500.00

C. Patrick Dolan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 410914
 City Saint Louis State MO Zip Code 63141-0914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Anesthesia Services Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1630615
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 111
(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

A. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City Grand Rapids State MI Zip Code 49546-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.90

Date of Receipt 04 / 23 / 2012
Transaction ID : C1644605
 Amount of Each Receipt this Period 83.30

B. Michael B. Elliott M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10120 Grande Shores Way
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES MED ALLI E TN Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2012
Transaction ID : C1644678
 Amount of Each Receipt this Period 250.00

C. Mark E. Ellis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1972 Maryland Ave.
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Anesthesia and Pain Speciali Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2012
Transaction ID : C1647892
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
	<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 Elmassian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr.
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ingham Regional Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 03 / 2012**
Transaction ID : C1624478
 Amount of Each Receipt this Period **83.30**

B. J. M. Evans M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624120
 Amount of Each Receipt this Period **500.00**

C. Mauro Faibicher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1328 Chalmette Dr NE
 City Atlanta State GA Zip Code 30306-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEXUS MEDICAL GRP Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : C1644566
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1083.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 111
	<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. Christopher T. Felling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Ironstone Rd.
 City St. Louis State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2012
Transaction ID : C1648226
 Amount of Each Receipt this Period 250.00

B. Scott D. Fielden M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 401805
 Anesthesiology Consultants, Inc. C
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627410
 Amount of Each Receipt this Period 83.00

C. Robert D. Fisher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10300 W. Charleston Blvd., #13-136
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Anes. Consultants Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2012
Transaction ID : C1637844
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.00
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 27 OF 111
	<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. Richard M. Flowerdew M.D.		Date of Receipt 04 / 15 / 2012 Transaction ID : C1637904
Mailing Address 38 Hedgerow Dr		Amount of Each Receipt this Period 83.30
City Falmouth	State ME	Zip Code 04105-1407
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Michael R. Flynn M.D.		Date of Receipt 04 / 30 / 2012 Transaction ID : C1648551
Mailing Address 6808 Stone Mill Dr		Amount of Each Receipt this Period 1000.00
City Knoxville	State TN	Zip Code 37919-7496
FEC ID number of contributing federal political committee. C		
Name of Employer University Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. G. Craig Fox M.D.		Date of Receipt 04 / 14 / 2012 Transaction ID : C1637856
Mailing Address 21 Melrose Ln		Amount of Each Receipt this Period 83.30
City Green Village	State NJ	Zip Code 07935-3035
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
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 28 OF 111
	<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. William A. Frame M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Edward St
 City Decatur State IL Zip Code 62526-4163
 Name of Employer Decatur Mem Hosp Anes Dept Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 28 / 2012
Transaction ID : C1648133
 Amount of Each Receipt this Period 83.30

B. Michael J. Friedman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 Larail Dr
 City Columbia State MO Zip Code 65203-5205
 Name of Employer Boone Anesthesia Services Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 09 / 2012
Transaction ID : C1630629
 Amount of Each Receipt this Period 250.00

C. Ithiel L.A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Belmont Ave
 Anesthesia Physicians of Brattleboro
 City Brattleboro State VT Zip Code 05301-7601
 Name of Employer Anesthesia Physicians of Brattleboro Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1625106
 Amount of Each Receipt this Period 250.00

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

**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 111
	<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. Wayne M. Gabriel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anes. Partnership Assoc. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624143
 Amount of Each Receipt this Period **500.00**

B. Richard A. Gallo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 8305
 City Gadsden State AL Zip Code 35999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 11 / 2012**
Transaction ID : C1634257
 Amount of Each Receipt this Period **2000.00**

C. Don G. Ganim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Woodland Mead
 City Hamilton State MA Zip Code 01982-1861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : C1632774
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 30 OF 111
	<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. Charles J. Garrett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1617 Kansas Ave
 City San Angelo State TX Zip Code 76904-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University Hospital Anesthesiolo Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2012
Transaction ID : C1648144
 Amount of Each Receipt this Period
 83.30

B. Kim M. Geelan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 SW Washington St., Suite 700
 City Portland State OR Zip Code 97205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Anesthesiology Group, P.C. 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
 04 / 15 / 2012
Transaction ID : C1637907
 Amount of Each Receipt this Period
 500.00

c. 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 ▼ 497.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627457
 Amount of Each Receipt this Period
 41.00

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 31 OF 111
	<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 ▼ 497.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1624816
 Amount of Each Receipt this Period
 83.30

B. Alexander C. Gerhart M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Essex Rd
 City Wellesley State MA Zip Code 02481-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2012
Transaction ID : C1624810
 Amount of Each Receipt this Period
 250.00

C. David F. Gloyna M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S 31st
 2401 South 31st
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White, Dept. of Anes. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637980
 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 32 OF 111
	<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 H. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 W Peachtree St
 City Norcross State GA Zip Code 30071-2053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gwinnett Anesthesia Service Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2012**
Transaction ID : C1623317
 Amount of Each Receipt this Period **250.00**

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 Anesthesia Medical Consultants, LLC Occupation Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2012**
Transaction ID : C1637874
 Amount of Each Receipt this Period **83.30**

C. Timothy M. Grant M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Dunblane Dr
 City Macon State GA Zip Code 31210-7438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexus Medical Group Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : C1644568
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **833.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<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. Arthur R. Gray Jr., M.D.		Date of Receipt MM / DD / YYYY 04 / 23 / 2012 Transaction ID : C1644564
Mailing Address PO Box 28858		Amount of Each Receipt this Period 500.00
City Macon	State GA	Zip Code 31221-8858
FEC ID number of contributing federal political committee. C		
Name of Employer NEXUS MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dara A. Green M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627416
Mailing Address 13657 Glynshel Drive		Amount of Each Receipt this Period 208.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) c. Ryan J. Grindstaff M.D., Ph.D		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1623316
Mailing Address 3300 W 129th St		Amount of Each Receipt this Period 500.00
City Leawood	State KS	Zip Code 66209-1771
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 34 OF 111
	<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 C. Hallows Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3216 Dunlap Dr.
 City Gainesville State GA Zip Code 30506-1648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES ASSOC GVILLE 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
 04 / 09 / 2012
Transaction ID : C1634479
 Amount of Each Receipt this Period
 250.00

B. Robert C. Ham Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Field Springs Ct
 City Macon State GA Zip Code 31210-5373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEXUS MED GRP 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
 04 / 23 / 2012
Transaction ID : C1644567
 Amount of Each Receipt this Period
 500.00

