

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		1619106.51
(b) Cash on Hand at Beginning of Reporting Period.....	1624827.10	
(c) Total Receipts (from Line 19)	117463.84	851708.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1742290.94	2470814.68
7. Total Disbursements (from Line 31)	129264.56	857788.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1613026.38	1613026.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2013

To:

 M M / D D / Y Y Y Y Y
 07 31 2013
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).....

94726.32

644139.49

(ii) Unitemized

22737.52

198624.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

117463.84

842763.72

(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)

117463.84

842763.72

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

1944.45

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7000.00

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))..... ▶

117463.84

851708.17

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

117463.84

851708.17

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2264.56	13182.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2264.56	13182.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74500.00	509300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3332.90
(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	3332.90
29. Other Disbursements	52500.00	331972.67
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)) ..	129264.56	857788.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129264.56	857788.30

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)	117463.84	842763.72
34. Total Contribution Refunds (from Line 28(d))	0.00	3332.90
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	117463.84	839430.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2264.56	13182.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1944.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2264.56	11238.28

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

PAGE 6 OF 160

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

City	State	Zip Code
Cleveland	OH	44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

Transaction ID : C2381061

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2013

Transaction ID : C2375619

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : C2377110

Amount of Each Receipt this Period

83.30

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 7 OF 160

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

Mailing Address 4303 Evergreen Elm Ct

City State Zip Code
Houston TX 77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Medical Branch

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : C2370856

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Erick S. Allen M.D.

Mailing Address 6802 Edgefield Dr

City State Zip Code
Austin TX 78731-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Anesthesiology Group

Occupation
Anesthesiologist, Physician, Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C2376521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane

City State Zip Code
Maitland FL 32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR Anesth. Assoc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397073

Amount of Each Receipt this Period

41.60

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

374.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 160

☒ 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. Lowell R. Amiotte M.D.

Mailing Address 4300 Tate Ct

City
Gillette

State
WY

Zip Code
82718-4180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Plains Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John R. Ammon M.D.

Mailing Address 301 W McLellan Blvd

City
Phoenix

State
AZ

Zip Code
85013-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2376928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles K. Anderson M.D., M.B.

Mailing Address 60975 Billadeau Rd

City
Bend

State
OR

Zip Code
97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

TenetHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 31 / 2013

Transaction ID : C2402404

Amount of Each Receipt this Period

83.30

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

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

583.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City
KalispellState
MTZip Code
59901-6961FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	3

Transaction ID : C2375660

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David W. Annand M.D.

Mailing Address 6600 Colonial Forest Ln

City
KnoxvilleState
TNZip Code
37919-8350FEC 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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	3

Transaction ID : C2397773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony Arellano-Kruse M.D.Mailing Address Anesthesia Medical Group
3330 Lomita BlvdCity
TorranceState
CAZip Code
90505-5002FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrance Memorial Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	3

Transaction ID : C2397080

Amount of Each Receipt this Period

83.34

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

433.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 160

☒ 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. Judith L. Aronsohn M.D.

Mailing Address 5 Mount Tom Rd

City

Pelham

State

NY

Zip Code

10803-3307

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373340

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373335

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Robert S. Ascanio M.D.

Mailing Address 98 Starbird Rd

City

Portland

State

ME

Zip Code

04102-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2397770

Amount of Each Receipt this Period

250.00

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

416.64

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew E. Atkins M.D.

Mailing Address PO Box 18139

City

Raleigh

State

NC

Zip Code

27619-8139

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of NC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 11 / 2013

Transaction ID : C2377801

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jennifer P. Aunspaugh M.D.

Mailing Address 1 CHILDRENS WAY

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Assistant Professor Pediatric Anesthes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 04 / 2013

Transaction ID : C2374224

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Craig T. Austin M.D.

Mailing Address 1000 E. Primrose, #520

Ozark Anesthesia Associates

City

Springfield

State

MO

Zip Code

65807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379991

Amount of Each Receipt this Period

83.34

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

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

1133.34

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 160

☒ 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. Moeed S. Azam M.D.

Mailing Address 4317 New Broad St.

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 17 / 2013

Transaction ID : C2386649

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jennifer Badia M.D.

Mailing Address 124 Lyons Street

City

Fort Collins

State

CO

Zip Code

80521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physican Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven P. Beck M.D.

Mailing Address 4412 E. Horseshoe Rd.

City

Phoenix

State

AZ

Zip Code

85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2398614

Amount of Each Receipt this Period

500.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 160

(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. Charles R. Beckenstein M.D.

Mailing Address 610 S Rome Ave Apt 602

City	State	Zip Code
Tampa	FL	33606-2589

FEC ID number of contributing federal political committee.

C

Name of Employer

UniCom Anesthesia Associates, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2013

Transaction ID : C2379927

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City	State	Zip Code
Washington	DC	20010-3017

FEC ID number of contributing federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

Transaction ID : C2396082

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Vicente Behrens M.D.

Mailing Address 830 SW 93rd Ave

City	State	Zip Code
Miami	FL	33174-3151

FEC ID number of contributing federal political committee.

C

Name of Employer

Jackson Memorial Hosp

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2013

Transaction ID : C2396096

Amount of Each Receipt this Period

41.60

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

124.80

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 160

☒ 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. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379952

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. David B. Berger M.D.

Mailing Address 7 Sandra Ct.
7 Sandra Ct.

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : C2387171

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379944

Amount of Each Receipt this Period

83.30

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

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

208.31

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 160

(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. Joel L. Bez D.O.

Mailing Address 3806 Viceroy Dr

City State Zip Code
Okemos MI 48864-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : C2383429

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City State Zip Code
Chicago IL 60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of chicago

Occupation

physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378047

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Timothy M. Bittenbinder M.D.

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

City State Zip Code
Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas AM College of Medicine Scott an

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2381057

Amount of Each Receipt this Period

83.30

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

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

208.20

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 160

☒ 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. Joshua G. Black M.D.

Mailing Address 6839 S Canton Ave

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologist Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : C2398616

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City

Lafayette

State

IN

Zip Code

47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : C2387244

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jason A. Boehm D.O.

Mailing Address 4131 E White Oak Drive

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Johns Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2374660

Amount of Each Receipt this Period

83.30

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

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

1133.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 160

☒ 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. Srinivas S. Bollimpalli M.D.

Mailing Address 1850 N Central Ave Ste 1600

City

Phoenix

State

AZ

Zip Code

85004-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 07 / 2013

Transaction ID : C2375639

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Paul R. Borrelli M.D.

Mailing Address 301 Orlando Rd.

City

Belleair

State

FL

Zip Code

33756-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GFA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2387823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory W. Bouska M.D.

Mailing Address 3000 Bogey Cir SE

City

Owens Cross Roads

State

AL

Zip Code

35763-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Associate

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377402

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 160

☒ 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. K P Branam M.D.

Mailing Address 160 Green Glades

City

Ridgeland

State

MS

Zip Code

39157-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.02

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378057

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Barbara W. Bandom M.D.

Mailing Address 4401 Penn Ave

Department of Anesthesiology

City

Pittsburgh

State

PA

Zip Code

15224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital of Pittsburgh

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael S. Brown M.D.

Mailing Address DC005.00

One Hospital Drive

City

Columbia

State

MO

Zip Code

65212

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 08 / 2013

Transaction ID : C2375668

Amount of Each Receipt this Period

83.34

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

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

625.01

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 160

☒ 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. 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 ▼

1283.10

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379983

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

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 ▼

1283.10

Date of Receipt

07 / 25 / 2013

Transaction ID : C2396079

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City

Seattle

State

WA

Zip Code

98102-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379925

Amount of Each Receipt this Period

41.60

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

224.90

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 160

(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. Troy Caldwell M.D.

Mailing Address 1122 Larchmont Ln

City

Nichols Hills

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : C2397185

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian J. Cammarata M.D.

Mailing Address 5691 N Camino Arturo

City

Tucson

State

AZ

Zip Code

85718-3933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2013

Transaction ID : C2394581

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stephen D. Campbell M.D.

Mailing Address 545 Beverly Dr.

City

Summerville

State

SC

Zip Code

29485-8175

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of charleston

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2396134

Amount of Each Receipt this Period

100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 160

(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. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City State Zip Code
 Orlando FL 32819

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 24 2013

Transaction ID : C2396107

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City State Zip Code
 New Orleans LA 70124-3219

FEC ID number of contributing federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 21 2013

Transaction ID : C2396095

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City State Zip Code
 New Orleans LA 70124-3219

FEC ID number of contributing federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 30 2013

Transaction ID : C2397949

Amount of Each Receipt this Period

41.67

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

124.87

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 160

(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. Norman F. Carvalho M.D.

Mailing Address 9773 Portofino Dr

City State Zip Code
 Orlando FL 32832

FEC ID number of contributing federal political committee.

C

Name of Employer

Nemours Childrens Hospital

Occupation

Pediatric 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
 07 / 09 / 2013

Transaction ID : C2375925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter L. Castro M.D.

Mailing Address 2910 17th Street

City State Zip Code
 Boulder CO 80304

FEC ID number of contributing federal political committee.

C

Name of Employer

Peter L. Castro, M.D., M.B.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 20 / 2013

Transaction ID : C2396119

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City State Zip Code
 Little Rock AR 72223-8917

FEC ID number of contributing federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 04 / 2013

Transaction ID : C2374214

Amount of Each Receipt this Period

41.60

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

333.27

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 160

(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. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr NE

City State Zip Code
Atlanta GA 30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378049

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Patrick R. Chase M.D.

