Image# 13942517722				PAGE 1 / 160
	PORT OF RE D DISBURSE Other Than An Authorize	MENTS		
1. NAME OF TYP	E OR PRINT V Fx	ample: If typing, type		lse Only
COMMITTEE (in full)		er the lines.	12FE4M5	
American Society of Anes	thesiologists Political A	ction Committee		
ADDRESS (number and street)	20 N. Northwest Highway			
Check if different than previously reported. (ACC)	└──		IL 6006	8
2. FEC IDENTIFICATION NUMB		5		ZIP CODE
C C00255752	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 	b) Monthly Report Due On: Apr 20 (M2) Mar 20 (M3)) Jun 20 (M6)	X Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election on	M M / D D /	YYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 07	01 / Y Y Y Y 01 2013	through 07		13
I certify that I have examined this Re Type or Print Name of Treasurer M	eport and to the best of my kno Ir. Thomas Conway	wledge and belief it is tru	e, correct and comple	ete.
Signature of Treasurer Mr. Thoma		[Electronically Filed] D	nate 11 / 15	D / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous,	or incomplete information may s	ubject the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only			FEC	C FORM 3X Rev. 12/2004

11/19/2013 10 : 30

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:		o: 07 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

1	ETAILED SUMMARY PAGE of Receipts	Page 3
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
American Society of Anesthesiologis	sts Political Action Committee	
Report Covering the Period: From: 07	01 2013 To:	M M / D D / Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons OtherThan Political Committees		244402.40
(i) Itemized (use Schedule A)	94726.32	644139.49
(ii) Unitemized (iii) TOTAL (add	, 22737.52	198624.23
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
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	1944.45
to Federal Candidates and Other Political Committees	0.00	7000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	<u>7</u> <u>0</u> .00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 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

Image# 13942517724

DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
 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
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees Independent Expenditures	74500.00	509300.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	3332.90
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	3332.90
(add Lines 28(a), (b), and (c))►		3332.90
Other Disbursements	52500.00	331972.67
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	129264.56	857788.3
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	129264.56	857788.30

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L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	117463.84	842763.72
 Total Contribution Refunds (from Line 28(d)) 	0.00	3332.90
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	117463.84	839430.82
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	2264.56	13182.73
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	1944.45
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2264.56	11238.28

FOR LINE NUMBER:

PAGE 6 OF

	RECEIPTS		Use separate schedule(s)	(ch	eck only	/ one)				
			for each category of the Detailed Summary Page		〈 11a	11b		1c	12	_
	n copied from such Reports and size from such reports and size from such reports and size the							citing co		
<u></u>	COMMITTEE (In Full)		utess of any political committee	5 IU SI				SUCIT C	ommule	. .
	in Society of Anesthesi	ologists P	olitical Action Committe	ee						
	Last, First, Middle Initial) . Abdelmalak M.D.				Date of	Receip	ot			
	ress Dept of General Anesthesiolo 9500 Euclid Ave.	gy E-3			м м 07	/ D	D / 15		2013	Y
City Cleveland		State OH	Zip Code 44195				ID : C23 h Recei		Period	
	nber of contributing cal committee.	С				- 7		7	41.	60
Name of En	nployer	Occupation								
Cleveland C		Anesthesiol	ogist							
Receipt For:		Aggregate	Year-to-Date ▼							
Primai Other	ry General (specify) ↓		291.20							
	Last, First, Middle Initial) Abenstein M.D.				Date of	Receip	ot			
	ress 10978 Eleventh Ave N.W.				м м 07		06		013	Y
City		State	Zip Code		Transa	action I	D : C237			
Oronoco		MN	55960-2110		Amount	of Eac	h Recei	pt this	Period	
	nber of contributing cal committee.	С				7		,	83.	30
Name of En Mayo Clinic		Occupation Physician								
Receipt For		Aggregate	Year-to-Date ▼							
Other	ry General (specify) ▼		1166.20							
	Last, First, Middle Initial) Abenstein M.D.				Date of	Receip	ot			
Mailing Add	ress 10978 Eleventh Ave N.W.				м м 07	/ D	D / 10		2013	Y
City Oronoco		State MN	Zip Code 55960-2110				ID : C23		Poriod	
FEC ID num	nber of contributing cal committee.	С					h Recei	pi inis	Period 83	.30
Name of En	nployer	Occupation		\neg						
Mayo Clinic	•	Physician								
Receipt For		Aggregate	Year-to-Date ▼							
	y deneral (specify) ▼		1166.20							
SUBTOTAL o	f Receipts This Page (optional)			•		- 7		7	208.2	20
TOTAL This F	Period (last page this line number	only)	•••••	•		,		,		

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7 OF

IT.			Use separate schedule(s)	(che	eck only	v one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	
	ny information copied from such Reports and Si for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)		duress of any pointcar committee			IIIIDUIIOIIS			liee.
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee					
A.	Full Name (Last, First, Middle Initial) Amr E. Abouleish M.D., M.B.				Date of	Receipt			
	Mailing Address 4303 Evergreen Elm Ct				м м 07	/ D 0		2013	Y
	City	State	Zip Code				: C23708		
	Houston	ТХ	77059-3120		Amount	of Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С						8	3.30
	Name of Employer	Occupation							
	University of Texas Medical Branch	Professor							
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify) ▼		583.10						
R	Full Name (Last, First, Middle Initial) Erick S. Allen M.D.				Date of	Receipt			
	Mailing Address 6802 Edgefield Dr				M M	/ D		Y Y	Y
	City	State	Zip Code	_	07 Trans	0 Action ID	9 : C237652	2013	_
	Austin	ТΧ	78731-2906				Receipt th		d
	FEC ID number of contributing federal political committee.	С							0.00
	Name of Employer	Occupation		_					
	Austin Anesthesiology Group	Anesthesiol	ogist, Physician, Rancher						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		, 250.00						
с.	Full Name (Last, First, Middle Initial) Kelly J. Allen M.D.				Date of	Receipt			
	Mailing Address 291 Southhall Lane				м м 07	/ D		2013	Y
	City	State	Zip Code		Trans	action ID	: C23970	73	
	Maitland	FL	32751	4	Amount	of Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С						4	1.60
	Name of Employer	Occupation							
	JLR Anesth. Assoc.	Anesthesiol	ogist						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		249.60						
s	UBTOTAL of Receipts This Page (optional)		>					374	4.90
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports an	d Statements ma	ay not be sold or used by any p	erson for the	14 purpose of	15 soliciting	16 contribu	17 tions
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit cor	ntributions f	rom such	o committ	ee.
NAME OF COMMITTEE (In Full)	siala siata D	alitical Action Committe					
American Society of Anesthe	SIDIOGISIS P		66				
Full Name (Last, First, Middle Initial) A. Lowell R. Amiotte M.D.			Date of	Receipt			
Mailing Address 4300 Tate Ct			07		/ Y	y y 2013	Y
City	State	Zip Code		action ID :	C237371		
Gillette	WY	82718-4180	Amount	t of Each R	leceipt thi	is Period	
FEC ID number of contributing federal political committee.	С				7	250	.00
Name of Employer	Occupation	1					
Northern Plains Anesthesia Associates	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		250.00	1				
		1					
Full Name (Last, First, Middle Initial) B. John R. Ammon M.D.	1		Dette	Dessist			
Mailing Address 301 W McLellan Blvd				Receipt		Y Y	V
Maning Address 301 W McLenan Bivd			07	10	у / т	2013	Ť
City	State	Zip Code	Trans	action ID :	C237692		
Phoenix	AZ	85013-1130	Amount	t of Each R	leceipt thi	is Period	
FEC ID number of contributing federal political committee.	С				7	250	.00
Name of Employer	Occupation	1	_				
Valley Anesthesiology Consultants, Ltd	Anesthesiol	ogist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		, 250.00					
Full Name (Last, First, Middle Initial)							
c. Charles K. Anderson M.D., M.E).			Receipt			
Mailing Address 60975 Billadeau Rd			м м 07	31) / Y	2013	Y
City	State	Zip Code		action ID :	C240240		
Bend	OR	97702-8715	Amount	t of Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	83	.30
Name of Employer	Occupation	1					
TenetHealth	Chief Medie	cal Officer					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		583.10	1				
		7	1				
SUBTOTAL of Receipts This Page (optional)						583	30
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	-	Use separate schedule(s)	(ch	ieck onl	y on	ie)		-			-
		for each category of the Detailed Summary Page		✓ 11a 13		11b	11c 15		12 16		17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	L ay not be sold or used by any p ddress of any political committee	erson e to se	for the	purp ntrib	oose of	solicitin	g cor ch co	ntributi	ions	17
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Jonathan C. Anderson M.D.				Date o	f Re	ceipt					
Mailing Address 151 Jossie Ln				м м 07	/	0 D D D 08	/ Y) 013	Y	
City Kalispell	State MT	Zip Code 59901-6961	_			on ID : Each Re			eriod	_	
FEC ID number of contributing federal political committee.	С					9		_	100.	00	
Name of Employer	Occupation										
Northern Rockies Anesthesia Consultant Receipt For:	Anesthesio	5									
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		700.00									
Full Name (Last, First, Middle Initial) B. David W. Annand M.D.				Date o	f Re	ceipt					
Mailing Address 6600 Colonial Forest Ln				м м 07	/	30	/ Y)13	Y	
City	State	Zip Code		Trans	acti	on ID : (C23977	73			
Knoxville	TN	37919-8350		Amoun	t of	Each R	eceipt tl	his P	Period		
FEC ID number of contributing federal political committee.	С					9			250.	00	
Name of Employer American Anesthesiology of Tennessee	Occupation Anesthesiol										
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		, 250.00									
Full Name (Last, First, Middle Initial) C. Anthony Arellano-Kruse M.D.				Date o	f Re	ceipt					
Mailing Address Anesthesia Medical Group 3330 Lomita Blvd				м м 07	/	D D 28	/ Y)13	Y	
City	State	Zip Code		Trans	sacti	ion ID :	C23970	80			
Torrance	CA	90505-5002	_	Amoun	t of	Each R	eceipt tl	his P	eriod		
FEC ID number of contributing federal political committee.	С					7	7	_	83.	34	
Name of Employer	Occupation										
Torrance Memorial Medical Center	Physician										
Receipt For:	Aggregate	Year-to-Date V									
Other (specify)		583.38									
SUBTOTAL of Receipts This Page (optional)		 ►			3		-	433.3	34]