C. 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 ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : C1625891
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Kevin G. Hampel M.D.		Date of Receipt MM / DD / YYYY 04 / 09 / 2012
Mailing Address 2113 S. Pin Oak Dr.		Transaction ID : C1630634
City Springfield	State MO	Zip Code 65809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Ozark Anesthesia Associates	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jeanette A. Harrington M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012
Mailing Address 200 Hawkins Dr Department of Anesthesiology		Transaction ID : C1638984
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer University of Iowa Hospitals and Clini	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Ronald L. Harter M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012
Mailing Address 7825 Holiston Ct		Transaction ID : C1638977
City Dublin	State OH	Zip Code 43016-8659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Ohio State University Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	916.60
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 111
	<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. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Nashua Anesthesia Partners
 City Nashua State NH Zip Code 03060-3925
 Name of Employer Nashua Anesthesia Partners Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 333.20

Date of Receipt 04 / 15 / 2012
 Transaction ID : C1637886
 Amount of Each Receipt this Period 83.30

B. Sally H. Helton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6885 Indian Hill Pl
 City Cincinnati State OH Zip Code 45227
 Name of Employer Anesthesia Assoc. of Cincinnati Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 04 / 13 / 2012
 Transaction ID : C1637836
 Amount of Each Receipt this Period 500.00

C. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Panorama Dr.
 City Vestavia Hills State AL Zip Code 35216
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 333.20

Date of Receipt 04 / 15 / 2012
 Transaction ID : C1637887
 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: (check only one)	PAGE 37 OF 111
	<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. Mark E. Honska M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 162026
 City Altamonte Springs State FL Zip Code 32716-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologists
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 29 / 2012**
Transaction ID : C1648147
 Amount of Each Receipt this Period **1000.00**

B. Timothy W. Houseman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1025
 City Fairhope State AL Zip Code 36533-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Shore Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **04 / 18 / 2012**
Transaction ID : C1642252
 Amount of Each Receipt this Period **83.30**

C. Stephen Hutchins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St Ste 606
 City Knoxville State TN Zip Code 37916-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES MED ALLI E TN Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : C1630606
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1333.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert Impastato M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2012 Transaction ID : C1637888
Mailing Address 19 Barrett Hill Rd.			Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20		

Full Name (Last, First, Middle Initial) B. Mark T. Isaac D.O.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2012 Transaction ID : C1648143
Mailing Address 1459 Lexington Ontario Rd			Amount of Each Receipt this Period 100.00
City Mansfield	State OH	Zip Code 44903-8631	
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia Associates of Mansfield	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Robert S. Jacob M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : C1637841
Mailing Address 7415 Bayswater Dr			Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45255-3937	
FEC ID number of contributing federal political committee. C			
Name of Employer Anes Assoc of Cincinnati	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).....▶	433.30
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 39 OF 111
(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

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 ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637964
 Amount of Each Receipt this Period
 83.30

B. Clyatt W. James III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 Greenville Anesthesiology
 City State Zip Code
 Greenville SC 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Anesthesiology 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
 04 / 02 / 2012
Transaction ID : C1624121
 Amount of Each Receipt this Period
 500.00

C. Patience Ann Marie James D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3179 NW 71st Ave
 City State Zip Code
 Margate FL 33063-7867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCS-St Marys Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : C1634254
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 883.30
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 40 OF 111
(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

A. Tatiana Jamroz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2731 NE 20th Ct
 City State Zip Code
 Fort Lauderdale FL 33305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic Florida Staff anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1623302
 Amount of Each Receipt this Period
 250.00

B. Daniel J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City State Zip Code
 Centennial CO 80015-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Denver Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : C1637894
 Amount of Each Receipt this Period
 83.30

C. James N. Janszen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3170 Golden Ave
 City State Zip Code
 Cincinnati OH 45226-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANES ASSOC CINCINNATI 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
 04 / 13 / 2012
Transaction ID : C1637842
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 111
(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

A. Curby D. Jenkins D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Cabrillo Ln
 City San Luis Obispo State CA Zip Code 93401-7910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627418
 Amount of Each Receipt this Period
 83.00

B. Paul B. Jenkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Spruce Lane
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACNJ, LLC 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
 04 / 04 / 2012
Transaction ID : C1625236
 Amount of Each Receipt this Period
 500.00

C. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St.
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2012
Transaction ID : C1624480
 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 42 OF 111
	<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. Curtis D. Johnson M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012 Transaction ID : C1645713
Mailing Address 14600 Bluejacket St		Amount of Each Receipt this Period 500.00
City Overland Park	State KS	Zip Code 66221-8199
FEC ID number of contributing federal political committee. C		
Name of Employer KC Pain	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. David M. Kalish III, M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2012 Transaction ID : C1644565
Mailing Address PO Box 54301		Amount of Each Receipt this Period 500.00
City Macon	State GA	Zip Code 31208-4036
FEC ID number of contributing federal political committee. C		
Name of Employer The Nexus Medical Group	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Tripti Kataria M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2012 Transaction ID : C1637889
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 ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	1083.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 111
	<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. Jason D. Keller D.O.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627427
Mailing Address 1924 Alcoa Hwy., # U109		Amount of Each Receipt this Period 83.00
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. C		
Name of Employer ua	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) B. Jason D. Keller D.O.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627428
Mailing Address 1924 Alcoa Hwy., # U109		Amount of Each Receipt this Period 41.00
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. C		
Name of Employer ua	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) C. Byron T. Kennerly M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624122
Mailing Address 1007 Grove Rd., #B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 44 OF 111
	<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 K. Kerr III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 21 / 2012
Transaction ID : C1644511
 Amount of Each Receipt this Period 83.30

B. Rubin Kesner D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Hearthstone Dr
 City Gansevoort State NY Zip Code 12831-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Group of Albany Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 13 / 2012
Transaction ID : C1634521
 Amount of Each Receipt this Period 83.30

C. Eugene Kim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Welling Circle
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1624115
 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 45 OF 111
	<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. John Kim M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624123
Mailing Address 1007 Grove Rd # B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology	Occupation physician - anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael S. Kincaid M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627442
Mailing Address 13029 NE 144th PI		Amount of Each Receipt this Period 83.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

Full Name (Last, First, Middle Initial) C. Mark D. Kline M.D.		Date of Receipt MM / DD / YYYY 04 / 19 / 2012 Transaction ID : C1643177
Mailing Address 345 Woodland Dr., S.E.		Amount of Each Receipt this Period 500.00
City Cedar Rapids	State IA	Zip Code 52403
FEC ID number of contributing federal political committee. C		
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 111
(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