Mailing Address 731 N Willow Ave

City State Zip Code
Fayetteville AR 72701-3552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Aneathesiology

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
07 / 10 / 2013

Transaction ID : C2377410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony K. Chen M.D.

Mailing Address 6937 Vallon Dr.

City State Zip Code
Rancho Palos Verdes CA 90275

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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : C2386779

Amount of Each Receipt this Period

41.67

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

624.97

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 160

(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. Bruce D. Chipkin M.D.

Mailing Address 6 Forrest Way

City State Zip Code
Poughkeepsie NY 12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : C2370861

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Wonjae E. Choi M.D.

Mailing Address 3939 J. Street, Suite 310

City State Zip Code
Sacramento CA 95819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacramento Anesthesia Med. Gp.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : C2387168

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Robert G. Cline M.D.

Mailing Address 7423 Westwind Rd

City State Zip Code
Traverse City MI 49686-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : C2370854

Amount of Each Receipt this Period

41.60

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

174.94

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 160

☒ 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. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City

Bingham Farms

State

MI

Zip Code

48025-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 17 / 2013

Transaction ID : C2385080

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Norman A. Cohen M.D.

Mailing Address 0841 SW Gaines St # 504

City

Portland

State

OR

Zip Code

97239-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ. Anes.

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373334

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Steven R. Cohen M.D.

Mailing Address 1819 Denver West Dr Ste 200

City

Golden

State

CO

Zip Code

80401

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

07 / 30 / 2013

Transaction ID : C2398332

Amount of Each Receipt this Period

250.00

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

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

374.90

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 160

(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. Henry Cola M.D.

Mailing Address 16891 Marinabay Dr

City State Zip Code
Huntington Beach CA 92649

FEC ID number of contributing federal political committee.

C

Name of Employer

private practice

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
07 / 18 / 2013

Transaction ID : C2387089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dominick Coleman M.D.

Mailing Address 100 Banks Ave Apt 1201

City State Zip Code
Rockville Centre NY 11570

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373343

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Joanne M. Conroy M.D.

Mailing Address 205 West Glendale Ave

City State Zip Code
Alexandria VA 22301

FEC ID number of contributing federal political committee.

C

Name of Employer

AAMC

Occupation

Chief Healthcare Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : C2395895

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John A. Cooley M.D.

Mailing Address 48 Fox Hedge Rd

City
Saddle River

State
NJ

Zip Code
07458-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379989

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Philippe J. Cooper M.D.

Mailing Address 11560 N Canterbury Ln

City
Mequon

State
WI

Zip Code
53092

FEC ID number of contributing
federal political committee.

C

Name of Employer

aurora healthcare

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : C2376937

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David A Cross M.D.

Mailing Address Department of Anesthesiology
2401 South 31st Street

City
Temple

State
TX

Zip Code
76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : C2375618

Amount of Each Receipt this Period

83.30

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

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

466.60

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 160

☒ 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. Alan M. Crosta Jr., M.D.

Mailing Address 4 Allen Way

City
Randolph

State Zip Code
NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAM

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
07 / 25 / 2013

Transaction ID : C2396000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dana G. Crovo M.D.

Mailing Address 22 Bramhall St

City
Portland

State Zip Code
ME 04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

ME Med Ctr Anes Dept

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
07 / 29 / 2013

Transaction ID : C2397186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher S. Cuciti M.D.

Mailing Address 6911 Van Dorn, Suite # 2

City
Lincoln

State Zip Code
NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

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
07 / 06 / 2013

Transaction ID : C2375632

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 160

☒ 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. Candra A. Cummings M.D.

Mailing Address 2901 Maiden Creek Ct

City

Davidsonville

State

MD

Zip Code

21035-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dimensions Health Care

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397085

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jay D. Cunningham D.O.

Mailing Address 18808 Saddle River Dr

City

Edmond

State

OK

Zip Code

73012-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologist

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379986

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City

Plattsburgh

State

NY

Zip Code

12901-6708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373327

Amount of Each Receipt this Period

41.60

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

208.24

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 160

☒ 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. Robert A. Daniel M.D.

Mailing Address 2216 Terranova Ct

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

bluegrass anesthesia services

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 20 / 2013

Transaction ID : C2396085

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Anand S. Dash M.D.

Mailing Address 1915 Wrocklage Ave Unit 306
Unit 306

City

Louisville

State

KY

Zip Code

40205-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 29 / 2013

Transaction ID : C2397191

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City

Metairie

State

LA

Zip Code

70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slidell Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379945

Amount of Each Receipt this Period

83.30

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

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

166.50

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 160

☒ 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. Marjorie C. De Payne M.D.

Mailing Address 1775 W. State St # 338

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Boise

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 11 / 2013

Transaction ID : C2377525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kjersti K. Deckert M.D.

Mailing Address 2155 S 116th Cir

City

Walton

State

NE

Zip Code

68461-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 08 / 2013

Transaction ID : C2375923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Delaney M.D.

Mailing Address 623 Wyndhurst Dr Unit 101

City

Lynchburg

State

VA

Zip Code

24502-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynchburg General Hospital Dept. of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376233

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

PAGE 32 OF 160

<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. Edward H. Dench Jr., M.D.

Mailing Address 945 Outer Drive

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pocono Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : C2378046

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2013

Transaction ID : C2375946

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

582.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

Transaction ID : C2363309

Amount of Each Receipt this Period

41.60

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

166.54

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 160

(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. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City State Zip Code
 Longmeadow MA 01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Milford Anesthesia Associates, Inc Ane

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.40

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 20 / 2013

Transaction ID : C2396105

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Amanda L. Deskins D.O.

Mailing Address 32 Cedar Dr

City State Zip Code
 Hurricane WV 25526-9220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 General Anesthesia Services, Inc

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : C2376229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Laura I. Dew M.D.

Mailing Address 3009 Cason St

City State Zip Code
 Houston TX 77005-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greater Houston Anesthesiology

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : C2370857

Amount of Each Receipt this Period

83.30

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

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

374.90

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City

Armonk

State

NY

Zip Code

10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 22 / 2013

Transaction ID : C2396084

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Children

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 17 / 2013

Transaction ID : C2385127

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Niki M. Dietz M.D.

Mailing Address 650 Windermere Ct NW

City

Oronoco

State

MN

Zip Code

55960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376204

Amount of Each Receipt this Period

250.00

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

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

374.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 160

☒ 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. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City
Miami

State
FL

Zip Code
33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 16 / 2013

Transaction ID : C2383466

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Matthew Donovan M.D.

Mailing Address 3333 Evergreen Drive N.E.
Anesthesia Practice Consultants, P

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 24 / 2013

Transaction ID : C2396092

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 22 / 2013

Transaction ID : C2396081

Amount of Each Receipt this Period

83.30

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

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

208.20

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 160

☒ 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. Douglas A. Dubbink M.D.

Mailing Address 4279 Dartmouth Ct

City
Eagan

State
MN

Zip Code
55123-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2013

Transaction ID : C2397751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roman Dudaryk M.D.

Mailing Address 1800 NW 10th Ave # T-239

City
Miami

State
FL

Zip Code
33136-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Traum Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 15 / 2013

Transaction ID : C2383413

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. George A. Dumas M.D.

Mailing Address 4009 Winston Way

City
Birmingham

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376913

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve A. Dunn M.D.

Mailing Address 194 Boulder Dr.

City

Muskegon

State

MI

Zip Code

49444-7748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2013

Transaction ID : C2371473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gareth A. Eberle M.D.

Mailing Address 7380 Kinnikinnick Dr.

City

Roscoe

State

IL

Zip Code

61073-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Health Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376519

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven Brian Edelstein M.D.

Mailing Address 2160 S 1st Ave

Bldg. 103, Room 3106

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 15 / 2013

Transaction ID : C2380600

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

FOR LINE NUMBER: PAGE 38 OF 160
(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. Jay S. Ellis Jr., M.D.

Mailing Address 3211 Elys Path

City

San Antonio

State

TX

Zip Code

78230-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Healthcare System

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376516

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth Elmassian D.O.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 01 / 2013

Transaction ID : C2363304

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Emil D. Engels M.D., M.B.

Mailing Address 3127 Windsong Dr

City

Oakton

State

VA

Zip Code

22124-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374667

Amount of Each Receipt this Period

41.60

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

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

1124.90

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

FOR LINE NUMBER: PAGE 39 OF 160

(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. Jesse Epps M.D., Ph.D

Mailing Address 2341 McCallie Ave., #402

Anesthesiologists Associated

City

Chattanooga

State

TN

Zip Code

37404-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373333

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

874.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378051

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

874.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : C2385126

Amount of Each Receipt this Period

41.60

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

208.20

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 160

☒ 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. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

595.00

Date of Receipt

07 / 18 / 2013

Transaction ID : C2387250

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 1928

City

Columbia

State

SC

Zip Code

29202-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 06 / 2013

Transaction ID : C2375614

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Joel D. Farmer M.D.

Mailing Address 2804 E Old Orchard Trl

City

Sioux Falls

State

SD

Zip Code

57103-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 06 / 2013

Transaction ID : C2375625

Amount of Each Receipt this Period

100.00

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

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

226.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 160

☒ 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. Rhesa S. Farmer M.D.

Mailing Address 5370 E. Camino Francisco Soza

City

Tucson

State

AZ

Zip Code

85718-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2013

Transaction ID : C2397056

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beah

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.12

Date of Receipt

MM / DD / YYYY
07 / 15 / 2013

Transaction ID : C2381055

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beah

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.12

Date of Receipt

MM / DD / YYYY
07 / 27 / 2013

Transaction ID : C2397041

Amount of Each Receipt this Period

83.34

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

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

1166.64

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 160

☒ 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. Marco A. Fernandez M.D.