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

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Use separate schedule(s)	(che	(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	soliciting	g contri	ibutio	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Judith L. Aronsohn M.D. Mailing Address 5 Mount Tom Rd				Date of	f Re	ceipt		Y	V V	
		State	Zip Code		07		03		2013		
	City Pelham	NY	10803-3307					C237334 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7	7		83.3	4
	Name of Employer	Occupation									
	NAPA	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1							
	Full Name (Last, First, Middle Initial) Brett L. Arron M.D.				Data at	F Do	ooint				
р.	Mailing Address 52 Lake Street				Date of	/		/ Y	y 2013		1
	City	State	Zip Code			acti		C237333			
	Wakefield	RI	02879		Amount	t of	Each R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					7	7		83.30	0
	Name of Employer Narragansett Bay Anesthesia	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		583.10								
C.	Full Name (Last, First, Middle Initial) Robert S. Ascanio M.D.				Date of	f Re	ceipt				
	Mailing Address 98 Starbird Rd				м м 07	/	D D D 30	/ Y	2013		1
	City Portland	State ME	Zip Code 04102-1750		Trans		ion ID :	C23977	70		
		WILL	04102-1750	- 1	Amount	t of	Each R	eceipt th	iis Peri	iod	_
	FEC ID number of contributing federal political committee.	С				_	7		2	250.0	0
	Name of Employer	Occupation									
	Spectrum Medical Group	physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_ _							
	Other (specify) ▼		250.00								
s	UBTOTAL of Receipts This Page (optional)						7		4	16.64	1
т	OTAL This Period (last page this line number of	only)		•			,				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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	Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Corr	ımittee
Full Name (Last, First, Middle Initial) A. Matthew E. Atkins M.D. Mailing Address PO Box 18139		Date of Receipt
City	State Zip Code	07 11 2013 Transaction ID : C2377801
Raleigh	NC 27619-8139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer American Anesthesiology of NC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1000.	00
Full Name (Last, First, Middle Initial) B. Jennifer P. Aunspaugh M.D.		Date of Receipt
Mailing Address 1 CHILDRENS WAY		07 04 2013
City LITTLE ROCK	State Zip Code AR 72202	Transaction ID : C2374224
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer University of Arkansas for Medical Sci	Occupation Assistant Professor Pediatric Anesthes	S
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.	00
Full Name (Last, First, Middle Initial) C. Craig T. Austin M.D.		Date of Receipt
Mailing Address 1000 E. Primrose, #520 Ozark Anesthesia Associat		07 / D D / Y Y Y Y 2013
City Springfield	StateZip CodeMO65807	Transaction ID : C2379991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Ozark Anesthesia Associates	anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	.04
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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(check only one)

PAGE 12 OF

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	ITEMIZED RECEIPTS		Detailed Summary Page				
_				13 14 15 16 17			
Ar or	for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
$\left \right $	NAME OF COMMITTEE (In Full)						
	American Society of Anesthesic	logists P	olitical Action Committe	9e			
Α.	Full Name (Last, First, Middle Initial) Moeed S. Azam M.D.			Date of Receipt			
	Mailing Address 4317 New Broad St.			07 17 2013			
	City	State	Zip Code	Transaction ID : C2386649			
	Orlando	FL	32814-6045	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer	Occupation		_			
	JLR Medical Group	Physician					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		500.00				
	Other (specify)		500.00				
R R	Full Name (Last, First, Middle Initial) Jennifer Badia M.D.			Date of Receipt			
0.	Mailing Address 124 Lyons Street						
				07 09 _2013 _			
	City	State	Zip Code	Transaction ID : C2376504			
	Fort Collins	CO	80521	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer	Occupation					
	Physican Anesthesia Services	Anesthesiol	oaist				
	Receipt For:		Year-to-Date ▼				
	Primary General	riggiogato					
	Other (specify)	L	500.00				
с.	Full Name (Last, First, Middle Initial) Steven P. Beck M.D.			Date of Receipt			
	Mailing Address 4412 E. Horseshoe Rd.			07 31 / Y Y Y Y 07 31 2013			
	City	State	Zip Code	Transaction ID : C2398614			
	Phoenix	AZ	85028	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer	Occupation		—			
	Valley Anesthesiology Consultants	Anesthesio	logist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	riggrogato					
	Other (specify)	L	500.00				
s	UBTOTAL of Receipts This Page (optional)			1500.00			