A. Richard Knox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology 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
 04 / 02 / 2012
Transaction ID : C1624124
 Amount of Each Receipt this Period
 500.00

B. Eun-Kyu Koh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Thornwood Ave
 City Wilmette State IL Zip Code 60091-1354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northshore University Health System Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : C1623329
 Amount of Each Receipt this Period
 250.00

C. Tom Krejcie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 E. Chicago Ave-Ward Bldg. 13-1
 City Chicago State IL Zip Code 60611-3072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Univ Feinberg Sch 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
 04 / 15 / 2012
Transaction ID : C1637906
 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 47 OF 111
	<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 Practice Consultants Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1624812
 Amount of Each Receipt this Period
 83.30

B. James C. Ku M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 River Rd.
 City Hillsborough State NJ Zip Code 08844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants of New Jersey 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
 04 / 21 / 2012
Transaction ID : C1644521
 Amount of Each Receipt this Period
 500.00

C. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 Duke University Medical School
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical School Occupation Associate Professor of Anesthsiology R
 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
 04 / 15 / 2012
Transaction ID : C1637873
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	683.30
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 48 OF 111
	<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 T. Kunichika M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2272 Alaqua Dr
 City Longwood State FL Zip Code 32779-3100
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2012
Transaction ID : C1624849
 Amount of Each Receipt this Period
 500.00

B. Jon Kuzmic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 W 10th St # FM400
 City Indianapolis State IN Zip Code 46202-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IN Univ Med Ctr-Wishard Mem Hosp Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2012
Transaction ID : C1624453
 Amount of Each Receipt this Period
 250.00

C. Hung-Chi Kwok M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2732 Muir Woods Dr., SE
 City Hampton Cove State AL Zip Code 35763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Anes. of Huntsville, LLC Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2012
Transaction ID : C1637855
 Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional).....▶	925.00
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 49 OF 111
	<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 E. La Gorio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 Forest Park Rd
 City Norton Shores State MI Zip Code 49441-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anesthesia Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637970
 Amount of Each Receipt this Period
 83.30

B. Stephen V. LaBarge M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7551 William Penn Place
 City Indianapolis State IN Zip Code 46256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOC IN ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012
Transaction ID : C1637816
 Amount of Each Receipt this Period
 1000.00

C. Alice L. Landrum M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1121 S Hickory Grove School Rd
 City Columbia State MO Zip Code 65279-9785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation 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
 04 / 09 / 2012
Transaction ID : C1630632
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1583.30
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 111
	<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. Stephen Lane M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624125
Mailing Address 1007 Grove Rd # B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Stuart Lane M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624126
Mailing Address 1007 Grove Rd # B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James Langdon M.D.		Date of Receipt MM / DD / YYYY 04 / 19 / 2012 Transaction ID : C1642698
Mailing Address PO Box 51947 Medical Center		Amount of Each Receipt this Period 600.00
City Knoxville	State TN	Zip Code 37950-1947
FEC ID number of contributing federal political committee. C		
Name of Employer University of Tennessee	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 111
<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. George D. Lappas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 878 Bluespring Ln
 City Frontenac State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Acuity Anesthesiology 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
 04 / 09 / 2012
Transaction ID : C1630635
 Amount of Each Receipt this Period
 1000.00

B. Gary Lawson-Boucher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5238 Mason Corbin Ct Ste 101
 City Fort Myers State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moonlight Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627417
 Amount of Each Receipt this Period
 125.00

C. Thomas J. Lekan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2149 Auburn Ave
 City Cincinnati State OH Zip Code 45219-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Christ Hospital Dept of Anes Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1637837
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
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 52 OF 111
	<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. Gloria L. Lewis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St., Suite #606
 City Knoxville State TN Zip Code 37916-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Tennessee Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : C1630611
 Amount of Each Receipt this Period **250.00**

B. Michael C. Lewis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 W 8th St
 Professor Chair Anesthesiology
 City Jacksonville State FL Zip Code 32209-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida College of Medic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2012**
Transaction ID : C1637895
 Amount of Each Receipt this Period **83.30**

C. Cynthia A. Lien M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W End Ave Apt 10B
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weill Cornell Medical College Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624150
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<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. 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 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2012**
Transaction ID : C1637880
 Amount of Each Receipt this Period **83.30**

B. Michael Link M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Carpenter Street
 City Springfield State IL Zip Code 62769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Johns Hospital Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 11 / 2012**
Transaction ID : C1634325
 Amount of Each Receipt this Period **500.00**

C. David L. Long M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1654 Tanglewood Rd
 City Columbia State SC Zip Code 29204-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CRITICAL HLTH SYS SC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : C1648229
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1083.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Lannon E. Lucas M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624140
Mailing Address 1007 Grove Rd Ste B Greenville Anesthesiology		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C	Name of Employer Univ of Alabama	Occupation Resident
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Penny B. Lynch M.D.		Date of Receipt MM / DD / YYYY 04 / 09 / 2012 Transaction ID : C1630607
Mailing Address 501 20th St., Suite #606		Amount of Each Receipt this Period 250.00
City Knoxville	State TN	Zip Code 37916-1863
FEC ID number of contributing federal political committee. C	Name of Employer Knoxville Anes Group	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steven Z. Lysak M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624127
Mailing Address 1007 Grove Rd., #B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C	Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<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. Primo E. Maestrado M.D.			Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : C1648270
Mailing Address 1404 White Horse Rd			Amount of Each Receipt this Period 250.00
City Voorhees	State NJ	Zip Code 08043-2114	
FEC ID number of contributing federal political committee. C			
Name of Employer VIRTUA MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Asif M. Malik M.D.			Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2012 Transaction ID : C1644706
Mailing Address 2760 Charnwood Dr			Amount of Each Receipt this Period 83.30
City Troy	State MI	Zip Code 48098-2184	
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford West Bloomfield Hospital An	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.90		

Full Name (Last, First, Middle Initial) C. Alvin R. Manalaysay M.D., Ph.D			Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2012 Transaction ID : C1630631
Mailing Address 769 River Hills Drive			Amount of Each Receipt this Period 500.00
City Fenton	State MO	Zip Code 63026-3162	
FEC ID number of contributing federal political committee. C			
Name of Employer South County Anesthesia Associates LTD	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 111
	<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. 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 35249-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Department of Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **332.00**

Date of Receipt **04 / 01 / 2012**
Transaction ID : C1627420
 Amount of Each Receipt this Period **83.00**