Mailing Address 24181 N Grandview

City

Lake Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Suburban Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 25 / 2013

Transaction ID : C2396103

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David J. Ficke M.D.

Mailing Address 4974 101st St

City

Pleasant Prairie

State

WI

Zip Code

53158-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital System

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2377805

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul M. Finer M.D.

Mailing Address 955 Lancaster Drive

City

Orlando

State

FL

Zip Code

32806-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAC, M.D., P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 08 / 2013

Transaction ID : C2375921

Amount of Each Receipt this Period

250.00

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

1291.60

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 43 OF 160

☒ 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. Stephen A. Fischer M.D.

Mailing Address 154 Boynton Ave

City

St Johnsbury

State

VT

Zip Code

05819-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

NVRH, St Johnsbury, VT

Occupation

MD Director, Department of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 16 / 2013

Transaction ID : C2383427

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City

Tucson

State

AZ

Zip Code

85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 26 / 2013

Transaction ID : C2396291

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Glenn Fleischhacker D.O.

Mailing Address 30 Village Hill Dr.

City

Dix Hills

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesiol

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 04 / 2013

Transaction ID : C2374226

Amount of Each Receipt this Period

41.67

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

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

166.57

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 160
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

Transaction ID : C2373346

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael R. Flynn M.D.

Mailing Address 6808 Stone Mill Dr

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2013

Transaction ID : C2377461

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Charles J. Fox M.D.

Mailing Address 16 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSU HSC shreveport

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2013

Transaction ID : C2396133

Amount of Each Receipt this Period

83.34

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

250.02

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William A. Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur Mem Hosp Anes Dept

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2013

Transaction ID : C2379935

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Douglas Friesen M.D.

Mailing Address 4013 N Ridge Rd Ste 100

City

Wichita

State

KS

Zip Code

67205-8858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Anesthesia Associates, PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : C2377230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

916.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2013

Transaction ID : C2375617

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)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 46 OF 160

☒ 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. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.46

Date of Receipt

07 / 11 / 2013

Transaction ID : C2377462

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Prasad Gadiraju M.D.

Mailing Address 2411 Fountain View, Suite 200,

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2398613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jorge Garcia M.D.

Mailing Address 100 Whetstone PI Ste 310

City

Saint Augustine

State

FL

Zip Code

32086-5775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2394565

Amount of Each Receipt this Period

500.00

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

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

833.34

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 160

☒ 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. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City

San Angelo

State

TX

Zip Code

76904-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : C2397190

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Ralf E. Gebhard M.D.

Mailing Address University of Miami

1611 NW 12th Avenue, Room C 300

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : C2387293

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Madalina Gecui M.D.

Mailing Address 249 Birch Dr.

City

Roslyn

State

NY

Zip Code

11576-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ. Hosp., Manhasset Ane

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : C2375624

Amount of Each Receipt this Period

83.34

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

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

666.64

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 160

☒ 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 Giam M.D.

Mailing Address Greater Houston Anesthesiology
 2411 Fountain View, Suite 200

City Houston State TX Zip Code 77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greater Houston Anesthesiology

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 04 / 2013

Transaction ID : C2374218

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Barrett E. Giffel M.D.

Mailing Address 1115 Saddle Creek Ct

City Sparks State MD Zip Code 21152-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Parkway Anesthesiologists, P.A.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2376931

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Chris R. Giordano M.D.

Mailing Address PO Box 100254

City Gainesville State FL Zip Code 32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Florida

Occupation
 Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2401364

Amount of Each Receipt this Period

250.00

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

1333.30

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 160

☒ 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. David F. Gloyna M.D.

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379985

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patrice A. Goggins M.D.

Mailing Address 4561 Olde Perimeter Way, #2107

City

Atlanta

State

GA

Zip Code

30346-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMBULATORY ANESTH

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
07 / 08 / 2013

Transaction ID : C2378033

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgpoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397083

Amount of Each Receipt this Period

83.34

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

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

433.34

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

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FOR LINE NUMBER:
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PAGE 50 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Gosney M.D.

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 ▼

583.10

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374670

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Ricardo Gotay M.D.

Mailing Address 1304 Oak St.

City

Melbourne

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 02 / 2013

Transaction ID : C2372078

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ryan L Gray M.D.

Mailing Address 5117 Crown Ridge Dr

City

Wichita Falls

State

TX

Zip Code

76310

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Regional Hospital Surgery Anest

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376415

Amount of Each Receipt this Period

500.00

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

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

1583.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Greenberg M.D.

Mailing Address 725 Sturges Way

City
Alpharetta

State Zip Code
GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Anesthesiology Consultants

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2398141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stefan J. Grenvik M.D.

Mailing Address 350 Blountville Hwy
Suite 207

City
Bristol

State Zip Code
TN 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Anesthesia Services

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374676

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Nelson V. Guevara M.D.

Mailing Address 6880 Northwest 109 Ct.

City
Doral

State Zip Code
FL 33178

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico Anes Dept

Occupation
Medical Doctor Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2396093

Amount of Each Receipt this Period

50.00

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

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

383.34

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 52 OF 160

☒ 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. Melanie J. Guthrie A.A.-C, M.

Mailing Address 2411 Holmes Street
MG-200

City State Zip Code
Kansas City MO 64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri - Kansas City

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379984

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Frederick P. Gutt M.D.

Mailing Address 28 Deer Trail Dr

City State Zip Code
Mahopac NY 10541-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : C2374227

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew S. Guttman M.D.

Mailing Address 10400 S. Lake Vista Circle

City State Zip Code
Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

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
07 / 17 / 2013

Transaction ID : C2386765

Amount of Each Receipt this Period

250.00

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

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

374.94

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 53 OF 160

☒ 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. Osama I. Hafez M.D.

Mailing Address 26637 Castlevue Way

City

Wesley Chapel

State

FL

Zip Code

33544-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER ANESTHESIOLO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 15 / 2013

Transaction ID : C2382815

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Constance M. Hale M.D.

Mailing Address 340 Tall Oak Trl

City

Tarpon Springs

State

FL

Zip Code

34688-7711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Anesthesia Associates, LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John D. Hall M.D.

Mailing Address 2703 Brightwood Ave

City

Nashville

State

TN

Zip Code

37212-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377150

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 160

☒ 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. Aaron Hammond D.O.

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

City State Zip Code
Tucson AZ 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 ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : C2375612

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Judith L. Handley M.D.

Mailing Address 8863 Belcaro Dr

City State Zip Code
Edmond OK 73034-8188

FEC ID number of contributing
federal political committee.

C

Name of Employer

OK UNIV HSC

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
07 / 05 / 2013

Transaction ID : C2375609

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William E. Harris M.D.

Mailing Address 3120 Legacy Trace

City State Zip Code
Amberley Village OH 45237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia GROUP PRACTICE, INC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373330

Amount of Each Receipt this Period

41.60

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

1124.90

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 160

☒ 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. Anne T. Hartney-Baucom M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 18 / 2013

Transaction ID : C2387090

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Hattamer M.D.

Mailing Address 8 Prospect St
Nashua Anesthesia Partners

City State Zip Code
Nashua NH 03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : C2370860

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lucas G. Heartsill M.D.

Mailing Address 4710 Muirfield Ave

City State Zip Code
San Angelo TX 76904-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Texas Medical Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : C2376920

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 160

☒ 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. David A. Heaton M.D.

Mailing Address 4694 N. Rocky Crest Place

City

Tucson

State

AZ

Zip Code

85750

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 ▼

2100.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378041

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael R. Hejtmanek M.D.

Mailing Address 2222 40th St.

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2013

Transaction ID : C2383488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frederic C. Helm M.D.

Mailing Address 9202 N.W. 27th Ave.

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397962

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : C2375666

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David L. Hepner M.D.

Mailing Address Department of Anesthesiology
75 Francis St L1

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hosp - Harvard Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2396122

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew Herlich M.D.

Mailing Address 116 Haverford Cir

City

Pittsburgh

State

PA

Zip Code

15228-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : C2370855

Amount of Each Receipt this Period

83.30

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

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

249.94

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 160

☒ 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. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : C2370858

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher N. Hillman M.D.

Mailing Address 232 Narrows Drive

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Assoc., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : C2376262

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael W. Hoger D.O.

Mailing Address 6003 Macon Ct SE

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : C2376921

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 160

☒ 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. Gregory S. Hondorp M.D.

Mailing Address 2931 Pioneer Club, S.E.

City

Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer

APC

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : C2396292

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 18 / 2013

Transaction ID : C2386773

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 21 / 2013

Transaction ID : C2396086

Amount of Each Receipt this Period

83.30

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

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

208.20

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 160

☒ 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. Robert W. Hurley M.D., Ph.D

Mailing Address PO Box 100254

- Hurley

City

Gainesville

State

FL

Zip Code

32610

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida Medical Center A

Occupation

Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : C2377111

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2381053

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Thomas F. Ingersoll M.D.

Mailing Address 8600 N. Route 91, Suite #250

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : C2400409

Amount of Each Receipt this Period

250.00

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

374.90

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City State Zip Code
Rensselaer NY 12144-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Medical Center

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2396118

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Atef F. Israel M.D.

Mailing Address 15144 Pawnee Cir.

City State Zip Code
Leawood KS 66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAKC-Pain Management Associates

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : C2370736

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Shelley M. Jacks M.D.

Mailing Address 421 Summit Ridge Rd

City State Zip Code
Boise ID 83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boise Anesthesia, PA

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C2376924

Amount of Each Receipt this Period

250.00

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

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

1333.34

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 160

☒ 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 S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374668

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David D. Jaeger M.D.