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

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		Use separate schedule(s)	(check	only	one)				
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	L ay not be sold or used by any pe Iddress of any political committee	erson for	the p	urpose of	soliciting	g contri	butio	ns
NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Charles R. Beckenstein M.D.			Dat	te of I	Receipt				
Mailing Address 610 S Rome Ave Apt 602			М	о7	/ 13) / Y	2013		1
City Tampa	State FL	Zip Code 33606-2589			ction ID : of Each F			od	
FEC ID number of contributing federal political committee.	С				7			41.6	0
Name of Employer UniCom Anesthesia Associates, P.A.	Occupation Anesthesio								
Receipt For:		Year-to-Date ▼	_						
Primary General Other (specify) ▼	Aggregate	291.20							
Full Name (Last, First, Middle Initial) B. Eileen V. Begin M.D.			Dat	te of I	Receipt				
Mailing Address 110 Irving St. NW #G-226			М	м 07	/ D 1 25) / Y	2013		1
City	State	Zip Code	Т	ansa	ction ID :	C239608	32		
Washington	DC	20010-3017	Am	ount	of Each F	Receipt th	is Peri	od	
FEC ID number of contributing federal political committee.	C				7			41.60	0
Name of Employer Washington Hospital Center	Occupation Anesthesio								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20							
Full Name (Last, First, Middle Initial) C. Vicente Behrens M.D.			Dat	te of I	Receipt				
Mailing Address 830 SW 93rd Ave				м 07	/ 21		2013		1
City	State FL	Zip Code			ction ID :				_
	ΓL	33174-3151	Am	ount	of Each F	Receipt th	is Peri	od	_
FEC ID number of contributing federal political committee.	C							41.6	0
Name of Employer	Occupation	I							
Jackson Memorial Hosp	Resident								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.60							
SUBTOTAL of Receipts This Page (optiona		····· •		_	7	5	1:	24.80)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	ormation copied from such Reports and S commercial purposes, other than using the														
	NE OF COMMITTEE (In Full) nerican Society of Anesthesic	ologists P	olitical Action Committe	e											
A . Am	Name (Last, First, Middle Initial) ny C. Benedikt M.D. ing Address 501 Patterson Ave.				Date of	F Re	ceipt		Y	Y	Y				
City		State	Zip Code	07 13 2013 Transaction ID : C2379952											
San	Antonio	ТХ	78209	_				leceipt th		eriod					
	D number of contributing political committee.	С					7	7		41.	67				
	ne of Employer s Anesthesia	Occupation ANESTHES													
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69												
	Name (Last, First, Middle Initial) vid B. Berger M.D.				Date of	Re	ceipt								
	ing Address 7 Sandra Ct. 7 Sandra Ct.				м м 07	/	19) / Y	ү 20	13	Y				
City Gler	n Cove	State NY	Zip Code 11542					C238717 Receipt th		eriod					
	ID number of contributing ral political committee.	С					7	7		83.	34				
	ne of Employer h American Partners in Anesthesia	Occupation Physician													
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02												
	Name (Last, First, Middle Initial) Drdechai Bermann M.D.				Date of	Re	ceipt								
	ing Address 7 Plymouth Ln				м м 07	1	13			13	Y				
City Eas	st Brunswick	State NJ	Zip Code 08816-3322					C237994 Receipt th		eriod					
	ID number of contributing ral political committee.	С					9			83	.30				
Nam	ne of Employer	Occupation													
Rutg		Anesthesio													
Hece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10												
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 15 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
American Society of Anesthes	siologists Po	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) Joel L. Bez D.O. Mailing Address 3806 Viceroy Dr City Okemos FEC ID number of contributing federal political committee. Name of Employer Lansing Anesthesiologist P.C. Receipt For: Primary General Other (specify)	State MI C Occupation Anesthesiolo Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Wendy B. Binstock M.D. Mailing Address 1122 W Montana St City Chicago FEC ID number of contributing federal political committee.	State IL C	Zip Code 60614-2221	Date of Receipt 07 12 2013 Transaction ID : C2378047 Amount of Each Receipt this Period 83.30
Name of Employer university of chicago Receipt For: Primary General Other (specify)	Occupation physican Aggregate	Year-to-Date ▼ 583.10	
Full Name (Last, First, Middle Initial) Timothy M. Bittenbinder M.D. Mailing Address 2401 South 31st St., Dept. MS - 20 - D304 City Temple FEC ID number of contributing federal political committee. Name of Employer Texas AM College of Medicine Scott an Receipt For: Primary General Other (specify)	State TX Occupation physician	Zip Code 76508 Year-to-Date ▼ 833.00	Date of Receipt 07 15 2013 Transaction ID : C2381057 Amount of Each Receipt this Period 83.30
SUBTOTAL of Receipts This Page (optional).			208.20
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	ny information copied from such Reports and S for commercial purposes, other than using the					purp				
$\overline{)}$	NAME OF COMMITTEE (In Full)									
	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
A.	Full Name (Last, First, Middle Initial) Joshua G. Black M.D.				Date of	Red	ceipt			
	Mailing Address 6839 S Canton Ave				м – м 07	/	31	/ Y	2013	Y
	City	State	Zip Code			acti		C239861		
	Tulsa	OK	74136	_	Amount	of	Each Re	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,	7	100	0.00
	Name of Employer	Occupation								
	Associated Anesthesiologist Inc.	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1000.00]						
в.	Full Name (Last, First, Middle Initial) Kenneth J. Bochenek M.D.				Date of	Red	ceipt			
	Mailing Address 2000 Spruce Dr				м м 07	/		/ Y	2013	Y
	City	State	Zip Code			actio		2238724		
	Lafayette	IN	47905-3944	·	Amount	of I	Each Re	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					y	. ,	5	0.00
	Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHES	IOLOGIST							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 650.00							
C.	Full Name (Last, First, Middle Initial) Jason A. Boehm D.O.				Date of	Red	ceipt			
	Mailing Address 4131 E White Oak Drive				м м 07	/	D D 05	/ Y	y y 2013	Y
	City	State MO	Zip Code				-	C237466		
	Springfield	WIO	65809-2348		Amount	of I	Each Re	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,		8	3.30
	Name of Employer	Occupation								
	St. Johns Clinic Anesthesiology	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		, 249.90							
s	UBTOTAL of Receipts This Page (optional)			•					1133	3.30
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	ny information copied from such Reports and St for commercial purposes, other than using the		y not be sold or used by any pe										
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	American Society of Anesthesio	logists Po	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Srinivas S. Bollimpalli M.D.				Date of	Re	ceipt						
	Mailing Address 1850 N Central Ave Ste 1600				м м 07	/	07	D / Y	2013	Y			
	City Phoenix	State AZ	Zip Code 85004-4633					C237563 Receipt th	39				
	FEC ID number of contributing federal political committee.	С				U	,	1		.30			
	Name of Employer Valley Anes. Consultants, Ltd.	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10										
В.	Full Name (Last, First, Middle Initial) Paul R. Borrelli M.D.				Date of	Re	ceipt						
	Mailing Address 301 Orlando Rd.				м м 07	1	D 19		y y 2013	Y			
	City Belleair	State FL	Zip Code 33756-1425				-	C238782 Receipt th	-				
	FEC ID number of contributing federal political committee.	С					,		500	.00			
	Name of Employer GFA	Occupation Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 500.00										
с.	Full Name (Last, First, Middle Initial) Gregory W. Bouska M.D.				Date of	Re	ceipt						
	Mailing Address 3000 Bogey Cir SE				м м 07	/	D 10		2013	Y			
	City Owens Cross Roads	State AL	Zip Code 35763-8453					C237740 Receipt th					
	FEC ID number of contributing federal political committee.	С					5		1000				
	Name of Employer	Occupation											
	Comprehensive Anesthesia Associate	Anesthesiol	ogist										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)		•	▶ -	-	_	7	5	1583	.30			
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American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. K P Branam M.D.				Date of	Rece	ipt				
Mailing Address 160 Green Glades				м м 07	/	D D D	/ Y	ү ү 2013	Y	
City Bidgeleg d	State MS	Zip Code 39157-8662				n ID : C	237805	7		
Ridgeland	IVIO	39157-8002		Amount	of Ea	ach Re	ceipt thi	is Perioc	ł	_
FEC ID number of contributing federal political committee.	С				7		7	4	1.67	
Name of Employer	Occupation									
UMC	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		330.02								
Full Name (Last, First, Middle Initial) B. Barbara W. Brandom M.D.				Date of	Rece	int				
Mailing Address 4401 Penn Ave					/	DD	/ Y	Y Y	Y	
Department of Anesthesiolo		Zin Codo	_	07	1.1	30		2013	_	
City Pittsburgh	State PA	Zip Code 15224	-			-	239790	-	4	
FEC ID number of contributing				Amount			ceipt thi	is Perioc	1	-
federal political committee.	С				- 7		7	500	0.00	
Name of Employer Childrens Hospital of Pittsburgh	Occupation									
Receipt For:	!'	esthesiologist								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)	_ L	500.00								
Full Name (Last, First, Middle Initial) C. Michael S. Brown M.D.				Date of	Rece	ipt				
Mailing Address DC005.00 One Hospital Drive				м м 07	/	08	/ Y	2013	Y	
City	State	Zip Code			actior		237566		-	
Columbia	MO	65212						is Perioc	ł	
FEC ID number of contributing federal political committee.	C				7		ŋ	8:	3.34	
Name of Employer	Occupation	I								
University of Missouri Anesthesiology	ANESTHES	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.02]							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D Mailing Address 569 Fruit Hill Ave				Date of	Re	eceipt	D	/ Y	V	Y	Y		
	City	State	Zip Code	07 14 2013 Transaction ID : C2379983										
	North Providence	RI	02911-2134	_	Amount		-				eriod			
	FEC ID number of contributing federal political committee.	С					7		,	_	83	.30		
	Name of Employer Providence VAMC	Occupation anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1283.10											
	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D				Date of	Re	eceipt							
	Mailing Address 569 Fruit Hill Ave				M M	/		D 5	/ Y	2C) 13	Y		
	City North Providence	State RI	Zip Code 02911-2134		Transaction ID : C2396079 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				U	,	T IC		13 1	100	00		
	Name of Employer Providence VAMC	Occupation anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1283.10											
<u>с</u> .	Full Name (Last, First, Middle Initial) James Burkman M.D.				Date of	Re	ceipt							
	Mailing Address 601 Belmont Ave E Apt A12				м м 07	/	1	р 3	/ Y)13	Y		
	City Seattle	State WA	Zip Code 98102-4801	_	Trans Amount		ion ID):(C237992 eceipt th	25				
	FEC ID number of contributing federal political committee.	С					7			_	41	.60		
	Name of Employer	Occupation	1											
	Physicians Anesthesia Service	Anesthesio	logist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of						
	NAME OF COMMITTEE (In Full) American Society of Anesthesio												
Α.	Full Name (Last, First, Middle Initial) Troy Caldwell M.D. Mailing Address 1122 Larchmont Ln					Date of	Re	D			Y 1	Y	
	City Nichols Hills	State OK	Zip Code 73116			Trans			C23971	85	013		
	FEC ID number of contributing federal political committee.	C				Amount	. 01				1000.	00	
	Name of Employer Affiliated Anesthesiologists LLC Receipt For: Primary General Other (specify) ▼	Occupation Anesthesion Aggregate		1000.00									
В.	Full Name (Last, First, Middle Initial) Brian J. Cammarata M.D. Mailing Address 5691 N Camino Arturo					Date of	Re	ceipt	D / Y	Y	Y	Y	
	City Tucson	State AZ	Zip Code 85718-3933	3					C239458 Receipt th	81	013 Period		_
	FEC ID number of contributing federal political committee.	С						J		_	500.	00	
	Name of Employer Old Pueblo Anesthesia	Occupation Physician	1										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	500.00									
C.	Full Name (Last, First, Middle Initial) Stephen D. Campbell M.D.					Date of	Re	ceipt					
	Mailing Address 545 Beverly Dr.					м м 07	/	D 25			ү)13	Y	
	City Summerville	State SC	Zip Code 29485-817	5	/				: C23961 Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С						,			100	.00	
	Name of Employer anesthesia associates of charleston	Occupation anesthesiol											
	Receipt For:		Year-to-Date ▼	300.00									
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NAME OF COMMITTEE (In Full) American Society of Anestl	nesiologists Political Action Commit	Itee
Full Name (Last, First, Middle Initial) Nicholas Capone D.O. Mailing Address 9146 Bay Point Drive		Date of Receipt
City Orlando	State Zip Code FL 32819	07 24 2013 Transaction ID : C2396107
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer JLR Medical Group Receipt For:	Occupation Anesthesiologist Aggregate Year-to-Date ▼	
Other (specify)	291.20	
Full Name (Last, First, Middle Initial) Dominic S. Carollo M.D. Mailing Address 6511 Louis XIV St		Date of Receipt
City New Orleans	StateZip CodeLA70124-3219	07 21 2013 Transaction ID : C2396095 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer Ochsner Clinic	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 457.88	
Full Name (Last, First, Middle Initial) Dominic S. Carollo M.D.		Date of Receipt
Mailing Address 6511 Louis XIV St		07 / D D / Y Y Y Y 2013
City New Orleans	StateZip CodeLA70124-3219	Transaction ID : C2397949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Ochsner Clinic	Occupation	
Ocrisher Clinic Receipt For: Primary General Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 457.88]
SUBTOTAL of Receipts This Page (optio	nal)	124.87
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big)$	American Society of Anesthesiol	ogists P	olitical Action Committe	e								
A.	Full Name (Last, First, Middle Initial) Norman F. Carvalho M.D.				Date c	of Re	ece	eipt				
	Mailing Address 9773 Portofino Dr				м п 07	/	′	09	/ Y) 013	Y
	City	State FL	Zip Code						237592			
	Orlando	FL	32832	- 1	Amour	nt of	Ea	ach Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	.00
	Name of Employer	Occupation										
	Nemours Childrens Hospital	Pediatric A	nesthesiologist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
В.	Full Name (Last, First, Middle Initial) Peter L. Castro M.D.				Date o	of Re	ece	eipt				
	Mailing Address 2910 17th Street				M N 07	/		D D D	/ Y)13	Y
	City	State	Zip Code		Tran	sact	ior	n ID : C	239611	19		
	Boulder	CO	80304		Amour	nt of	Ea	ach Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	41.	67
	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									
с.	Full Name (Last, First, Middle Initial)				Date o	of Re	ece	eipt				
	Mailing Address 9 Ecurie Ct				м м 07	/	′	D D 04	/ Y)13	Y
	City Little Rock	State AR	Zip Code 72223-8917						ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		- 7	_	41	.60
	Name of Employer	Occupation	1									
	UAMS Dept of Anesthesiology	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		291.20									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	ITEMIZED RECEIPTS		Detailed Summary Page		〈 11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Claire L. Chandler A.AC				Date of	f Re	eceipt				
	Mailing Address 1253 Citadel Dr NE				м м 07	1	D 12			ү 013	Y
	City	State	Zip Code		Trans	acti	ion ID :	C23780	49		
	Atlanta	GA	30324	_	Amount	t of	Each F	Receipt t	his P	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	83	.30
	Name of Employer	Occupation	I								
	Emory Healthcare	Anesthesio	logist Assistant								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		583.10								
в.	Full Name (Last, First, Middle Initial) Patrick R. Chase M.D.				Date of	f Re	eceipt				
	Mailing Address 731 N Willow Ave				м м 07	1	10)13	Y
	City	State	Zip Code		Trans	acti	ion ID :	C23774			
	Fayetteville	AR	72701-3552		Amount	t of	Each F	Receipt t	his P	'eriod	
	FEC ID number of contributing federal political committee.	С					7			500	.00
	Name of Employer Northwest Aneathesiology	Occupation Anesthesiol									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
с.	Full Name (Last, First, Middle Initial) Anthony K. Chen M.D.				Date of	f Re	eceipt				
	Mailing Address 6937 Vallon Dr.				м м 07	/	D 18) 13	Y
	City Rancho Palos Verdes	State CA	Zip Code 90275	_				: C23867 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	С					7			41	.67
	Name of Employer	Occupation	 								
	self	physician									
	Receipt For:		Year-to-Date ▼								
	Primary General	00 - 0 - 40									
	Other (specify)		208.35	4							
s	UBTOTAL of Receipts This Page (optional)		•••••	▶ _			,			624.	97
Т	OTAL This Period (last page this line number	only)	••••••	•			,				