B. Kurt W. Markgraf M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3663 McKinley Ave
 City Fort Myers State FL Zip Code 33901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia and Pain Management Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 04 / 2012**
Transaction ID : C1624814
 Amount of Each Receipt this Period **83.30**

C. Gregory F. Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 City Nashua State NH Zip Code 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern New Hampshire Med Ctr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2012**
Transaction ID : C1634473
 Amount of Each Receipt this Period **250.00**

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 57 OF 111
	<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. John M. Marty D.O.		Date of Receipt MM / DD / YYYY 04 / 09 / 2012
Mailing Address 146 Peg Shop Rd.		Transaction ID : C1630609
City Keene	State NH	Zip Code 03431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cheshire Anesthesia Associates	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Edwin Mathews M.D.		Date of Receipt MM / DD / YYYY 04 / 19 / 2012
Mailing Address 725 American Avenue		Transaction ID : C1643107
City Waukesha	State WI	Zip Code 53188-5099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mark D. Mathis M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012
Mailing Address 1007 Grove Rd., #B		Transaction ID : C1624128
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 111
	<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. Gregory B. McComas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6578 Canyon Cove Pl
 City Salt Lake City State UT Zip Code 84121-6307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain West Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 18 / 2012**
Transaction ID : C1642547
 Amount of Each Receipt this Period **250.00**

B. Felicia M. McCreary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesiology Consultants Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 21 / 2012**
Transaction ID : C1644512
 Amount of Each Receipt this Period **100.00**

C. Joel E. McCreary D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4595 E Calle Redonda
 City Phoenix State AZ Zip Code 85018-3817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Anesthesia Occupation Staff Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 01 / 2012**
Transaction ID : C1627443
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional).....	475.00
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 59 OF 111
	<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
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627438
 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
 Name of Employer Mayo Clinic Anesthesiology Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.20

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627496
 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
 Name of Employer Mayo Clinic Anesthesiology Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.20

Date of Receipt 04 / 15 / 2012
Transaction ID : C1637896
 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 60 OF 111
	<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. Donnie L. McMickle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Pine St., Ste. L-40
 City Macon State GA Zip Code 31201
 Name of Employer Albany Anesthesia Associates Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2012
Transaction ID : C1644569
 Amount of Each Receipt this Period 500.00

B. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 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 ▼ 332.00

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627451
 Amount of Each Receipt this Period 83.00

C. Vernon Merchant M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1624129
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1083.00
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 61 OF 111
	<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. Justin P. Meschler M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Rivermist Rd
 City Juliette State GA Zip Code 31046-3607
 Name of Employer NEXus Med GRP Anes Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2012
Transaction ID : C1644561
 Amount of Each Receipt this Period 500.00

B. Michael D. Miller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15936 Oak Park Ct
 City Westfield State IN Zip Code 46074-9140
 Name of Employer ACI-LLC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.90

Date of Receipt 04 / 06 / 2012
Transaction ID : C1625896
 Amount of Each Receipt this Period 83.30

c. Christopher G. Millson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Wimbledon Dr
 City Las Vegas State NV Zip Code 89107-2364
 Name of Employer Desert Anesthesiologists Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 15 / 2012
Transaction ID : C1637897
 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: (check only one)	PAGE 62 OF 111
	<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. Mitchell F. Minana M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 E Welden Dr
 City Spokane State WA Zip Code 99223
 Name of Employer: PHYSICIAN ANETHESIOLOGIST GROUP Occupation: ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt: 04 / 24 / 2012
 Transaction ID : C1644824
 Amount of Each Receipt this Period: 100.00

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 90095-7403
 Name of Employer: Department of Anesthesiology Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.20

Date of Receipt: 04 / 10 / 2012
 Transaction ID : C1630683
 Amount of Each Receipt this Period: 83.30

C. John D. Moore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1323 Colony Way Ct
 City Chesterfield State MO Zip Code 63017-5563
 Name of Employer: St John's Mercy Hospital Occupation: ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt: 04 / 09 / 2012
 Transaction ID : C1630613
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... 683.30
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 111
	<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. 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
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627462
 Amount of Each Receipt this Period
 125.00

B. Jarod R. Motley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 Greenville Anesthesiology, P.A.
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. 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
 04 / 02 / 2012
Transaction ID : C1624130
 Amount of Each Receipt this Period
 500.00

C. Joel H. Mumford M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Elm Hill St
 City Springfield State VT Zip Code 05156-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer V A Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637972
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 708.30
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 111
	<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 B. Munce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 S 6th Ave
 City State Zip Code
 Sioux Falls SD 57105-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates, Incorporate 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
 04 / 20 / 2012
Transaction ID : C1644320
 Amount of Each Receipt this Period
 250.00

B. Robert F. Murray III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Elm Park Blvd.
 City State Zip Code
 Pleasant Ridge MI 48069-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 William Beaumont Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : C1638985
 Amount of Each Receipt this Period
 83.30

c. Ajay Nath M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Barclay Ct.
 City State Zip Code
 Somerset NJ 08873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Consultants of NJ 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
 04 / 10 / 2012
Transaction ID : C1632142
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 111
	<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. Norah N. Naughton M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2012
Mailing Address 4270 Plymouth Road		Transaction ID : C1644866
City Ann Arbor	State MI	Zip Code 48109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer University of Michigan	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Loc T. Nguyen M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2012
Mailing Address 2112 Stonehollow Ct		Transaction ID : C1626003
City Pearland	State TX	Zip Code 77581-2280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Christus St John Hospital Anesthesiolo	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael S. Nichols A.A.-C		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2012
Mailing Address 2580 Hillandale Cir		Transaction ID : C1637876
City Cumming	State GA	Zip Code 30041-6320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Case Western Reserve University MSA Pr	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

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 66 OF 111
(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

A. Mihail P. Nikolov M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 Forest Ave
 City River Forest State IL Zip Code 60305-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alexian Brothers Medical Center Anes. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1630396
 Amount of Each Receipt this Period
 250.00

B. Lucas Njo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2812 Waterford Dr
 City Irving State TX Zip Code 75063-3190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas VA Medical Ctr 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
 04 / 24 / 2012
Transaction ID : C1645708
 Amount of Each Receipt this Period
 500.00

c. Stephen J. Obermeier M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Thorndale Ct
 City Nashville State TN Zip Code 37215-6146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASHVILLE ANES SERV Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : C1649153
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1375.00
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 67 OF 111
	<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. Richard J. Oeser M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1624141
Mailing Address 1007 Grove Rd Ste B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C		
Name of Employer GREENVILLE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Babatunde O. Ogunnaike M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627498
Mailing Address 1008 Brentwood Dr		Amount of Each Receipt this Period 83.00
City Murphy	State TX	Zip Code 75094-4441
FEC ID number of contributing federal political committee. C		
Name of Employer University of Texas Southwestern Medic	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