Mailing Address 380 Mississippi River Blvd. S.

City

St. Paul

State

MN

Zip Code

55105-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 20 / 2013

Transaction ID : C2394570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379943

Amount of Each Receipt this Period

83.30

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

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

666.60

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 160

☒ 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. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379933

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John R. Jenkins M.D.

Mailing Address 3232 Blenheim Way

City

Lexington

State

KY

Zip Code

40503-3474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2013

Transaction ID : C2386614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373328

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER: PAGE 64 OF 160
(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. Sharon R. Johnston M.D.

Mailing Address 8401 N. Elmaro Cir.

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : C2395890

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald K. Jones M.D.

Mailing Address 2043 Alaqua Lakes Blvd.

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379987

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Gary P. Jones A.A.

Mailing Address 6410 Fannin St
Suite 480

City

Houston

State

TX

Zip Code

77030-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379938

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 65 OF 160

(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. Kyle M. Jones M.D.

Mailing Address 210 royal orleans ct

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2013

Transaction ID : C2397029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stacy L. Jones M.D.

Mailing Address 8700 Tallwood Dr

City

Austin

State

TX

Zip Code

78759-7530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379950

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Vilma A. Joseph M.D.

Mailing Address 682 Frick St

City

Elmont

State

NY

Zip Code

11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monetefiore Medical Center Albert Eins

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397069

Amount of Each Receipt this Period

41.60

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

624.90

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjoy Joshi M.B.,B.S.

Mailing Address 40 Kettlepond Rd

City

Jericho

State

NY

Zip Code

11753-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

ANesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2013

Transaction ID : C2375667

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jacob Kaczmarzski M.D.

Mailing Address 7265 SW 89th St Apt A-414

City

Miami

State

FL

Zip Code

33156-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Hospital of Miami

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2013

Transaction ID : C2377139

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric W. Kaderbek M.D.

Mailing Address 721 Persimmon Way

City

Niceville

State

FL

Zip Code

32578-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eglin AFB Med Ctr

Occupation

USAF Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C2375945

Amount of Each Receipt this Period

41.67

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

333.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter N. Kamilakis M.D.

Mailing Address 3021 Lady Marian Ln

City
MidlothianState
VAZip Code
23113-1175FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C2376505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Geetha Kannan M.D.

Mailing Address 249 Maison Ct

City

Altamonte Springs

State

FL

Zip Code

32714-5905

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 ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397072

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Suresh Kannan M.D.

Mailing Address 249 Maison Ct

City

Altamonte Springs

State

FL

Zip Code

32714-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2013

Transaction ID : C2396106

Amount of Each Receipt this Period

50.00

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

591.60

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

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

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

FOR LINE NUMBER: PAGE 68 OF 160

(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. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City State Zip Code
 Chicago IL 60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Chicago

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 10 / 2013

Transaction ID : C2377113

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Will D. Kendrick M.D.

Mailing Address 110 29th Ave. N., #301

City State Zip Code
 Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Medical Group

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
 07 / 02 / 2013

Transaction ID : C2373273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2165 Herschel St

City State Zip Code
 Jacksonville FL 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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 28 / 2013

Transaction ID : C2397076

Amount of Each Receipt this Period

83.34

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

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

416.64

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 160

☒ 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. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379926

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Donald J. Keusch M.D.

Mailing Address 781 NE 37th St

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378080

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Talal Khan M.D.

Mailing Address 3901 Rainbow Blvd., RM 2467
3901 Rainbow Blvd., RM 2467

City

Kansas City

State

KS

Zip Code

66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ Medical Center

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : C2375638

Amount of Each Receipt this Period

41.60

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

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

374.90

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

PAGE 70 OF 160

<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. Harold Kim M.D.Mailing Address 68 South Service Road
Suite 350

City	State	Zip Code
Melville	NY	11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

Transaction ID : C2373341

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey G. King M.D.

Mailing Address 2763 Meeting Pl

City	State	Zip Code
Orlando	FL	32814-6136

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 ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

Transaction ID : C2396108

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Kevin P. Kinkead M.D.

Mailing Address 1776 McConnell Dr.

City	State	Zip Code
Williamsport	PA	17701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAW

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2013

Transaction ID : C2396126

Amount of Each Receipt this Period

83.34

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

208.28

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 160

☒ 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. Mark D. Kline M.D.

Mailing Address 345 Woodland Dr., S.E.

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2013

Transaction ID : C2387243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eun-Kyu Koh M.D.

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 ▼

800.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377116

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Edward Kosik D.O.

Mailing Address 6700 Blackberry

City

Edmond

State

OK

Zip Code

73034-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 22 / 2013

Transaction ID : C2395407

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 160

☒ 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. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St # 435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379949

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jonathan B. Kozinn M.D.

Mailing Address 721 NE Seabrook Cir

City

Lees Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Eastern Jackson

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2013

Transaction ID : C2395893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Felix Kremer M.D.

Mailing Address 371 Washington Crossing Rd Unit A

City

Newtown

State

PA

Zip Code

18940-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Liberty Anesthesia Assoc. Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376907

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 OF 160

☒ 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. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 01 / 2013

Transaction ID : C2363306

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Alan D. Kroll M.D.

Mailing Address 3014 NW 58th Blvd

City

Gainesville

State

FL

Zip Code

32606

FEC ID number of contributing
federal political committee.

C

Name of Employer

NFRMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2013

Transaction ID : C2386723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379930

Amount of Each Receipt this Period

100.00

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

433.30

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

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

PAGE 74 OF 160

<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. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2013

Transaction ID : C2383422

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2013

Transaction ID : C2383469

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Robert F. LaPorta M.D., Ph.D

Mailing Address 20 Swarthmore Ln

City

Dix Hills

State

NY

Zip Code

11746-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		18		2013

Transaction ID : C2386776

Amount of Each Receipt this Period

50.00

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

308.30

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 160

☒ 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. Christopher E. Larson M.D.

Mailing Address 205 Edgewater Cir

City

State

Zip Code

Erie

PA

16509-3787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UPMC Hamot

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 21 / 2013

Transaction ID : C2394598

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

State

Zip Code

Edmond

OK

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Northwest Anesthesia

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397948

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Mark T. Lau M.D.

Mailing Address 1111 N Lee Ave Ste 236

Anesthesia Scheduling Services, PC

City

State

Zip Code

Oklahoma City

OK

73103-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Scheduling Services, PC

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378054

Amount of Each Receipt this Period

50.00

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

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

591.67

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 160

☒ 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. Gary Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct Ste 101

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2394567

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Lazar M.D.

Mailing Address 4818 W Sunset Blvd

City

Tampa

State

FL

Zip Code

33629-6421

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

07 / 12 / 2013

Transaction ID : C2379908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kathleen A. Leavitt M.D.

Mailing Address 3467 N Venice St

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2387291

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 160

☒ 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. Carlos-Nicholas L. Lee M.D.

Mailing Address 6715 Windrift Way Apt 24

City
Austin

State
TX

Zip Code
78745-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : C2374216

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jay B. Lee M.D.

Mailing Address 20 Oakwood Circle

City
Roslyn

State
NY

Zip Code
11030-3816

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : C2374228

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City
Winter Garden

State
FL

Zip Code
34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : C2377459

Amount of Each Receipt this Period

41.60

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

249.94

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 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Lewis M.D.

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 ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2374666

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2374665

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : C2386857

Amount of Each Receipt this Period

41.60

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

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

166.50

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 160

☒ 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. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : C2374225

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David E. Lind M.D.

Mailing Address 148 57th Ct.

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2398140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : C2374221

Amount of Each Receipt this Period

83.30

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

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

416.64

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 160

☒ 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. Jason Lok M.D.

Mailing Address 5496 East Taft Road

City

North Syracuse

State

NY

Zip Code

13212

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Spine And Wellness Center

Occupation

Anesthesiology And Pain Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378045

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John J. Long D.O.

Mailing Address 2110 Hidden Harbor

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosaic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City

Kingsport

State

TN

Zip Code

37664-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

07 / 28 / 2013

Transaction ID : C2397084

Amount of Each Receipt this Period

85.00

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

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

626.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City	State	Zip Code
Dublin	OH	43017-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2013

Transaction ID : C2379939

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Joshua L. Lumbley M.D.Mailing Address 410 W 10th Ave
N411 Doan Hall

City	State	Zip Code
Columbus	OH	43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2013

Transaction ID : C2374217

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Claudio Lumermann M.D.Mailing Address Dept. of Anesthesia
270-75 76 Ave,

City	State	Zip Code
New Hyde Park	NY	11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : C2375944

Amount of Each Receipt this Period

83.34

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

208.24

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Lydon M.D.

Mailing Address 1304 Oak St

City

Melbourne

State

FL

Zip Code

32901-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373774

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Neil A. Macdonald M.D.

Mailing Address 3246 Links Manor Dr

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 28 / 2013

Transaction ID : C2397096

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert I. Macfarlane M.D.

Mailing Address 350 Blountville Highway
Suite 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374678

Amount of Each Receipt this Period

83.34

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

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

1433.34

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

PAGE 83 OF 160

<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. Mark Mandabach M.D.Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Department of AnesthesiologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : C2364962

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott Mantell M.D.Mailing Address 430 Morton Plant Street
Suite 210

City Clearwater State FL Zip Code 33756-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Florida AnesthesiologyOccupation
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
07 / 20 / 2013

Transaction ID : C2394575

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Martin M.D.

Mailing Address 116 Hidden Cove Ct

City Seneca State SC Zip Code 29672-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants of the UpstateOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378044

Amount of Each Receipt this Period

41.60

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

374.94

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

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

PAGE 84 OF 160

<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. Jonathan E. Martin M.D.