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	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full)	The and address of any political committee	
American Society of Anesthesiolog	gists Political Action Committe	e
Full Name (Last, First, Middle Initial) A. Bruce D. Chipkin M.D.		Date of Receipt
Mailing Address 6 Forrest Way		07 02 2013
City Poughkeepsie	StateZip CodeNY12603	Transaction ID : C2370861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer O	ccupation	_
	nesthesiologist	
	ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) B. Wonjae E. Choi M.D.		Date of Receipt
Mailing Address 3939 J. Street, Suite 310		07 19 _2013 _
City	State Zip Code	Transaction ID : C2387168
Sacramento	CA 95819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Sacromente Anasthagia Mad. Cn	ccupation nesthesiologist	_
Respiret For:	ggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Robert G. Cline M.D.		Date of Receipt
Mailing Address 7423 Westwind Rd		07 02 2013
City Traverse City	State Zip Code MI 49686-6104	Transaction ID : C2370854
	43000-0104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer O	ccupation	
	nesthesiologist	_
Receipt For: A	ggregate Year-to-Date ▼	
Other (specify) ▼	291.20	
SUBTOTAL of Receipts This Page (optional)	►	174.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any ng the name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		1
American Society of Anesth	nesiologists Political Action Commit	
Full Name (Last, First, Middle Initial) A. David J. Cohen M.D.		Date of Receipt
Mailing Address 32630 Bingham Rd		07 17 2013
City	State Zip Code	Transaction ID : C2385080
Bingham Farms	MI 48025-2430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	
American Anesthesiology of Michigan	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	291.20	
Full Name (Last, First, Middle Initial) B. Norman A. Cohen M.D.		Date of Receipt
Mailing Address 0841 SW Gaines St # 50	04	
Maining / darees 0041 SW Games St # 5	04	07 03 2013
City	State Zip Code	Transaction ID : C2373334
Portland	OR 97239-2976	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Oregon Health and Science Univ. Anes.	Associate Professor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	583.10	
Full Name (Last, First, Middle Initial) C. Steven R. Cohen M.D.		Date of Receipt
Mailing Address 1819 Denver West Dr S	Ste 200	07 30 2013
City	State Zip Code	Transaction ID : C2398332
Golden	CO 80401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Physician Anesthesia Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	nal)	374.90

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

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		Use separate schedule(s)	(check	only	one)			
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NAME OF COMMITTEE (In Full)								
American Society of Anesthesi	ologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Henry Cola M.D.			Dat	e of F	Receipt			
Mailing Address 16891 Marinabay Dr				M	/		2012	Y
City	State	Zip Code		07 ansa	18 ction ID :	: C238708	2013 39	
Huntington Beach	CA	92649				Receipt th		
FEC ID number of contributing federal political committee.	С				3	7	250	0.00
Name of Employer	Occupation	I						
private practice	physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		250.00	1					
		/5						
Full Name (Last, First, Middle Initial) B. Dominick Coleman M.D.	-		Dat	e of F	Receipt			
Mailing Address 100 Banks Ave Apt 1201			M	07	/ 03		ү 2013	Y
City	State	Zip Code				C237334		
Rockville Centre	NY	11570	Am	ount c	of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С			_	3	7	83	.34
Name of Employer	Occupation							
North American Partners in Anesthesia,	Anesthesiol	ogist	_					
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		500.04						
Full Name (Last, First, Middle Initial) C. Joanne M. Conroy M.D.			Dat	e of F	Receipt			
Mailing Address 205 West Glendale Ave			М	M	/ D		Y Y	Y
City	State	Zip Code		07 ansa	24 ction ID	: C239589	2013 95	
Alexandria	VA	22301				Receipt th		
FEC ID number of contributing federal political committee.	С				7	7	250	0.00
Name of Employer	Occupation	1						
AAMC	Chief Healt	hcare Officer						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00	1					
SUBTOTAL of Receipts This Page (optional)					3		583	.34
TOTAL This Period (last page this line number	only)				7	7		