Full Name (Last, First, Middle Initial) c. Oluwatosin Oladipupo M.D.		Date of Receipt MM / DD / YYYY 04 / 23 / 2012 Transaction ID : C1644604
Mailing Address 1836 S Shores Dr		Amount of Each Receipt this Period 100.00
City Decatur	State IL	Zip Code 62521-5529
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.00	

SUBTOTAL of Receipts This Page (optional).....▶	683.00
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 68 OF 111
	<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 D. Owens M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 500 North & South Rd., #102

City St. Louis State MO Zip Code 63130

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : C1630628

Amount of Each Receipt this Period
250.00

B. Juhan Paiste M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1245 S. Cedar Crest Blvd. Suite 301

City Allentown, PA State PA Zip Code 18103

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

Name of Employer Allentown Anesthesia Associates, Inc. Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : C1644867

Amount of Each Receipt this Period
83.30

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

Mailing Address 4600 E Berkeley St

City Springfield State MO Zip Code 65809-3528

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

Name of Employer Mercy Hospital Springfield Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2012

Transaction ID : C1627447

Amount of Each Receipt this Period
83.00

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 69 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Brian S. Pallohusky M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2012 Transaction ID : C1627503
Mailing Address 4600 E Berkeley St		Amount of Each Receipt this Period 41.00
City Springfield	State MO	Zip Code 65809-3528
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Hospital Springfield	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) B. Parag Pandya M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2012 Transaction ID : C1644603
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.30
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C		
Name of Employer Geneva General Hospital Anesthesiology	Occupation Staff Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. John L. Pappas M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2012 Transaction ID : C1637881
Mailing Address 294 Barden Rd		Amount of Each Receipt this Period 83.30
City Bloomfield Hills	State MI	Zip Code 48304-2711
FEC ID number of contributing federal political committee. C		
Name of Employer William Beaumont Hospital Troy	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

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 70 OF 111
	<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. Jason D. Parker M.D.		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 Transaction ID : C1634253
Mailing Address 8300 Sunburst Pkwy		Amount of Each Receipt this Period 250.00
City Round Rock	State TX	Zip Code 78681-3464
FEC ID number of contributing federal political committee. C		
Name of Employer Scott and White	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Harry G. Parr D.O.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012 Transaction ID : C1637882
Mailing Address 4725 Tully Rd.		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Michael H. Pearman M.D.		Date of Receipt MM / DD / YYYY 04 / 05 / 2012 Transaction ID : C1625970
Mailing Address 21 Iron Bottom Ln		Amount of Each Receipt this Period 500.00
City Daniel Island	State SC	Zip Code 29492-8415
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<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

Full Name (Last, First, Middle Initial) A. William J. Pekarske M.D.		Date of Receipt 04 / 30 / 2012 Transaction ID : C1648162
Mailing Address 1281 E. Calle De La Cabra		Amount of Each Receipt this Period 83.30
City Tucson	State AZ	
Zip Code 85718		Aggregate Year-to-Date ▼ 333.20
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Arizona Anesthesia Services	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Joseph J. Perosi M.D.		Date of Receipt 04 / 20 / 2012 Transaction ID : C1643224
Mailing Address 285 Davidson Ave Ste 204		Amount of Each Receipt this Period 500.00
City Somerset	State NJ	
Zip Code 08873-4153		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Consultants Of NJ. LLC.	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Jeremie J. Perry M.D.		Date of Receipt 04 / 01 / 2012 Transaction ID : C1627459
Mailing Address 2410 Whispering Oaks Ct.		Amount of Each Receipt this Period 83.00
City Abilene	State TX	
Zip Code 79606-4366		Aggregate Year-to-Date ▼ 332.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hendrick Anesthesia Network	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 72 OF 111
<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. Kathy M. Perryman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11412 Canterbury Cir.
 City Shawnee Mission State KS Zip Code 66211-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of KC, PC Occupation pediatric anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 04 / 2012**
Transaction ID : C1625234
 Amount of Each Receipt this Period **1000.00**

B. Larry D. Petersen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 E Primrose St Ste 520
 City Springfield State MO Zip Code 65807-5180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ozark Anesth. Assoc. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : C1630612
 Amount of Each Receipt this Period **1000.00**

C. Todd G. Peterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14604 S 1st St
 City Phoenix State AZ Zip Code 85048-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RED MOUNTAIN ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2012**
Transaction ID : C1645709
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 111
	<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

Full Name (Last, First, Middle Initial) A. Margaret A. Pitts M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627439
Mailing Address 25 Birchdale Rd		Amount of Each Receipt this Period 83.00
City Bow	State NH	Zip Code 03304-4405
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Plagenhoef M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012 Transaction ID : C1637899
Mailing Address 1118 Ross Clark Circle, Suite 700 Anesthesia Consultants Medical Group		Amount of Each Receipt this Period 83.30
City Dothan	State AL	Zip Code 36301
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Consultants Medical Group	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Paul A. Playfair M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : C1625107
Mailing Address 1228 Havre Lafitte Dr.		Amount of Each Receipt this Period 500.00
City Austin	State TX	Zip Code 78746
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 ▼ 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 74 OF 111
<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. 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 **400.00**

Date of Receipt **04 / 16 / 2012**
Transaction ID : C1637973
 Amount of Each Receipt this Period **100.00**

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 Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **665.20**

Date of Receipt **04 / 01 / 2012**
Transaction ID : C1627495
 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 Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **665.20**

Date of Receipt **04 / 16 / 2012**
Transaction ID : C1637974
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **266.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Jason Porter M.D.		Date of Receipt MM / DD / YYYY 04 / 25 / 2012 Transaction ID : C1645820
Mailing Address 381 Cherry St		Amount of Each Receipt this Period 250.00
City St Henry	State OH	Zip Code 45883
FEC ID number of contributing federal political committee. C		
Name of Employer Mercer Health, Coldwater, Ohio	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Johnathan L. Pregler M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012 Transaction ID : C1637871
Mailing Address 10556 Dunleer Dr		Amount of Each Receipt this Period 83.30
City Los Angeles	State CA	Zip Code 90064-4318
FEC ID number of contributing federal political committee. C		
Name of Employer UCLA Dept of Anesthesiology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) c. Eugene S. Prokopyschyn D.O.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012 Transaction ID : C1643215
Mailing Address 16789 W 67th Cir		Amount of Each Receipt this Period 250.00
City Arvada	State CO	Zip Code 80007
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	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).....▶	583.30
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 76 OF 111
	<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. Mark C. Pruitt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. 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
 04 / 02 / 2012
Transaction ID : C1624131
 Amount of Each Receipt this Period
500.00