Mailing Address 22 North, 920 East

City

Orem

State

UT

Zip Code

84097

FEC ID number of contributing
federal political committee.

C

Name of Employer

mountain west anesthesia

Occupation

anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	3

Transaction ID : C2375902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy Martin M.D.Mailing Address Arkansas Childrens Hospital
#1 Childrens Way, S-203

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	3

Transaction ID : C2379942

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Mascia M.D.

Mailing Address 45 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	3

Transaction ID : C2375621

Amount of Each Receipt this Period

83.34

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

683.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald M. Mathews M.D.

Mailing Address 340 S Willard St

City
Burlington

State
VT

Zip Code
05401-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

07 / 18 / 2013

Transaction ID : C2386777

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Anne P. McConville M.D.

Mailing Address 5347 Coliseum St

City

New Orleans

State

LA

Zip Code

70115-3052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 01 / 2013

Transaction ID : C2364502

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

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

Mailing Address 5801 S Ellis Ave, RM 514

Dept of Anes & Critical Care

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 27 / 2013

Transaction ID : C2397033

Amount of Each Receipt this Period

41.60

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

166.54

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 160

(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. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City State Zip Code
 Rochester MN 55906

FEC ID number of contributing federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2013

Transaction ID : C2381051

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City State Zip Code
 Bristol TN 37620-1671

FEC ID number of contributing federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 13 2013

Transaction ID : C2379920

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City State Zip Code
 Miami FL 33196

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 30 2013

Transaction ID : C2397943

Amount of Each Receipt this Period

83.30

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

249.94

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Melendez M.D.

Mailing Address 109 Alegria Way

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2395393

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

B. Timothy E. Mercer M.D.

Mailing Address 1670 Enterprise Rd.

City

Piney Flats

State

TN

Zip Code

37686-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

07 / 27 / 2013

Transaction ID : C2397040

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Carlos M. Mijares M.D.

Mailing Address 7700 SW 176th St

City

Village Of Palmetto Bay

State

FL

Zip Code

33157-6244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Miami School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2398824

Amount of Each Receipt this Period

500.00

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

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

898.34

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 88 OF 160

☒ 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. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : C2377114

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 15 / 2013

Transaction ID : C2381052

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : C2375607

Amount of Each Receipt this Period

50.00

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

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

233.30

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 160

☒ 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. Brian Mitchell M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

City State Zip Code
Portland OR 97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland VA Medical Center P3- ANES

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379948

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 27 / 2013

Transaction ID : C2397038

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Richard C. Month M.D.

Mailing Address 2001 Hamilton St Apt 2307

City State Zip Code
Philadelphia PA 19130

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania Dept. of An

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378050

Amount of Each Receipt this Period

83.30

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

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

208.24

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

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

FOR LINE NUMBER: PAGE 90 OF 160

(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. Raul R. Montague M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : C2397192

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gerald E. Moody M.D.

Mailing Address P.O. Box 1721

City

Cumming

State

GA

Zip Code

30028

FEC ID number of contributing
federal political committee.

C

Name of Employer

NFAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2013

Transaction ID : C2394606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard E. Moon M.D.

Mailing Address Anesthesiology Box 3094

City

Durham

State

NC

Zip Code

27710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2395941

Amount of Each Receipt this Period

500.00

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

1041.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 160

☒ 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. James Moore M.D.

Mailing Address Ronald Reagan UCLA Medical Center
757 Westwood Plaza, Suite 3325

City Los Angeles State CA Zip Code 90095-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 04 / 2013

Transaction ID : C2374219

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

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 ▼

1500.00

Date of Receipt

07 / 05 / 2013

Transaction ID : C2375610

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. George A. Moresea M.D.

Mailing Address 1232 Ashwood Rd

City Akron State OH Zip Code 44312-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stark County Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397938

Amount of Each Receipt this Period

83.30

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

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

1666.60

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 160

☒ 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. Samuel A. Morgos M.B.,B.S.

Mailing Address 12707 Crestmoor Cir

City

Prospect

State

KY

Zip Code

40059-9182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewish Physician Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 25 / 2013

Transaction ID : C2396123

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 29 / 2013

Transaction ID : C2397194

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 29 / 2013

Transaction ID : C2397193

Amount of Each Receipt this Period

83.30

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

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

208.27

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 93 OF 160

☒ 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. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City State Zip Code
 Parkville MO 64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 07 / 2013

Transaction ID : C2375637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Moya M.D.

Mailing Address 1450 Madruga Ave Ste 207

City State Zip Code
 Coral Gables FL 33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : C2396341

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael L. Mueller M.D.

Mailing Address 1520 Chandler Rd SE

City State Zip Code
 Huntsville AL 35801-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : C2376919

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 160

☒ 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. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2395942

Amount of Each Receipt this Period

698.00

Full Name (Last, First, Middle Initial)

B. Mark Murray M.D.

Mailing Address 1924 Alcoa Highway, Box U-109
Department of Anesthesia

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : C2386774

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379947

Amount of Each Receipt this Period

83.30

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

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

864.60

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 160

☒ 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 A. Myers M.D.

Mailing Address 3777 Bobbin Mill Rd.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan

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
07 / 02 / 2013

Transaction ID : C2370735

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter A. Nagi M.D.

Mailing Address 3924 Forest Ave

City

Mountain Brk

State

AL

Zip Code

35213-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham Dept of

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2397942

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Jobin Nash M.D.

Mailing Address 200 East Avenue #1304

City

Rochester

State

NY

Zip Code

14604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medcenter One

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : C2396290

Amount of Each Receipt this Period

100.00

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

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

1141.60

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 OF 160

☒ 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. Allison W. Nassif D.O.

Mailing Address 2107 Companero Ave

City

Orlando

State

FL

Zip Code

32804-6503

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 ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : C2386775

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Joseph M. Neal M.D.

Mailing Address P.O. Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C2376194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nicholas B. Nedeff M.D.

Mailing Address 341 SW 31st Rd

City

Miami

State

FL

Zip Code

33129-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2383408

Amount of Each Receipt this Period

1000.00

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

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

1291.60

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 160

☒ 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. Sheldon B. Newman M.D.

Mailing Address 60 Thadford St.

City

East Northport

State

NY

Zip Code

11731

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373342

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Melissa O Nikolaidis M.D.

Mailing Address 2230 McClendon St

City

Houston

State

TX

Zip Code

77030-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Houston Northwest Anesthesiology and P

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 28 / 2013

Transaction ID : C2397074

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Hokuto Nishioka M.D.

Mailing Address 1600 S Prairie Ave Unit 604

City

Chicago

State

IL

Zip Code

60616

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois at Chicago

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379941

Amount of Each Receipt this Period

41.60

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

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

166.54

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 98 OF 160

☒ 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. Mark D. Nissen M.D.

Mailing Address 222 2nd St SE Apt 606

City
Minneapolis

State
MN

Zip Code
55414-5137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377403

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Heather C. Nixon M.D.

Mailing Address 4833 W Pratt Ave

City
Lincolnwood

State
IL

Zip Code
60712-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois Hospital and He

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378053

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Craig A. Nordhues M.D.

Mailing Address 104 Inverness Dr

City
Dothan

State
AL

Zip Code
36305-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Grp

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 24 / 2013

Transaction ID : C2395891

Amount of Each Receipt this Period

1000.00

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

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

1291.67

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

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

FOR LINE NUMBER: PAGE 99 OF 160

(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 J. Noud M.D.

Mailing Address 6914 NW 126th Ave

City

Parkland

State

FL

Zip Code

33076-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESCO North Broward

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : C2399801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City

Kingsport

State

TN

Zip Code

37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Briston Anesthesia Services P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379919

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Shafeena D Nurani M.D.

Mailing Address 1900 Lone Pine Rd

City

Bloomfld Hls

State

MI

Zip Code

48302-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : C2399746

Amount of Each Receipt this Period

500.00

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

833.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 160
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 10 White Pine Ln.

City

Rose Valley

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Hill Anesthesia Consultants at

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	3

Transaction ID : C2379932

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Kathleen A. O'Leary M.D.Mailing Address 666 Elm and Carlton St
Roswell Park Cancer Institute

City

Buffalo

State

NY

Zip Code

14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	3

Transaction ID : C2379946

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City

Decatur

State

IL

Zip Code

62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	3

Transaction ID : C2396078

Amount of Each Receipt this Period

125.00

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

208.20

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 160

☒ 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. Achikam Oren-Grinberg M.D.

Mailing Address 95 Crowningfield Rd.

City

Brookline

State

MA

Zip Code

02446-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer

BIDMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale P. Ostrander M.D.

Mailing Address 2300 N. Edward St.

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes. of Decatur, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397960

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Chad A. Ott M.D.

Mailing Address 6911 Van Dorn St Ste 2

City

Lincoln

State

NE

Zip Code

68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2401799

Amount of Each Receipt this Period

600.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 160

☒ 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. Lynn D. Owen D.O.

Mailing Address 411 Laurel St., #3170

City

Des Moines

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Palmeri M.D.

Mailing Address 7765 S Erie Ave

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2401801

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 23 / 2013

Transaction ID : C2396077

Amount of Each Receipt this Period

83.30

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

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

1333.30

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

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FOR LINE NUMBER:
(check only one)

PAGE 103 OF 160

☒ 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. Thomas J. Papadimos M.D.

Mailing Address 4313 Oak Wood Ct

City

Dublin

State

OH

Zip Code

43016-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379971

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : C2378048

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2381054

Amount of Each Receipt this Period

83.30

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

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

208.20

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 160

☒ 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. Toni R. Patterson D.O.