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ITEMIZED RECEIPT	·e /	Use separate schedule(s)	(check only one)	L		
	3	for each category of the Detailed Summary Page	X 11a 11b 13 14	0 11c	12 16	17
or for commercial purposes, o	such Reports and Statements ma other than using the name and a	y not be sold or used by any poddress of any political committee	erson for the purpose	e of soliciting of	contributio	ons
American Society	of Anesthesiologists Po	olitical Action Committe	ee			
Full Name (Last, First, Mid John A. Cooley M.D.	dle Initial)		Date of Receip	ot		
Mailing Address 48 Fox He	edge Rd		07 / D		y y y 2013	Y
City Saddle River	State NJ	Zip Code 07458-2706	Transaction I Amount of Eac	ID: C2379989 th Receipt this		
FEC ID number of contribution federal political committee.	C				83.3	30
Name of Employer North American Partners in	Anes Anesthesiol	ogist				
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 583.10				
B. Full Name (Last, First, Mid Philippe J. Cooper M Mailing Address 11560 N C	1.D.		Date of Receip	ot	Y	Y
City	State	Zip Code	07		2013	
Mequon	WI	53092	Amount of Eac	D: C2376937 Receipt this	Period	
FEC ID number of contribution federal political committee.	uting C				300.0	00
Name of Employer aurora healthcare	Occupation physician					
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 300.00]			
Full Name (Last, First, Mid C. David A Cross M.D			Date of Receip	ot		
Mailing Address Departme 2401 Sou	nt of Anesthesiology th 31st Street		07 / D		2013	Y
City Temple	State TX	Zip Code 76508	Transaction Amount of Eac	ID:C2375618 th Receipt this		
FEC ID number of contribution federal political committee.	uting C				83.3	30
Name of Employer	Occupation					
Scott and White Healthcare Receipt For:	,					
	neral Aggregate	Year-to-Date ▼ 583.10]			
SUBTOTAL of Receipts This	Page (optional)				466.6	60