B. Steven Pusker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology 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
 04 / 02 / 2012
Transaction ID : C1624132
 Amount of Each Receipt this Period
500.00

C. Oscar F. Quintana M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6431 Fannin St., MSB 5.020
 Dept of Anesthesiology
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Texas Occupation Assistant Professor of Anesthesiology
 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
 04 / 06 / 2012
Transaction ID : C1625943
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<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 J. Raithel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8672 Monte Dr.
 City Cincinnati State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES ASSOC CINCINNATI Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : C1637838
 Amount of Each Receipt this Period
 250.00

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 Ryder Trauma Center Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 332.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627441
 Amount of Each Receipt this Period
 83.00

C. Diane Reynolds M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St Ste 606
 City Knoxville State TN Zip Code 37916-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES MED ALLI E TN Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : C1630608
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.00
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 78 OF 111
	<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. Theresa Rickelman D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Osteopathy
 City State Zip Code
 Kirksville MO 63501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Regional Medical Center Anes 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
 04 / 09 / 2012
Transaction ID : C1630614
 Amount of Each Receipt this Period
 500.00

B. Joseph M. Rifici A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City State Zip Code
 Cleveland OH 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ Hosp of Cleveland Case Med Ctr Anesthesiologist Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : C1637898
 Amount of Each Receipt this Period
 83.30

c. Ignacio J. Rodriguez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2387 W 68th St Ste 401
 City State Zip Code
 Hialeah FL 33016-6890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Miami Pain Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 332.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627491
 Amount of Each Receipt this Period
 83.00

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 79 OF 111
	<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 Rogoski D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Anesthesiology
 Doan Hall N411
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wexner Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012
Transaction ID : C1642248
 Amount of Each Receipt this Period
83.30

B. Jaime R. Ronderos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1798 Torrey Pines Lane
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Anesthesia Consultants 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
 04 / 10 / 2012
Transaction ID : C1630698
 Amount of Each Receipt this Period
250.00

C. Frank A. Rosinia M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Idlewood Pl
 City River Ridge State LA Zip Code 70123-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane University School of Medicine Occupation Chairman, Department of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012
Transaction ID : C1642251
 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 80 OF 111
	<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. Theodore E. Rothman M.D.		Date of Receipt
Mailing Address 10 Wildflower Ct		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2012
City Greenville	State SC	Zip Code 29615-5544
FEC ID number of contributing federal political committee. C		Transaction ID : C1624133
Name of Employer Greenville Anesthesiology, PA		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) B. Lawrence J. Roy M.D.		Date of Receipt
Mailing Address 2420 Freeman Manor Dr		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2012
City Jones	State OK	Zip Code 73049-8747
FEC ID number of contributing federal political committee. C		Transaction ID : C1637975
Name of Employer Oklahoma Anesthesia Consultants		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.20	

Full Name (Last, First, Middle Initial) C. Mahesh P. Sardesai M.D.		Date of Receipt
Mailing Address 1304 Fairstead Lane		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2012
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C		Transaction ID : C1642250
Name of Employer UPMC Shadyside		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.20	

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 81 OF 111
	<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. John S. Scott Jr., D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 Hallelujah Trail
 City Keller State TX Zip Code 76248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 24 / 2012**
Transaction ID : C1644823
 Amount of Each Receipt this Period **300.00**

B. Alvin D. Sewell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Allison Park
 City Macon State GA Zip Code 31210-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEXUS MEDICAL GROUP Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : C1644562
 Amount of Each Receipt this Period **500.00**

C. Hind Shabany M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16390 W Sheila Ln
 City Goodyear State AZ Zip Code 85395-7613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2012**
Transaction ID : C1630617
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 111
	<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. George Sheplock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 Riley Hospital Drive, Rm 2001
 City Indianapolis State IN Zip Code 46202-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riley Hospital for Children Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 15 / 2012
Transaction ID : C1637890
 Amount of Each Receipt this Period 83.30

B. Harry C. Sherman Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1624134
 Amount of Each Receipt this Period 500.00

C. Chetan R. Shukla M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7312 Palais Cir.
 City Indianapolis State IN Zip Code 46278-1598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1625104
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1083.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 111
	<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. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : C1637962
 Amount of Each Receipt this Period
 83.30

B. Michael B. Simon M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : C1637891
 Amount of Each Receipt this Period
 83.30

C. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 Dept of Anes - N411 Doan Hall
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : C1637875
 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 84 OF 111
	<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. Julie N. Smelser M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1185 Hanover Pl.
 City San Luis Obispo State CA Zip Code 93401
 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 **625.00**

Date of Receipt **04 / 11 / 2012**
Transaction ID : C1634477
 Amount of Each Receipt this Period **625.00**

B. Alan W. Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Afton Ave.
 City Greenville State SC Zip Code 29601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anmesthesiology, PA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2012**
Transaction ID : C1624142
 Amount of Each Receipt this Period **500.00**

C. Blair Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 04 / 2012**
Transaction ID : C1624813
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	1208.30
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 85 OF 111
(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

A. David M. Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 Byrnes Blvd.
 City Florence State SC Zip Code 29506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLeod Medical Anesthesia Assoc.,LLC. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : C1630603
 Amount of Each Receipt this Period
 500.00

B. David J. Smith A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Erica Ct
 City Pueblo State CO Zip Code 81001-1074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centura Health Occupation Chief Anesthetist
 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
 04 / 30 / 2012
Transaction ID : C1652908
 Amount of Each Receipt this Period
 1000.00

C. Joshua T. Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6240 E. Frontier Pl.
 City Tucson State AZ Zip Code 85750-5962
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : C1648189
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 86 OF 111
	<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. Trevor K. Smith M.D.		Date of Receipt
Mailing Address 12 Belfrey Dr.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greer	SC	29650
FEC ID number of contributing federal political committee.		Transaction ID : C1624135
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Greenville Anesthesiology	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael J. Sobczak M.D.		Date of Receipt
Mailing Address 10451 S Seeley Ave		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60643-2630
FEC ID number of contributing federal political committee.		Transaction ID : C1648186
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Palos Anesthesia Assoc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose R. Soberon M.D.		Date of Receipt
Mailing Address 2909 Ridgeway Dr		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Metairie	LA	70002-1832
FEC ID number of contributing federal political committee.		Transaction ID : C1644691
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="625.00"/>
Name of Employer	Occupation	
Ochsner Clinic Foundation	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1375.00"/>
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 87 OF 111
	<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 C. Sperrazza M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 940 Woodland Avenue
 City Plainfield State NJ Zip Code 07060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia consultants of NJ 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
 04 / 19 / 2012
Transaction ID : C1643222
 Amount of Each Receipt this Period
 500.00