Mailing Address 927 Arlington Oaks Ter

City

Chesterfield

State

MO

Zip Code

63017-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Blake E. Pedersen D.O.

Mailing Address 2757 Carriage Way

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Magic Valley Regional Medica

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2379915

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Feyce M. Peralta M.D.

Mailing Address 251 E Huron St # F5-704

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379940

Amount of Each Receipt this Period

83.30

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

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

833.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 160

☒ 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. Raymond M. Pessa M.D.

Mailing Address 278 Round Swamp Rd

City

Melville

State

NY

Zip Code

11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2013

Transaction ID : C2373339

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Shane L Petersen M.D.

Mailing Address 3224 Regan Ct

City

Salt Lake City

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermountain Medical Center Anesthesi

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2398026

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark C. Phillips M.D.

Mailing Address 619 19th St S

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379936

Amount of Each Receipt this Period

83.30

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

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

416.64

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 160

☒ 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. Paul W. Pickard M.D.

Mailing Address 5680 Riverview Plantation Drive

City State Zip Code
 Theodore AL 36582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesia, PC

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
 07 / 30 / 2013

Transaction ID : C2398466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 7401 SW 5th St.

City State Zip Code
 Plantation FL 33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Health Care

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 16 / 2013

Transaction ID : C2384019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marina A. Pierce M.D.

Mailing Address 2438 Golfview Dr

City State Zip Code
 Orange Park FL 32003-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Assoc., P.A.

Occupation

Anesthesiologist, MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 16 / 2013

Transaction ID : C2383433

Amount of Each Receipt this Period

83.34

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

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

833.34

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

PAGE 107 OF 160

<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. Michael H. Plumer M.D.

Mailing Address 162 Paako St.

City

Kapaa

State

HI

Zip Code

96746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kauai Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	3

Transaction ID : C2397035

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David M. Polaner M.D.

Mailing Address 13123 E 16th Ave

Dept. of Anesthesiology, B090

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	3

Transaction ID : C2395907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	3

Transaction ID : C2383468

Amount of Each Receipt this Period

83.30

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

383.30

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 160

☒ 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. Jason Porter M.D.

Mailing Address 381 Cherry St

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:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 17 / 2013

Transaction ID : C2385081

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John W. Porter M.D.

Mailing Address 4222 Windy Orchard Dr

City

Richmond

State

TX

Zip Code

77407-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine Anesthesiol

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ravindra V. Prasad M.D.

Mailing Address N2201 North Wing CB 7010

City

Chapel Hill

State

NC

Zip Code

27599

FEC ID number of contributing
federal political committee.

C

Name of Employer

U NC Sch of Med Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 09 / 2013

Transaction ID : C2375943

Amount of Each Receipt this Period

41.67

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

333.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 160
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

Transaction ID : C2363307

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Alison M. Premo M.D.

Mailing Address 715 N Old Woodward Ave

City

Birmingham

State

MI

Zip Code

48009-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : C237170

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. Matthew D. Price M.D.

Mailing Address 50791 Chesapeake Dr.

City

Novi

State

MI

Zip Code

48374-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

Transaction ID : C2387166

Amount of Each Receipt this Period

83.30

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

374.60

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 160

☒ 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. Nathan M. Rachman M.D.

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.82

Date of Receipt

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : C2396295

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jayanthie S. Ranasinghe M.D.

Mailing Address 6600 SW 94th Ct

City

Miami

State

FL

Zip Code

33173-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : C2373270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City

Miami Beach

State

FL

Zip Code

33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : C2374663

Amount of Each Receipt this Period

83.30

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

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

374.97

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 111 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Rask M.D.

Mailing Address 756 Fairway Rd., NW

City

Albuquerque

State

NM

Zip Code

87107-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379951

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Ann C. Reardon M.D.

Mailing Address 34 Bellevue Ave.

City

Bangor

State

ME

Zip Code

04401-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397957

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Elizabeth Rebello M.D.

Mailing Address 4800 Welford Dr

City

Bellaire

State

TX

Zip Code

77401-5334

FEC ID number of contributing
federal political committee.

C

Name of Employer

MD Anderson Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2013

Transaction ID : C2397025

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 160

☒ 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. Douglas A. Redfield M.D.

Mailing Address 580 Court St

Cheshire Medical Center Anes. Dept

City State Zip Code
 Keene NH 03431-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cheshire Medical Center Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 22 2013

Transaction ID : C2396097

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Linda J. Rice M.D.

Mailing Address 1139 42nd Ave N

City State Zip Code
 Saint Petersburg FL 33703-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens Hospital

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 17 2013

Transaction ID : C2386662

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey M. Ricketts D.O.

Mailing Address 880 Bradford Holw NE

City State Zip Code
 Grand Rapids MI 49525-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 28 2013

Transaction ID : C2397075

Amount of Each Receipt this Period

50.00

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

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

2080.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 160

☒ 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. Cameron J. Ricks M.D.

Mailing Address 33965 Malaga Dr

City

Dana Point

State

CA

Zip Code

92629-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : C2383470

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Matthias Riess M.D., Ph.D

Mailing Address 8701 W Watertown Plank Rd

City

Milwaukee

State

WI

Zip Code

53226-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Dept of A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379993

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

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

Mailing Address Lakeside ANES 2532 LKS5007

11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2381060

Amount of Each Receipt this Period

83.30

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

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

499.90

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 160

☒ 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. Robert L. Ringering D.O.

Mailing Address PO Box 506

City

Old Lyme

State

CT

Zip Code

06371-0506

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 ▼

250.02

Date of Receipt

07 / 18 / 2013

Transaction ID : C2386778

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Edwin A. Risi Jr., M.D.

Mailing Address 19543 SW 39th St

City

Miramar

State

FL

Zip Code

33029-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Anesthesiology Partners L

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 08 / 2013

Transaction ID : C2375662

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sean M. Rivard M.D.

Mailing Address 162 Long Rapids Road

City

Alpena

State

MI

Zip Code

49707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpena Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377396

Amount of Each Receipt this Period

500.00

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

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

641.67

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 115 OF 160

☒ 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. Daniel Rivera M.D.

Mailing Address 18810 Canoe Brk

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinical Colleagues, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2397945

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kevin W. Roberts M.D.

Mailing Address 240 Walnut Ln.

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2374672

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Vonn E. Roberts M.D.

Mailing Address 5111 Cavy Rd

City

Lincoln

State

NE

Zip Code

68516-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2375608

Amount of Each Receipt this Period

250.00

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

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

433.34

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 160

☒ 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. Edward S. Robinson M.D.

Mailing Address 417 E 37th St

City

Kansas City

State

MO

Zip Code

64109-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379928

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305

City

Aventura

State

FL

Zip Code

33180-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 07 / 2013

Transaction ID : C2375640

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Miguel Rodriguez M.D.

Mailing Address 4161 Dunes Pkwy

City

Muskegon

State

MI

Zip Code

49441-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer

lakeshore anesthesia services

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2013

Transaction ID : C2395411

Amount of Each Receipt this Period

500.00

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

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

658.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 160

☒ 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. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

MDA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 04 / 2013

Transaction ID : C2374220

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John Rogoski D.O.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2013

Transaction ID : C2381058

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd., #1401

City

Miami

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Beach Anesthesiology Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373331

Amount of Each Receipt this Period

41.60

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

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

208.20

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 160

☒ 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. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : C2374671

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian S. Rothman M.D.

Mailing Address 1301 Medical Center Drive, 4648 TV

City

Nashville

State

TN

Zip Code

37232-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Assistant Professor - Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : C2387170

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Clinton T. Rozycki M.D.

Mailing Address 3114 152nd St

City

Urbandale

State

IA

Zip Code

50323-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2380550

Amount of Each Receipt this Period

1000.00

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

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

1091.67

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

PAGE 119 OF 160

<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. Michael Saccocci D.O.

Mailing Address 1358 East Drive SW

City

Roanoke

State

VA

Zip Code

24015-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2			0			2	0

Transaction ID : C2396094

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jonathan R. Sadler M.D.

Mailing Address 221 Devon Dr

City

Birmingham

State

AL

Zip Code

35209-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources Management

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
0	7			1			1			1	1

Transaction ID : C2377791

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alfredo A. Santi M.D.

Mailing Address 19 Old Farms Rd.

City

Poughkeepsie

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician. Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID : C2396121

Amount of Each Receipt this Period

41.67

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

583.27

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 160

☒ 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. Shannon H. Savage M.D.

Mailing Address 52 Medical Park East Dr., #321

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group East

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2013

Transaction ID : C2399998

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Yashesh R. Savani M.D.

Mailing Address 9 Fox Point Ct., N.E.

City

Ada

State

MI

Zip Code

49301-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gerald A. Schiff M.D.

Mailing Address 346 Richard St.

City

West Hempstead

State

NY

Zip Code

11552

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 ▼

250.02

Date of Receipt

07 / 19 / 2013

Transaction ID : C2387169

Amount of Each Receipt this Period

41.67

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

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

1541.67

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 160

☒ 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. Brett H. Schlifstein M.D.

Mailing Address 9550 93rd St.

City
Seminole

State
FL

Zip Code
33777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2013

Transaction ID : C2394574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City
Roslyn

State
NY

Zip Code
11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Cardiovascular Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : C2379918

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Reginald G. Scott M.D.

Mailing Address 5417 E. 86th St.

City
Tulsa

State
OK

Zip Code
74137-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : C2397125

Amount of Each Receipt this Period

1000.00

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

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

1333.34

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 160
(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. Papiya Sengupta M.B.