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

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IT.			Use separate schedule(s)	(ch	neck only	v one)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13	11b	11c	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	dress of any political committee	to s	for the	purpose (of soliciting	g contribu	tions	
/	American Society of Anesthesio	logists Po	Diffical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Alan M. Crosta Jr., M.D.				Date of	Receipt				
	Mailing Address 4 Allen Way				07	/ D	D / Y	2013	Y	
	City Randolph	State NJ	Zip Code 07869		Trans	action ID	: C23960 Receipt tl	00		
	FEC ID number of contributing federal political committee.	С					- 7		0.00	
	Name of Employer AAM	Occupation ANESTHES	IOLOGIST							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
D	Full Name (Last, First, Middle Initial) Dana G. Crovo M.D.				Data of	Receipt				
ь.	Mailing Address 22 Bramhall St				07	/ P	_	2013	Y	
	City Portland	State ME	Zip Code 04102-3134	_			: C23971			_
	FEC ID number of contributing federal political committee.	С				of Each	Receipt th	250	_	
	Name of Employer ME Med Ctr Anes Dept	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
С.	Full Name (Last, First, Middle Initial) Christopher S. Cuciti M.D.				Date of	Receipt				
	Mailing Address 6911 Van Dorn, Suite # 2				м м 07			2013	Y	
	City Lincoln	State NE	Zip Code 68506				cccccccccccccccccccccccccccccccccccccc			
	FEC ID number of contributing federal political committee.	С							0.00	
	Name of Employer	Occupation								
	Associated Anesthesiologists, PC Receipt For:	Anesthesiol		_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	•			- 7	750	.00	
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PAGE 29 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11a 11b 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committe	e
Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21035-1308 C Occupation Occupation Anesthesiologists Aggregate Year-to-Date ▼ 333.36	Date of Receipt
Full Name (Last, First, Middle Initial) B. Jay D. Cunningham D.O. Mailing Address 18808 Saddle River Dr City Edmond FEC ID number of contributing federal political committee. Name of Employer Afiliated Anesthesiologist Receipt For: Primary General Other (specify) ▼	State Zip Code OK 73012-4104 C C Occupation anesthesiologist Aggregate Year-to-Date ▼ 583.10	Date of Receipt
Full Name (Last, First, Middle Initial) C. Stephan R. Curry M.D. Mailing Address 292 Cumberland Head Rd City Plattsburgh FEC ID number of contributing federal political committee. Name of Employer Champlain Valley Physicians Hospital M Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12901-6708 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt 07 03 2013 Transaction ID : C2373327 Amount of Each Receipt this Period 41.60
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or		208.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12		
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
$\Big)$	American Society of Anesthesiol	ogists Po	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Robert A. Daniel M.D.				Date of	f Re	eceipt					
	Mailing Address 2216 Terranova Ct				м м 07	/	20			013	Y	
	City	State	Zip Code		Trans	act	ion ID :	: C23960	85			
	Lexington	KY	40513	_ /	Amount	t of	Each F	Receipt th	nis F	eriod		
	FEC ID number of contributing federal political committee.	С					7			41.	60]
	Name of Employer	Occupation										
	bluegrass anesthesia services	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		004.00									
	Other (specify)		291.20									
R	Full Name (Last, First, Middle Initial) Anand S. Dash M.D.				Date of	f Re	ceint					
	Mailing Address 1915 Wrocklage Ave Unit 306			-	M M	/	D		V	V	V	
	Unit 306				07	ľ	29		_20	013		
	City	State	Zip Code		Trans	acti	ion ID :	C239719				
	Louisville	KY	40205-2172	/	Amount	t of	Each F	Receipt th	nis F	eriod		
	FEC ID number of contributing federal political committee.	С					,			41.	60]
	Name of Employer	Occupation		_								
	St. Joseph Valley Anesthesia	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	55 - 5										
	Other (specify)		, 291.20									
C.	Full Name (Last, First, Middle Initial) Kraig S. de Lanzac M.D.				Date of	f Re	eceipt					
	Mailing Address 12 Tara Pl				м м 07	/	D 13)13	Y	
	City	State	Zip Code		Trans	act	ion ID	: C23799	45			
	Metairie	LA	70002-1559	/	Amount	t of	Each F	Receipt th	nis F	eriod		
	FEC ID number of contributing federal political committee.	С					7			83	.30]
	Name of Employer	Occupation										
	Slidell Memorial Hospital	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)	L	583.10									
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			Detailed Summary Page	Ĺ	13		14		15		16	17
or for commercia	I purposes, other than using the		ay not be sold or used by any pe ddress of any political committee									
\	MMITTEE (In Full) Society of Anesthesic	ologists P	olitical Action Committe	ee								
A. Marjorie C.	ast, First, Middle Initial) . De Payne M.D.				Date of	of Re	eceip	ot				
Mailing Addres	ss 1775 W. State St # 338	State	Zip Code		07			11 11	23775	20	13	ľ
Boise		ID	83702	\vdash					ceipt th		eriod	
FEC ID numb federal politica	er of contributing al committee.	С					7		7		1000.0	00
Name of Emp Anesthesia As	loyer sociates of Boise	Occupation Physician										
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City Walton		State NE	Zip Code 68461-2026						237592 eceipt th		eriod	
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Name of Emp Associated An	loyer esthesiologists, PC	Occupation Anesthesiol										
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	ast, First, Middle Initial) J. Delaney M.D.				Date of	of Re	eceip	ot				
	ss 623 Wyndhurst Dr Unit 101				м 07	VI /		09	/ Y	201	ү 13	
City Lynchburg		State VA	Zip Code 24502-3467						C23762 eceipt th		eriod	
FEC ID numb federal politica	er of contributing al committee.	С					7		- 7		500.0	00
Name of Emp	loyer	Occupation		\neg								
Lynchburg Ge Receipt For:	neral Hospital Dept. of An	Anesthesiol	0									
Primary	General General	Aggregate	Year-to-Date ▼ 500.00									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16		17
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NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Edward H. Dench Jr., M.D.			D	ate o	f Re	ceipt					
Mailing Address 945 Outer Drive				м м 07	/	12			013	Y	
City State College	State PA	Zip Code 16801					C23780 leceipt t		Period		
FEC ID number of contributing federal political committee.	С					,			41.	.60	
Name of Employer Pocono Anesthesia Associates	Occupation physician	I	_								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		291.20									
Full Name (Last, First, Middle Initial) B. Allen Dennis M.D.			D	ate o	f Re	ceipt					
Mailing Address 14857 Holly Leaf Dr				м м 07	/	09			ү)13	Y	
City	State	Zip Code	-	Trans	actio	on ID :	C23759	46			
Frisco	TX	75035-7451	Ai	moun	t of	Each R	leceipt t	his F	Period		
FEC ID number of contributing federal political committee.	С					,			83.	34	
Name of Employer Center for Spine Care	Occupation Physician										
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify) V		250.02									
Full Name (Last, First, Middle Initial) C. Abhijit Desai M.D.			D	ate o	f Re	ceipt					
Mailing Address 74 Clairmont St				м м 07	/	01)13	Y	
City Longmeadow	State MA	Zip Code 01106-1002					C23633 leceipt t		Period		
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Name of Employer	Occupation	1	_								
Milford Anesthesia Associates, Inc Ane	anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify)		582.40									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	OF COMMITTEE (In Full)											
Ame	rican Society of Anesthes	siologists P	olitical Action Committ	ee								
	me (Last, First, Middle Initial) it Desai M.D.				Date c	of Re	eceip	ot				
Mailing	Address 74 Clairmont St				07	/	D	20			013	Y
City		State	Zip Code		Tran	sact	ion	ID :	C23961	05		
Longm	leadow	MA	01106-1002		Amour	nt of	Eac	h R	Receipt t	his F	^v eriod	
) number of contributing political committee.	С					7		. ,	_	41.	.60
	of Employer	Occupation										
	Anesthesia Associates, Inc Ane	anesthesio	-									
Receipt	rimary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		582.40									
	me (Last, First, Middle Initial) nda L. Deskins D.O.				Date o	of Re	eceip	ot				
Mailing	Address 32 Cedar Dr				м м 07	/	D	09			у 013	Y
City		State	Zip Code		Tran	sact	ion I	ID :	C23762	29		
Hurrica	ane	WV	25526-9220		Amour	nt of	Eac	h R	Receipt t	his F	^o eriod	
) number of contributing political committee.	С					7	_	. ,	_	250.	00
	of Employer I Anesthesia Services, Inc	Occupation Anesthesiol										
Receip	t For: Primary General	Aggregate	Year-to-Date ▼									
C	Other (specify) ▼		250.00	4								
	me (Last, First, Middle Initial) a I. Dew M.D.	·			Date c	of Re	eceip	ot				
Mailing	Address 3009 Cason St				M 07	/	D	02			ү 013	Y
City Housto	on	State TX	Zip Code 77005-3812						C23708 Receipt t		Period	
) number of contributing political committee.	С					J	_	,			.30
Name	of Employer	Occupation		_								
Greate	r Houston Anesthesiology	Anesthesio	logist									
Receip			Year-to-Date ▼	\neg								
	Primary General											
C	Other (specify)		583.10									
SUBTOT	AL of Receipts This Page (optional).			•		l	7				374.	90
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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_					13		14	15		16	17
	ny information copied from such Reports and for commercial purposes, other than using the										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesi	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) John F. Di Capua M.D.				Date o	f Re	eceipt				
	Mailing Address 74 Byram Ridge Road				м м 07	/	22		ү 2	013	Y
	City	State	Zip Code		Trans	sact	ion ID	: C23960	84		
	Armonk	NY	10504-1210		Amoun	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	83	.30
	Name of Employer	Occupation	 								
	North Shore University Hospital Anesth	Anesthesio	ogy								
	Receipt For:		Year-to-Date ▼	\neg							
	Primary General	Aggregate		- L.							
	Other (specify)		583.10								
			, , , , , , , , , , , , , , , , , , , ,								
_	Full Name (Last, First, Middle Initial)	•									
в.	Christina D. Diaz M.D.				Date o	t Re	eceipt				
	Mailing Address 2433 N Lefeber Ave				07	1	D 17		2(013	Y
	City	State	Zip Code			acti		C23851		515	
	Milwaukee	WI	53213-1219					Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					, .	,		41.	.60
	Name of Employer	Occupation									
	Medical College of Wisconsin Children										
	Receipt For:	Physician									
	Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		291.20								
<u>с</u> .	Full Name (Last, First, Middle Initial) Niki M. Dietz M.D.	1			Date o	f Re	eceipt				
	Mailing Address 650 Windermere Ct NW				м м 07	/	09			013	Y
	City	State	Zip Code		Trans	sact	ion ID	: C23762	:04		
	Oronoco	MN	55960		Amoun	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	250	.00
	Name of Employer	Occupation		\neg							
	Mayo Clinic	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1 I I							
	Other (specify) ▼		250.00								
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s	SUBTOTAL of Receipts This Page (optional)						7		_	374.	90
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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16		17
Any	y information copied from such Reports and for commercial purposes, other than using the second s	I Statements mathematic name and a	l ay not be sold or used by any pe ddress of any political committee	ersoi e to :	n for the	pur pur	pose of	soliciting	g co ch cc	ntributi	ons	17
	NAME OF COMMITTEE (In Full)											
	American Society of Anesthes	siologists P	olitical Action Committe	ee								
	Full Name (Last, First, Middle Initial) Christian Diez M.D.				Date o	of Re	eceipt					
	Mailing Address 7915 SW 55 Avenue				M M	/	16	/ Y		013	Y	
	City Miami	State FL	Zip Code 33143	-			<mark>ion ID :</mark> Each R			Period		
	FEC ID number of contributing federal political committee.	C					7			83.	30	
	Name of Employer University of Miami	Occupation Physician										
Ī	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		583.10									
	Full Name (Last, First, Middle Initial) Matthew Donovan M.D.				Date o	of Re	eceipt					
	Mailing Address 3333 Evergreen Drive N.E. Anesthesia Practice Consu	1			M M	/	24	/ Y)13	Y	
	City Grand Rapids	State MI	Zip Code 49525-9756	_			i on ID : Each R			Period		
	FEC ID number of contributing federal political committee.	С					,			41.	60	
	Name of Employer Anesthesia Practice Consultants, P.C.	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20									
	Full Name (Last, First, Middle Initial) Donald D. Downs M.D.				Date o	of Re	eceipt					
	Mailing Address 7351 Oliver Woods Dr SE				M M	/	22	/ Y)13	Y	
	City Grand Rapids	State MI	Zip Code 49546-9707				ion ID : Each R			Period		
	FEC ID number of contributing federal political committee.	С					л. I.		_	83.	30	
i	Name of Employer	Occupation	1									
	Anesthesia Practice Consultants	Anesthesio	logist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10									
SI	JBTOTAL of Receipts This Page (optional).		A)			_				208.2	20	7
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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11 E	MIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c		12 16	17
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	AME OF COMMITTEE (In Full)									
	American Society of Anesthesic	ologists P	olitical Action Committe	ee						
	ull Name (Last, First, Middle Initial) Douglas A. Dubbink M.D.				Date o	f Receipt				
M	lailing Address 4279 Dartmouth Ct				м м 07	/ D 29	D / Y)13	Y
	ity Eagan	State MN	Zip Code 55123-3065			saction ID t of Each I			eriod	
	EC ID number of contributing ederal political committee.	С				· · ·			250.0	00
	ame of Employer ssociated Anesthesiologists, P.A.	Occupation Physician								
R	eceipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify)		250.00							
в. [ull Name (Last, First, Middle Initial) Roman Dudaryk M.D.				Date of	f Receipt				
_	lailing Address 1800 NW 10th Ave # T-239				M M	/ D 15	D / Y	201	ү 13	Y
	ity ⁄liami	State FL	Zip Code 33136-1018	\vdash		action ID :			· .	
_		TL.	33130-1016	_	Amoun	t of Each I	Receipt th	ns Pe	eriod	
	EC ID number of contributing ederal political committee.	С					 J		500.0	00
	ame of Employer	Occupation								
	yder Traum Center	Anesthesiol	ogist							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	ull Name (Last, First, Middle Initial) George A. Dumas M.D.				Date of	f Receipt				
_	lailing Address 4009 Winston Way				м м 07	/ D		201	ү 13	Y
	ity Dirmin ah am	State AL	Zip Code			saction ID				
	Birmingham		35213	_	Amoun	t of Each I	Receipt th	nis Pe	eriod	
fe	EC ID number of contributing ederal political committee.	С				, , ,	 J	_	500.0	00
	ame of Employer	Occupation								
-	JAB	anesthesiol	ogist							
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	Other (specify)		500.00							
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		Use separate schedule(s)				(check only one)									
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Any information copied from such Reports and S or for commercial purposes, other than using the									utions	17					
NAME OF COMMITTEE (In Full)			0 301			ulions									
American Society of Anesthesio	ologists P	olitical Action Committe	ee												
Full Name (Last, First, Middle Initial) A. Steve A. Dunn M.D.				ate of	Re	ceipt									
Mailing Address 194 Boulder Dr.				м м 07	/	02		2013	Y						
City Muskegon	State MI	Zip Code 49444-7748	A				C23714 Receipt th		d						
FEC ID number of contributing federal political committee.	С					7		25	0.00						
Name of Employer Lakeshore Anesthesia Associates	Occupation Anesthesiol														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
Full Name (Last, First, Middle Initial) B. Gareth A. Eberle M.D.				ate of	Re	· ·									
Mailing Address 7380 Kinnikinnick Dr.	State	Zip Code	_ [07	/	09		2013	Y						
Roscoe	IL	Transaction ID : C2376519 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С					7			0.00						
Name of Employer Rockford Health Physicians	Occupation Anesthesiol														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
Full Name (Last, First, Middle Initial) C. Steven Brian Edelstein M.D.				Date of	Re	ceipt									
Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106				м м 07	/	15		2013	Y						
City Maywood	State IL	Zip Code 60153	A				C23806 Receipt th		d						
FEC ID number of contributing federal political committee.	С					9		50	0.00						
Name of Employer	Occupation														
Loyola University Medical Center Receipt For:	Anesthesio														
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
SUBTOTAL of Receipts This Page (optional)				-		7		1250	0.00]					