B. George J. Spessot M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 Judson Place
 City Rockville Centre State NY Zip Code 11571-0495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Hospital for Joint Diseases Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627414
 Amount of Each Receipt this Period
 83.00

C. Brett M. Sprtel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11934 Crossing Deer Ct
 City Roscommon State MI Zip Code 48653-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Grayling Dept of Anesth Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2012
Transaction ID : C1627493
 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: PAGE 88 OF 111
(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

A. Jeffrey B Staack M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6818 Lion Heart Ln
 City Knoxville State TN Zip Code 37919-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2012
Transaction ID : C1648149
 Amount of Each Receipt this Period 250.00

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 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ohio state university Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 17 / 2012
Transaction ID : C1638981
 Amount of Each Receipt this Period 83.30

C. Hans E. Steine M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 13th Ave SW
 City Mount Vernon State IA Zip Code 52314-9586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linn County Anesthesiologists, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2012
Transaction ID : C1644675
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 111
	<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. Stephenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Road
 Suite 530
 City Atlanta State GA Zip Code 30342
 Name of Employer Physician Specialists in Anesthesia, P
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.20

Date of Receipt 04 / 14 / 2012
Transaction ID : C1637861
 Amount of Each Receipt this Period 83.30

B. 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 Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 04 / 01 / 2012
Transaction ID : C1627425
 Amount of Each Receipt this Period 83.00

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 ▼ 333.20

Date of Receipt 04 / 24 / 2012
Transaction ID : C1644705
 Amount of Each Receipt this Period 83.30

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 90 OF 111
<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. Samuel E. Talsma M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2012 Transaction ID : C1626001
Mailing Address 2110 Dorset Rd.		Amount of Each Receipt this Period 83.30
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C	Name of Employer anesthesia assoc of ann arbor	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.60	

Full Name (Last, First, Middle Initial) B. Sanjiwan V. Tarabdkar M.B.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2012 Transaction ID : C1644570
Mailing Address 5055 Wellington Dr		Amount of Each Receipt this Period 500.00
City Macon	State GA	Zip Code 31210-4429
FEC ID number of contributing federal political committee. C	Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kyle Thompson M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : C1648163
Mailing Address 333 W Hampden Ave #600		Amount of Each Receipt this Period 83.30
City Englewood	State CO	Zip Code 80110
FEC ID number of contributing federal political committee. C	Name of Employer South Denver Anesthesiologists, P.C.	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.20	

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 91 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Christopher A. Troianos M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2012 Transaction ID : C1637878
Mailing Address 427 Heights Dr		Amount of Each Receipt this Period 83.30
City Gibsonia	State PA	Zip Code 15044-6032
FEC ID number of contributing federal political committee. C		
Name of Employer Allegheny Health Network	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Gary F. Tzeng M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012 Transaction ID : C1638978
Mailing Address 582 S Rex Blvd		Amount of Each Receipt this Period 83.30
City Elmhurst	State IL	Zip Code 60126-4259
FEC ID number of contributing federal political committee. C		
Name of Employer DVA	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Mathew R. Van Vleck M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2012 Transaction ID : C1627492
Mailing Address 1755 Lincolnshire Dr.		Amount of Each Receipt this Period 83.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

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 92 OF 111
	<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

Full Name (Last, First, Middle Initial) A. Gail E. Vandewalker M.D.		Date of Receipt MM / DD / YYYY 04 / 19 / 2012 Transaction ID : C1643176
Mailing Address Anes. Office Service, Inc. 1550 Boyson Rd.		Amount of Each Receipt this Period 300.00
City Hiawatha	State IA	Zip Code 52233-2310
FEC ID number of contributing federal political committee. C		
Name of Employer LINN CTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. David Varlotta D.O.		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 Transaction ID : C1637963
Mailing Address 1303 Bayshore Blvd.		Amount of Each Receipt this Period 83.30
City Tampa	State FL	Zip Code 33606-2911
FEC ID number of contributing federal political committee. C		
Name of Employer Greater Florida Anesthesiologists	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Hector Vila Jr., M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2012 Transaction ID : C1638980
Mailing Address 4304 W Azeele St		Amount of Each Receipt this Period 83.30
City Tampa	State FL	Zip Code 33609-3824
FEC ID number of contributing federal political committee. C		
Name of Employer Hector Vila Jr MD PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	466.60
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 93 OF 111
	<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. J. Michael Vollers M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2012 Transaction ID : C1637857
Mailing Address 1 Childrens Way Slot 203, S-319		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Lance W. Wagner M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2012 Transaction ID : C1637892
Mailing Address 150 55th St		Amount of Each Receipt this Period 100.00
City Brooklyn	State NY	Zip Code 11220-2559
FEC ID number of contributing federal political committee. C		
Name of Employer Lutheran Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Norman E. Warner M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : C1637852
Mailing Address 1394 Place Pacardy		Amount of Each Receipt this Period 500.00
City Winter Park	State FL	Zip Code 32789
FEC ID number of contributing federal political committee. C		
Name of Employer jlr	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	683.30
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 94 OF 111
	<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. Samuel M. Warren M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Preakness Pt
 City Tallahassee State FL Zip Code 32308-0836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates of Tallahassee 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
 04 / 18 / 2012
Transaction ID : C1642672
 Amount of Each Receipt this Period
 250.00

B. Alan Weiss M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 Royal Arms Dr
 City Girard State OH Zip Code 44420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bel-Park Anes. Assoc. Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2012
Transaction ID : C1637893
 Amount of Each Receipt this Period
 83.30

C. Charles A. Wideburg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3627 Long Furrow Rd.
 City Franksville State WI Zip Code 53126-9463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Anesthesia Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : C1649155
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 111
	<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. Randall D. Wilhoit M.D.		Date of Receipt
Mailing Address 1007 Grove Rd., #B		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1624136
Name of Employer Greenville Anesthesiology, PA		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Charles H. Williams Jr., M.D.		Date of Receipt
Mailing Address 503 Cheshire Dr.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1624110
Name of Employer ANES MED ALLI E TN		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Lancelot Williams M.D.		Date of Receipt
Mailing Address 229 Quincy Avenue		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Long Beach	State CA	Zip Code 90803-1634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1647459
Name of Employer Lancelot Williams, MD, Inc.,		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
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: PAGE 96 OF 111
(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. Patrick Williams M.D.