Mailing Address 90 Apple Gate Unit 95

City State Zip Code
Southington CT 06489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : C2375663

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Fred E. Shapiro D.O.

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

City State Zip Code
Boston MA 02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2013

Transaction ID : C2363303

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Steven Sheils M.D.

Mailing Address 1600 7th Ave South
420 Lowder Bldg

City State Zip Code
Birmingham AL 35233-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAPC

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
07 / 30 / 2013

Transaction ID : C2397768

Amount of Each Receipt this Period

500.00

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

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

624.90

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

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

FOR LINE NUMBER: PAGE 123 OF 160

(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. Shira Shiloah M.D.

Mailing Address 1810 Autumn Ave

City

Memphis

State

TN

Zip Code

38112-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 01 / 2013

Transaction ID : C2363305

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374675

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Rohit G. Singh M.D.

Mailing Address 140 Stevenson Rd

City

Clarks Summit

State

PA

Zip Code

18411-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Medical Center

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.20

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379975

Amount of Each Receipt this Period

41.60

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

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

166.54

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 160

(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. Karen A. Slack M.D.

Mailing Address 1316 W. SWANN AVE

City State Zip Code
 Tampa FL 33606

FEC ID number of contributing federal political committee.

C

Name of Employer

Millennium Anesthesia Care

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
 07 23 2013

Transaction ID : C2395464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City State Zip Code
 Port Saint Lucie FL 34984

FEC ID number of contributing federal political committee.

C

Name of Employer

TeamHealth

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 03 2013

Transaction ID : C2373337

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address 410 W 10th Ave
 Dept of Anes - N411 Doan Hall

City State Zip Code
 Columbus OH 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 ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 13 2013

Transaction ID : C2379934

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 125 OF 160

☒ 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. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City Vestavia State AL Zip Code 35242

FEC ID number of contributing federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 08 / 2013

Transaction ID : C2375665

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Perry W. Smith M.D.

Mailing Address 4017 Old Leeds Rdg

City Mountain Brk State AL Zip Code 35213

FEC ID number of contributing federal political committee.

C

Name of Employer

UAB

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2376915

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William D. Smith M.D.

Mailing Address 2223 Edgemont

City Bristol State TN Zip Code 37620

FEC ID number of contributing federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

07 / 28 / 2013

Transaction ID : C2397082

Amount of Each Receipt this Period

83.34

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

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

666.64

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 160

☒ 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. Paul R. Smythe M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City State Zip Code
Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

faculty anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2396110

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kortnee L. Sorbin M.D.

Mailing Address 10718 W 163rd Ter

City State Zip Code
Overland Park KS 66062-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC-Menorah Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : C2375669

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Roy G. Soto M.D.

Mailing Address 355 Sycamore Ct

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : C2375636

Amount of Each Receipt this Period

41.60

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

174.94

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

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

PAGE 127 OF 160

<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. Michael J. Souter M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724

City
SeattleState
WAZip Code
98104-2499FEC ID number of contributing
federal political committee.

C

Name of Employer

Harborview Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	3

Transaction ID : C2379937

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Spiro G. Spanakis D.O.

Mailing Address 65 Lake Ave., #1005

City
WorcesterState
MAZip Code
01604FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Massachussetts Medical S

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	3

Transaction ID : C2396090

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Stephen M. Speck M.D.

Mailing Address 9021 Naples Cove

City
BentonState
ARZip Code
72019FEC ID number of contributing
federal political committee.

C

Name of Employer

Saline Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	3

Transaction ID : C2375647

Amount of Each Receipt this Period

1000.00

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

1124.90

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

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 128 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew F. Spond M.D.

Mailing Address 6065 Allwood Dr

City

North Little Rock

State

AR

Zip Code

72116-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.68

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : C2375620

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Andrew N. Springer M.D.

Mailing Address 410 W 10th Ave

Dept of Anes N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Med Ctr

Occupation

Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : C2381062

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way # 30

City

Tacoma

State

WA

Zip Code

98405-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379988

Amount of Each Receipt this Period

83.30

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

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

208.31

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 129 OF 160

☒ 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. Erica Stein M.D.

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

City State Zip Code
Columbus OH 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 ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : C2374669

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City State Zip Code
Lloyd Harbor NY 11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : C2375622

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City State Zip Code
Lloyd Harbor NY 11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : C2375623

Amount of Each Receipt this Period

83.34

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

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

249.98

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : C2370859

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379973

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
Cullman AL 35055-5385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2013

Transaction ID : C2396080

Amount of Each Receipt this Period

62.50

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

229.10

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 131 OF 160

☒ 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. Brady J. Stocklin M.D.

Mailing Address PO Box 5126

City

Sioux Falls

State

SD

Zip Code

57117-5126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eide Bailly Medical Management Divisio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cristina Stoica M.D.

Mailing Address 1640 Oak Ave

City

Boulder

State

CO

Zip Code

80304-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology Boulder

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 15 / 2013

Transaction ID : C2383228

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Matthew G. Stoner M.D.

Mailing Address 7708 Pointe Venezia Drive

City

Orlando

State

FL

Zip Code

32836

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

07 / 10 / 2013

Transaction ID : C2377405

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 132 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erin A Sullivan M.D., M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City	State	Zip Code
Pittsburgh	PA	15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPP Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

Transaction ID : C2373336

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. George Sullivan D.O.

Mailing Address 2321 Butler Bay Dr. N.

City	State	Zip Code
Windermere	FL	34786-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2013

Transaction ID : C2397071

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
P3 ANES

City	State	Zip Code
Portland	OR	97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VAMC Operative Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2013

Transaction ID : C2375644

Amount of Each Receipt this Period

83.34

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

208.24

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 160
(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. Johan P. Suyderhoud M.D.

Mailing Address 3467 N Venice St

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2387292

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City

Atlanta

State

GA

Zip Code

30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 07 / 2013

Transaction ID : C2375641

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln.

City

Dallas

State

TX

Zip Code

75225-1742

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 ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379929

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER: PAGE 134 OF 160

(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. Donald R. Tatum Jr., M.D.

Mailing Address 770 Brookwood Walke

City State Zip Code
 Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Oakland Anesthesia Associates

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 27 / 2013

Transaction ID : C2397036

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
 Englewood CO 80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Denver Anesthesiologists, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2013

Transaction ID : C2397946

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James A. Totten M.D.

Mailing Address 3073 OBrien Dr

City State Zip Code
 Tallahassee FL 32309-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tallahassee Memorial Hospital

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
 07 / 18 / 2013

Transaction ID : C2387088

Amount of Each Receipt this Period

500.00

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

666.68

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 160

☒ 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. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 05 / 2013

Transaction ID : C2374664

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Terrence Truxillo M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379972

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Christopher Turner M.D., Ph.D

Mailing Address 3100 Shore Dr
Bay Area Med Ctr Dept of Anes

City

Marinette

State

WI

Zip Code

54143-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Med Ctr Dept of Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 20 / 2013

Transaction ID : C2396083

Amount of Each Receipt this Period

41.60

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

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

166.50

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 160

☒ 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. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 17 / 2013

Transaction ID : C2385125

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Tami L. Ulatowski M.D.

Mailing Address W268N7212 Thousand Oaks Dr

City

Sussex

State

WI

Zip Code

53089-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 09 / 2013

Transaction ID : C2375942

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Jennifer R. Vaughn M.D.

Mailing Address 1304 Oak St

City

Melbourne

State

FL

Zip Code

32901-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 01 / 2013

Transaction ID : C2364974

Amount of Each Receipt this Period

250.00

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

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

374.90

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 160

(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. Francis T. Verfurth M.D.

Mailing Address 1304 Penguin Cir.

City

Virginia Beach

State

VA

Zip Code

23451-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer

atlantic anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2398510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David T. Verzino M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2013

Transaction ID : C2383420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hector Vila Jr., M.D.

Mailing Address 4304 W Azelee St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hector Vila Jr MD PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2013

Transaction ID : C2379981

Amount of Each Receipt this Period

83.30

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

1083.30

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 160

☒ 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. Sandhya Rani Vinta M.D., M.D.

Mailing Address 1551 Moncrey Ave

City

State

Zip Code

League City

TX

77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UTMB Anesthesiology

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : C2374674

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

State

Zip Code

Fort Collins

CO

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

North Co Anesthesia Professional

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 18 / 2013

Transaction ID : C2387248

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Cassie Volker M.D.

Mailing Address 3840 N River Oak Pl

City

State

Zip Code

Tucson

AZ

85718-6956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Old Pueblo Anesthesia

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
07 / 28 / 2013

Transaction ID : C2397078

Amount of Each Receipt this Period

41.67

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 160

☒ 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. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City Little Rock State AR Zip Code 72202-3510

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 13 / 2013

Transaction ID : C2379931

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Witold Waberski M.D.

Mailing Address 1 Gold St #24-HJ

City Hartford State CT Zip Code 06103

FEC ID number of contributing federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379974

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lance W. Wagner M.D.

Mailing Address 150 55th St

City Brooklyn State NY Zip Code 11220-2559

FEC ID number of contributing federal political committee.

C

Name of Employer
Lutheran Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2013

Transaction ID : C2381050

Amount of Each Receipt this Period

100.00

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

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

233.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 160

☒ 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. Adam B. Waldman M.D.

Mailing Address 7200 Meeker Creek Drive

City State Zip Code
Dayton OH 45414

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANWD

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : C2377272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204
Rainier Anesthesia Associates

City State Zip Code
Puyallup WA 98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 12 / 2013

Transaction ID : C2378039

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. James J. Walsh M.D.