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PAGE 38 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only c	one)			
ILIVIIZED NECEIFIS		for each category of the Detailed Summary Page	X 11		11b 14	11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using			erson for t	he pu	rpose of	soliciting	contribu	utions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Jay S. Ellis Jr.,M.D.			Date	e of R	eceipt			
Mailing Address 3211 Elys Path				7	09	/ Y	у у 2013	Y
City San Antonio	State TX	Zip Code 78230-2886			tion ID : f Each R		6	1
FEC ID number of contributing federal political committee.	С				7		100	0.00
Name of Employer Methodist Healthcare System Receipt For: Primary General	Occupation Anesthesio Aggregate							
Other (specify)		1000.00						
Full Name (Last, First, Middle Initial) B. Kenneth Elmassian D.O. Mailing Address 2399 Pine Hollow Dr.			M	M	eceipt	/ Y	Y Y	Y
City East Lansing	State MI	Zip Code 48823	Tra		01 tion ID : 0 f Each R			4
FEC ID number of contributing federal political committee.	С				,			3.30
Name of Employer Ingham Regional Medical Center	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10]					
Full Name (Last, First, Middle Initial) C. Emil D. Engels M.D., M.B.			Date	e of R	eceipt			
Mailing Address 3127 Windsong Dr				м)7	/ D D D 05	/ Y	20 <u>1</u> 3	Y
City Oakton	State VA	Zip Code 22124-1832			tion ID : f Each R			d
FEC ID number of contributing federal political committee.	С				7			1.60
Name of Employer	Occupation							
Inova Fairfax Hospital Receipt For: Primary General Other (specify)	Physician Aggregate	Year-to-Date ▼ 291.20]					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb					7		1124	1.90

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Jesse Epps M.D., Ph.D			Date of Receipt									
Mailing Address 2341 McCallie Ave., #402			07 03 2013									
Anesthesiologists Associa	State	Zip Code	Transaction ID : C2373333									
Chattanooga	TN	37404-3231	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.30									
Name of Employer	Occupation	1										
Anesthesiologists Associated	Anesthesio		_									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		583.10]									
Full Name (Last, First, Middle Initial)												
B. Lawrence Epstein M.D. Mailing Address 1 Gustave L Levy PI Dept	Ofanostha		Date of Receipt									
Maning Address T Gustave L Levy FI Dept	Oldhesthe		07 12 2013									
City	State	Zip Code	Transaction ID : C2378051									
New York	NY	10029	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.30									
Name of Employer Mount Sinai School of Medicine	Occupation	l										
Receipt For:		nesthesiologist										
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		874.30]									
Full Name (Last, First, Middle Initial) c. Lawrence Epstein M.D.	·		Date of Receipt									
Mailing Address 1 Gustave L Levy PI Dept	Ofanesthe		07 17 _2013 _									
City	State	Zip Code	Transaction ID : C2385126									
New York	NY	10029	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.60									
Name of Employer	Occupation	1										
Mount Sinai School of Medicine Receipt For:		Anesthesiologist	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		874.30]									
SUBTOTAL of Receipts This Page (optional)		208.20									
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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) Luis Esparza M.D. Mailing Address 2810 N Swan Rd Ste 100 City Tucson	State AZ	Zip Code 85712-6300	Date of Receipt 07 / 18 / 2013 Transaction ID : C2387250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer OLD PUEBLO ANESTH Receipt For: Primary General Other (specify)	ANESTHES Aggregate]
B. Forest L. Evans Jr., M.D. Mailing Address PO Box 1928			Date of Receipt
City Columbia FEC ID number of contributing	State SC	Zip Code 29202-1928	Transaction ID : C2375614 Amount of Each Receipt this Period 41.60
federal political committee. Name of Employer Anesthesiology Consultants of Columbia Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol		
C. Joel D. Farmer M.D. Mailing Address 2804 E Old Orchard Trl			Date of Receipt
City Sioux Falls	State SD	Zip Code 57103-4371	07 06 2013 Transaction ID : C2375625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Anesthesiology Associates, Inc. Receipt For: Primary General Other (specify)	Occupation Anesthesio Aggregate]
SUBTOTAL of Receipts This Page (optional)			226.60

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PAGE 41 OF

	-	Use separate schedule(s)	(che	eck only	/ on	ne)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12					
Any information copied from such Reports													
or for commercial purposes, other than us	ang the name and a	ddress of any political committee	e to sol	licit con	itrid	utions	from suci	n commit	iee.				
American Society of Anest	hesiologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Rhesa S. Farmer M.D.			[Date of	Re	ceipt							
Mailing Address 5370 E. Camino Franc	isco Soza			м м 07	/	27		2013	Y				
City Tucson	State AZ	Zip Code 85718-5504					C23970						
FEC ID number of contributing federal political committee.	C					,	1	1000					
Name of Employer Southern Arizona Anesthesia	Occupation physician												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1										
Full Name (Last, First, Middle Initial) B. William Feaster M.D.				Date of	Re	ceipt							
Mailing Address 507 Ocean Avenue				M M 07	/	15		2013	Y				
City Seal Beah	State CA	Zip Code 90740	Transaction ID : C2381055 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					7			.30				
Name of Employer Childrens Hospital Orange County	Occupation anesthesiol	ogist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)	_ L	833.12	4										
Full Name (Last, First, Middle Initial) C. William Feaster M.D.				Date of	Re	ceipt							
Mailing Address 507 Ocean Avenue				м м 07	/	27		2013	Y				
City Seal Beah	State CA	Zip Code 90740				-	: C23970 4 Receipt th	41 his Period					
FEC ID number of contributing federal political committee.	С					7			8.34				
Name of Employer	Occupation												
Childrens Hospital Orange County	anesthesiol	ogist											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.12]										
SUBTOTAL of Receipts This Page (optic	nal)					· · ·	1 - 40	1166	.64				
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(ch	eck only	y on	e)				
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NAME OF COMMITTEE (In Full)	ig the name and a		e 10 50					T COMM	niee	
American Society of Anesth	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Marco A. Fernandez M.D.				Date of	Ree	ceipt				
Mailing Address 24181 N Grandview				м м 07	/	25	/ Y	2013	Y	1
City	State	Zip Code		Trans	acti	on ID :	C239610			
Lake Barrington	IL	60010		Amount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	C					,		4	1.60)
Name of Employer	Occupation									
Northwest Suburban Anesthesiologists	Anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		291.20]							
Full Name (Last, First, Middle Initial) B. David J. Ficke M.D.	I			Date of	Ree	ceipt				
Mailing Address 4974 101st St				м м 07	/	12	/ Y	2013	Y	1
City	State	Zip Code		Transa	actio	on ID : (C237780			<u> </u>
Pleasant Prairie	WI	53158-6511		Amount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	C					,		100	0.00)
Name of Employer United Hospital System	Occupation Anesthesiol									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00]							
Full Name (Last, First, Middle Initial) C. Paul M. Finer M.D.	I			Date of	Ree	ceipt				
Mailing Address 955 Lancaster Drive				м м 07	/	D D 08	/ Y	2013	Y	1
City	State	Zip Code		Trans	acti	on ID :	C237592	21		
Orlando	FL	32806-2364		Amount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	C					,	7	25	50.00	D
Name of Employer	Occupation									
WAC, M.D., P.A.	Anesthesio	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	eck only	y one)	L		
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NAME OF COMMITTEE (In Full)								
American Society of Anesthe	siologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Stephen A. Fischer M.D.				Date of	Receipt			
Mailing Address 154 Boynton Ave				м м 07	/ D	D / Y 6	2013	Υ
City St Johnsbury	State VT	Zip Code 05819-1125				: C23834		
FEC ID number of contributing federal political committee.	C				- y -		41	.60
Name of Employer NVRH, St Johnsbury, VT	Occupation MD Directo	r, Department of Anesthesia						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		291.20						
Full Name (Last, First, Middle Initial) B. Gerhard W. Flacke M.D.				Date of	Receipt			
Mailing Address 3947 E Ina Rd				м м 07	/ D	6 / Y	2013	Y
City	State	Zip Code				: C239629		
Tucson	AZ	85718-1531		Amount	of Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С						83	.30
Name of Employer	Occupation							
Old Pueblo Anesthesia	Physician A	nesthesiologist						
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		583.10						
Full Name (Last, First, Middle Initial) C. Glenn Fleischhacker D.O.				Date of	Receipt			
Mailing Address 30 Village Hill Dr.				м м 07	/ D 0		2013	Y
City	State	Zip Code		Trans	action ID	: C23742	26	
Dix Hills	NY	11746		Amount	of Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С						41	.67
Name of Employer	Occupation	I						
North American Partners in Anesthesiol	Physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.02						
SUBTOTAL of Receipts This Page (optional)						7	166.	57