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology, P.A. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1624137

Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial)
B. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City Nashville State TN Zip Code 37205-2811

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

Name of Employer Hospital for Spinal Surgery Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 16 / 2012
Transaction ID : C1637969

Amount of Each Receipt this Period 83.30

Full Name (Last, First, Middle Initial)
C. Jonathan P. Wright M.D.

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2012
Transaction ID : C1624138

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 111
<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. Assumpta K. Yau M.D.		Date of Receipt
Mailing Address P.O. Box 1514		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Highland Park	NJ	08904
FEC ID number of contributing federal political committee.		Transaction ID : C1638941
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
St. Peters University Hospital	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Inho Yoon M.D.		Date of Receipt
Mailing Address 1007 Grove Rd # B Greenville Anesthesiology		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greenville	SC	29605-4630
FEC ID number of contributing federal political committee.		Transaction ID : C1624139
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Greenville Anesthesiology	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sherif Zaafran M.D.		Date of Receipt
Mailing Address 2411 Fountainview Suite 200		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77057
FEC ID number of contributing federal political committee.		Transaction ID : C1648123
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
US Anesthesia Partners	Physician Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="79753.80"/>

**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

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : D128690

Amount of Each Disbursement this Period

3324.14

Full Name (Last, First, Middle Initial)

B. Vitale & Associates

Mailing Address 627 S Corona St

City Denver State CO Zip Code 80209-4405

Purpose of Disbursement
Internal Polling Expense

005

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Internal Polling Exp

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2012

Transaction ID : D148782

Amount of Each Disbursement this Period

14200.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

17524.14

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

17524.14

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : D148782

This disbursement was inadvertently not included on the initial report. Upon further review and audit, ASAPAC discovered the discrepancy and filed the amended report as soon as the review necessary to confirm the mistake was completed.

Form/Schedule:

Transaction ID:

**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. ADAM HASNER FOR US HOUSE

Mailing Address PO BOX 276093

City State Zip Code
Boca Raton FL 33427

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Mr. Adam Hasner

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : D127479

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. COMMON VALUES PAC

Mailing Address 901 N WASHINGTON ST
SUITE 102

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
2012 Contribution

Candidate Name

Senator John Barrasso

Office Sought: House
 Senate
 President
State: WY District:

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

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128686

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address 1071 TWIN BRANCH LN

City State Zip Code
WESTON FL 33326

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D126981

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

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

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

7500.00

**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. FRIENDS OF MIKE JACKSON CAMPAIGN

Mailing Address PO BOX 5337

City Pasadena State TX Zip Code 77508

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Mr. James Michael Jackson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : D127478

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2012

Transaction ID : D127728

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LOUISIANA REFORM PAC

Mailing Address PO Box 1542

City Shreveport State LA Zip Code 71165

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128687

Amount of Each Disbursement this Period

5000.00

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

12000.00

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. M-PAC

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : D127183

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nikki Haley for Governor

Mailing Address P.O. Box 1773

City Columbia State SC Zip Code 29202

Purpose of Disbursement
Non-Federal Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Non-Federal Disburse

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2012

Transaction ID : D127327

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Charlie Dent

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128682

Amount of Each Disbursement this Period

1000.00

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

9500.00

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. DAVID SCHWEIKERT FOR CONGRESS

Mailing Address 15749 E El Lago Blvd

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. David Schweikert

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

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

Transaction ID : D127481

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. GARY MILLER FOR CONGRESS

Mailing Address 721 S. Brea Canyon Road, Suite 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Gary G. Miller

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 42

Date of Disbursement

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

Transaction ID : D128679

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Jim Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

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

Transaction ID : D127328

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Joe Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D127121

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Joe Pitts

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : D128689

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JOHN CARTER FOR CONGRESS

Mailing Address 1717 NORTH IH-35

City ROUND ROCK State TX Zip Code 78664

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. John Carter

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : D127729

Amount of Each Disbursement this Period

2000.00

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

7000.00

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. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128684

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COFFMAN FOR CONGRESS 2012

Mailing Address 9249 SOUTH BROADWAY #200-501

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Pat Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128691

Amount of Each Disbursement this Period

1000.00

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. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Pat Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Transaction ID : D127480

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128685

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement
2012 Special Primary Contribution

011

Candidate Name

Rep. Ron Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Special

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : D127726

Amount of Each Disbursement this Period

5000.00

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

8500.00

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. RUBEN HINOJOSA FOR CONGRESS

Mailing Address 10125 N. 10TH STREET, SUITE E

City State Zip Code
MCALLEN TX 78504

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Ruben Hinojosa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : D127184

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RUSH HOLT FOR CONGRESS

Mailing Address PO Box 782

City State Zip Code
Pennington NJ 08534

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Rush D. Holt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128680

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128683

Amount of Each Disbursement this Period

1500.00

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. SHELLEY MOORE CAPITO FOR SENATE

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : D127180

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SHELLEY MOORE CAPITO FOR SENATE

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : D127181

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VICKY HARTZLER FOR CONGRESS

Mailing Address PO BOX 531

City HARRISONVILLE State MO Zip Code 64701

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. Vicky Hartzler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Transaction ID : D128095

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : D128688

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Sen. John Cornyn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : D127324

Amount of Each Disbursement this Period

2000.00

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)..... ▶

7000.00

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

79000.00

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 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. Todd Smith Campaign

Mailing Address 1608 Airport Freeway

City Bedford State TX Zip Code 76022

Purpose of Disbursement
Non-Federal Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

Transaction ID : D127325

Amount of Each Disbursement this Period

25000.00

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

25000.00

25000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C C00255752
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date MM / DD / YYYY 04 / 24 / 2012
Mailing Address 1020 Princess St		Amount 31395.00
City Alexandria	State VA	
Zip Code 22314-2247	Transaction ID : D127905	
Purpose of Expenditure Radio Ad Placement and Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. John McGoff M.D.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 74999.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date MM / DD / YYYY 04 / 30 / 2012
Mailing Address 1020 Princess St		Amount 43604.81
City Alexandria	State VA	
Zip Code 22314-2247	Transaction ID : D127689	
Purpose of Expenditure Direct mail production and placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. John McGoff M.D.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 74999.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74999.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	74999.81

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

[Electronically Filed]

Signature _____ Date MM / DD / YYYY **11 / 14 / 2013**