Mailing Address 166 83rd St.

City State Zip Code
Brooklyn NY 11209

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 ▼

625.01

Date of Receipt

07 / 06 / 2013

Transaction ID : C2375627

Amount of Each Receipt this Period

41.67

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

341.67

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 160

☒ 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. Harper R. Ward M.D.

Mailing Address 2300 Bellevue Ter

City

Oklahoma City

State

OK

Zip Code

73112-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harper R Ward MD PLLC

Occupation

Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 16 / 2013

Transaction ID : C2383428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Samuel M. Warren M.D.

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

07 / 09 / 2013

Transaction ID : C2376422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brennan M. Watkins M.D.

Mailing Address 1850 N Central Ave Ste 1600

City

Phoenix

State

AZ

Zip Code

85004-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2013

Transaction ID : C2387811

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2013

Transaction ID : C2396113

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David Werkmeister M.D.

Mailing Address PO Box 4278

City

Mankato

State

MN

Zip Code

56002-4278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mankato Anesthesia Associates, LTD

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
07 / 13 / 2013

Transaction ID : C2379957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John B. Whitney M.D.

Mailing Address 11 Club Forest Lane

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis, Greenville, SC

Occupation

Private Practice 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
07 / 15 / 2013

Transaction ID : C2383415

Amount of Each Receipt this Period

1000.00

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

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

1291.60

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 160

☒ 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. Kevin K. Whitrock M.D.

Mailing Address 318 Court North Dr

City

Melville

State

NY

Zip Code

11747-8102

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 ▼

500.04

Date of Receipt

07 / 03 / 2013

Transaction ID : C2373338

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City

Albuquerque

State

NM

Zip Code

87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 27 / 2013

Transaction ID : C2397039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M. Wild M.D.

Mailing Address 3901 Rainbow Blvd
 Mailstop 1034

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Department of Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 26 / 2013

Transaction ID : C2396294

Amount of Each Receipt this Period

41.67

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

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

375.01

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harshdeep Wilkhu M.D.

Mailing Address 2216 Mallard Circle

City
Winter Park

State Zip Code
FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : C2398612

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Brooke H. Williams M.D.

Mailing Address 4944 W San Rafael St

City
Tampa

State Zip Code
FL 33629-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Gulf to Bay Anesthesiology

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
07 / 28 / 2013

Transaction ID : C2397124

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lionel A. Williams M.D.

Mailing Address 30 Susie Blvd

City
Poughkeepsie

State Zip Code
NY 12603-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : C2375643

Amount of Each Receipt this Period

83.34

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

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

624.94

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 160

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Williams M.D.

Mailing Address 725 Kings Hwy

City

Moorestown

State

NJ

Zip Code

08057-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ. Anes.Dept

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edwin Wilson M.D.

Mailing Address 150 W Reading Way

City

Winter Park

State

FL

Zip Code

32789

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

07 / 17 / 2013

Transaction ID : C2386676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. S. H. Wittels M.D.

Mailing Address 4300 Alton Rd., #1401

City

Miami

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Beach Anes. Assoc. Inc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : C2397765

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 160

☒ 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. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City State Zip Code
Las Vegas NV 89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Consultants, Inc

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : C2397042

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Ning-Yen Yao M.D.

Mailing Address 145 E 81st St Apt 6E

City State Zip Code
New York NY 10028-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2397941

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Amy E Young M.D.

Mailing Address 1500 E Medical Center Dr
1H247UH, SPC 5048

City State Zip Code
Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan Anesthesiology

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2013

Transaction ID : C2398600

Amount of Each Receipt this Period

250.00

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

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

374.94

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 147 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael H. Yurkanin M.D.

Mailing Address 505 Chestnut Forest Cove

City

Fort Wayne

State

IN

Zip Code

46814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : C2377351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Fernando L. Zaragoza M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
07 / 30 / 2013

Transaction ID : C2397947

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : C2396098

Amount of Each Receipt this Period

41.60

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

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

333.27

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 148 OF 160

☒ 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. Andrzej J. Zembrzusi M.D.

Mailing Address 31 Meredith Dr.

City
Sparta

State
NJ

Zip Code
07871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2013

Transaction ID : C2396104

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

41.60

94726.32

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<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Anesthesiologists Political Action Committee

A. First Data

Category/
Type

2264.56

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Credit Card Merchant

B.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C.

Category/
Type

Disbursement For:

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

State: District:

2264.56

2264.56

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

PAGE 150 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2013 Contribution

Candidate Name

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

State: District:

Disbursement For: 2014

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

2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2013

Transaction ID : D147609

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ANN PAC

Mailing Address PO Box 3535

City	State	Zip Code
Ballwin	MO	63022-3535

Purpose of Disbursement
2013 Contribution

Candidate Name

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

State: MO District: 02

Disbursement For: 2014

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

2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2013

Transaction ID : D146987

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FREEDOM PROJECT; THEMailing Address 424 C Street NE
Basement UNIT

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2013 Contribution

Candidate Name

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

State: District: 00

Disbursement For: 2014

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

2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2013

Transaction ID : D146985

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

PAGE 151 OF 160

<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. HEARTDOCPAC

Mailing Address PO BOX 628

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
2013 Contribution

Candidate Name

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

State: District:

Disbursement For: 2014

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

2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Transaction ID : D146983

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. House Conservatives FundMailing Address 228 S. Washington
Ste. 115

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement
2013 Contribution

Candidate Name

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

State: District:

Disbursement For: 2014

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

2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Transaction ID : D147624

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Mr. Marc Allison Veasey

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

State: TX District: 33

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Transaction ID : D146984

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

PAGE 153 OF 160

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City	State	Zip Code
CHICAGO	IL	60680

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Transaction ID : D147611

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City	State	Zip Code
CINCINNATI	OH	45226

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Transaction ID : D147770

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City	State	Zip Code
CLARENCE	NY	14031

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Transaction ID : D147605

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

PAGE 154 OF 160

<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. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Chris CollinsCategory/
Type
Office Sought: ☒ House
☐ Senate
☐ President
State: NY District: 27

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2013

Transaction ID : D147606

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue, Suite 605

City Dallas	State TX	Zip Code 75201
----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Eddie Bernice JohnsonCategory/
Type
Office Sought: ☒ House
☐ Senate
☐ President
State: TX District: 30

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2013

Transaction ID : D146986

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street, Suite 1000

City Kansas City	State MO	Zip Code 64112
---------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Emanuel Cleaver IICategory/
Type
Office Sought: ☒ House
☐ Senate
☐ President
State: MO District: 05

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2013

Transaction ID : D147150

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

PAGE 155 OF 160

<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 ERIK PAULSEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Transaction ID : D146981Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Erik PaulsenCategory/
Type

1000.00

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

State: MN District: 03

Full Name (Last, First, Middle Initial)

B. Pallone for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Mailing Address P.O. Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Transaction ID : D147241Purpose of Disbursement
2013 Special Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Frank Pallone Jr.Category/
Type

5000.00

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

State: NJ District: 06

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Transaction ID : D146982Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Gene GreenCategory/
Type

2500.00

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

State: TX District: 29

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

8500.00

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

American Society of Anesthesiologists Political Action Committee

A. GEORGE HOLDING FOR CONGRESS

Date of Disbursement

07 / 31 / 2013

Transaction ID : D147771

011

Amount of Each Disbursement this Period

Category/
Type

2000.00

Office Sought:		<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	
State: NC		District: 13	<input checked="checked" type="checkbox"/> Primary	<input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. MATHESON FOR CONGRESS

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2013

Transaction ID : D147622

011

Amount of Each Disbursement this Period

Category/
Type

2500.00

Office Sought:		Disbursement For: 2014	
	<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President		
State: UT	District: 04		

C. MATHESON FOR CONGRESS

Date of Disbursement

07 / 24 / 2013

Transaction ID : D147623

011

Amount of Each Disbursement this Period

Category/
Type

2500.00

Office Sought:	<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: UT	District: 04		

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

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

7000.00

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

PAGE 157 OF 160

<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. JOE WILSON FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Mailing Address PO BOX 2145

City	State	Zip Code
WEST COLUMBIA	SC	29171

Transaction ID : D147610Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

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

State: SC District: 02

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Juan Vargas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2013

Mailing Address 330 Encinitas Blvd
Ste 101

City	State	Zip Code
Encinitas	CA	92024-8705

Transaction ID : D147153Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

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

State: CA District: 51

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Transaction ID : D147769Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

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

State: NM District: 01

2500.00

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

5000.00

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

PAGE 158 OF 160

<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	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Transaction ID : D147768

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Transaction ID : D147738

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City	State	Zip Code
PALM DESERT	CA	92260

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

Transaction ID : D147772

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

PAGE 159 OF 160

<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. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2013

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : D147436Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Renee EllmersCategory/
Type

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. SKIPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Mailing Address PO Box 83142

City	State	Zip Code
Gaithersburg	MD	20883-3142

Transaction ID : D147607Purpose of Disbursement
2013 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Jim MathesonCategory/
Type

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

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
2013 Contribution

State: District:

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

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

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

State: District:

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

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

6000.00

74500.00

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

PAGE 160 OF 160

<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. Alabamians for Luther Strange, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address PO Box 3196

City	State	Zip Code
Montgomery	AL	36109-0196

Transaction ID : D147643Purpose of Disbursement
Non-Federal Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Luther StrangeCategory/
Type

2500.00

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

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: AL District: Non-Federal Contribu

Full Name (Last, First, Middle Initial)

B. Republican Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2013

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Transaction ID : D147443Purpose of Disbursement
2013 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

50000.00

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

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: 2013 Contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

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

State: District:

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

52500.00

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

52500.00