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			Detailed Summary Page		11a 13		11b	11c		Г	17	
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Richard M. Flowerdew M.D. Mailing Address 38 Hedgerow Dr				Date of	f Re	ceipt	/ Y	Y	Y Y		
	City	State	Zip Code	_	07 Trans		03 on ID : 0		201 46	3		
	Falmouth FEC ID number of contributing federal political committee.	C	04105-1407		Amount	t of	Each Re	eceipt th	nis Per	iod 83.3	4	
	Name of Employer Spectrum Medical Group	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.52									
B.	Full Name (Last, First, Middle Initial) Michael R. Flynn M.D.				Date of	Re	ceipt					
	Mailing Address 6808 Stone Mill Dr	01-1-1	The Oracle		м м 07	/	11 0n ID : 0	/ Y	y 2013			
	City Knoxville	State TN	Zip Code 37919-7496		riod							
	FEC ID number of contributing federal political committee.	С					7	7		83.3	4	
	Name of Employer University Anesthesiologists	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04									
с.	Full Name (Last, First, Middle Initial) Charles J. Fox M.D.				Date of	Re	ceipt					
	Mailing Address 16 Idlewood PI				м м 07	/	D D 24	/ Y	y 2013		1	
	City River Ridge	State LA	Zip Code 70123-1525				i on ID : (Each Re			riod	_	
	FEC ID number of contributing federal political committee.	С					7			83.3	4	
	Name of Employer	Occupation										
	LSU HSC shreveport Receipt For: Primary General Other (specify) ▼	Professor Aggregate	Year-to-Date ▼ 250.02]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	- 1	2	250.02	2	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page		11a	11	1b	11c	1	2					
				13	14	4	15	1	6	17				
Any information copied from such Reports ar or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Society of Anesthe	siologists P	olitical Action Committ	ee											
Full Name (Last, First, Middle Initial) A. William A. Frame M.D.			C	ate of	f Rece	eipt								
Mailing Address 2300 N Edward St			07 / D = D / Y = Y = Y = Y 2013											
City	State	Zip Code	Transaction ID : C2379935											
Decatur	IL	62526-4163	A	mount	t of Ea	ach R	eceipt th	is Per	riod					
FEC ID number of contributing federal political committee.	С				7			_	83.3	30				
Name of Employer	Occupation	1												
Decatur Mem Hosp Anes Dept	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	3334.0		1											
Other (specify)		583.10												
Full Name (Last, First, Middle Initial) B. Douglas Friesen M.D.)ate of	f Rece	eint								
Mailing Address 4013 N Ridge Rd Ste 100	0													
			07 10 2013											
City	State	Zip Code			action		C237723							
Wichita	KS	67205-8858	A	mount	t of Ea	ach R	eceipt th	is Pe	riod					
FEC ID number of contributing federal political committee.	С		500.00											
Name of Employer	Occupation	1	_											
Heartland Anesthesia Associates, PA	Physician													
Receipt For:		Year-to-Date ▼												
Primary General	, iggi egute		1.1											
Other (specify)		500.00												
Full Name (Last, First, Middle Initial) C. Wayne A. Fuller M.D.	·		C	ate of	f Rece	eipt								
Mailing Address 1269 E. Giles Rd.				м м 07	/	0 06	/ Y	201		Y				
City	State	Zip Code		Trans	sactior	n ID :	C237561	17						
Muskegon	MI	49445	A	mount	t of Ea	ach R	eceipt th	is Per	riod					
FEC ID number of contributing federal political committee.	C						7	_	83.	30				
Name of Employer	Occupation	1	_											
Lakeshore Anes. of Muskegon	Anesthesic	logist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	1.99.094.0		11.											
Other (specify)		916.46												
SUBTOTAL of Receipts This Page (optional)							f	666.6	50				
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y on	ie)						
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson fo	or the	purp ntrib	oose of	soliciting	g contrib	utions			
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Wayne A. Fuller M.D.				Date of	f Re	ceipt						
	Mailing Address 1269 E. Giles Rd.				м м 07	1	11	/ Y	2013	Y			
	City	State MI	Zip Code 49445		Trans		on ID :	C23774	62				
	Muskegon	IVII	49445	_ A	moun	t of	Each R	eceipt th	nis Perioo	d			
	FEC ID number of contributing federal political committee.	С			_		7	7	8	3.34			
	Name of Employer	Occupation											
	Lakeshore Anes. of Muskegon Receipt For:	Anesthesiol	-	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		916.46										
B	Full Name (Last, First, Middle Initial) Prasad Gadiraju M.D.				Date of	f Ro	coint						
D.	Mailing Address 2411 Fountain View, Suite 200	,				/		/ Y	Y Y	Y			
	City	State	Zip Code	41	07	١.	31		2013	_			
	Houston	TX	77057	Transaction ID : C2398613 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,	, ,		0.00			
	Name of Employer Greater Houston Anesthesiology	Occupation		_									
	Receipt For:	Physician		_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		250.00										
с.	Full Name (Last, First, Middle Initial) Jorge Garcia M.D.				Date of	f Re	ceipt						
	Mailing Address 100 Whetstone PI Ste 310				м м 07	1	D D 19	/ Y	2013	Y			
	City	State	Zip Code		Trans	sacti	on ID :	C23945	65				
	Saint Augustine	FL	32086-5775	A	moun	t of	Each R	eceipt th	nis Perioo	b			
	FEC ID number of contributing federal political committee.	С					7	,	50	0.00			
	Name of Employer	Occupation											
	Coastal Anesthesiology	Anesthesiol	ogist	_									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
s	UBTOTAL of Receipts This Page (optional)		•				7		833	3.34			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Summary Page	×	-		11b		11c		12		
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Any information copied from such Reports and Sta or for commercial purposes, other than using the											
		1141 1 4 41 -									
American Society of Anesthesiol	logists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Charles J. Garrett M.D.			C	Date of	Re	ceipt					
Mailing Address 1617 Kansas Ave				м м 07	/	2	D 9	/ Y)13	Y
City	State	Zip Code		Trans	acti	ion ID) : C	2239719			
San Angelo	TX	76904-6834	A	mount	of	Each	Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7		- 1		83.	30
Name of Employer	Occupation										
Emory University Hospital Anesthesiolo	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		E00.40									
Other (specify)		583.10									
Full Name (Last, First, Middle Initial) B. Ralf E. Gebhard M.D.			Г	Date of	Re	ceipt					
Mailing Address University of Miami				M M	/	· ·	D	/ Y	Y	Y	Y
1611 NW 12th Avenue, Room (C 300			07	Ľ		9		20	13	
City	State	Zip Code		Trans	acti	on ID	: 0	238729	3		
Miami	FL	33136	A	mount	of	Each	Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7		7		500.	00
Name of Employer	Occupation		_								
Department of Anesthesiology	Professor of	f Anesthesiology									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General											
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) C. Madalina Gecui M.D.				Date of	Re	eceipt					
Mailing Address 249 Birch Dr.				м м 07	/	D	D)6	/ Y		ү 13	Y
City	State	Zip Code		Trans	act	ion ID):0	C237562	24		
Roslyn	NY	11576-3001	A	mount	of	Each	Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7		,		83	.34
Name of Employer	Occupation										
North Shore Univ. Hosp., Manhasset Ane	physician a	nesthesiologist									
Receipt For:	Aggregate	Year-to-Date V									
Primary General		500.04									
Other (specify)		500.04						_			
SUBTOTAL of Receipts This Page (optional)				-		1		- 7	_	666.	64

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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(c	heck onl	y on	e)							
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Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson to s	for the	purp ntrib	oose of	solicitin	g cont	tributio	ons			
\setminus	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesi	ologists P	olitical Action Committe	e										
Α.	Full Name (Last, First, Middle Initial) Patrick Giam M.D.				Date o	f Re	ceipt							
	Mailing Address Greater Houston Anesthesio	logy			M M	/	DD	/ Y	Y	Y	(
	2411 Fountain View, Suite 20				07		04		201	13				
	City Houston	State TX	Zip Code 77057-4817	_			on ID : (Each Re			riod				
	FEC ID number of contributing federal political committee.	С					,			83.3	80			
	Name of Employer	Occupation												
	Greater Houston Anesthesiology	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		583.10											
В.	Full Name (Last, First, Middle Initial) Barrett E. Giffel M.D.				Date o	f Re	ceipt							
	Mailing Address 1115 Saddle Creek Ct				м м 07	/	D D D 10	/ Y	201	י י א				
	City	State	Zip Code			acti	on ID : (C23769		0				
	Sparks	MD	21152-9126	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		1	000.0	0			
	Name of Employer	Occupation												
	Parkway Anesthesiologists, P.A.	Anesthesiol	ogist											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) V		1000.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Chris R. Giordano M.D.				Date o	f Re	ceipt							
	Mailing Address PO Box 100254				м м 07	/	D D D 31	/ Y	201					
	City	State	Zip Code		Trans	sacti	on ID :	C24013	-					
	Gainesville	FL	32610-0254		Amoun	t of	Each R	eceipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.	C					7			250.0	00			
	Name of Employer	Occupation		\neg										
	University of Florida	Assistant P	rofessor											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		250.00											
s	UBTOTAL of Receipts This Page (optional)		•	 -			7	· ·	1	333.3	0			

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т			Use separate schedule(s)	(che	eck only	y or	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12		17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		oose of	soliciting	g contri	butior	าร
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) David F. Gloyna M.D.			[Date of	Re	ceipt				
	Mailing Address 2401 S 31st 2401 South 31st				м м 07	/	D D D	/ Y	2013		1
	City	State	Zip Code			acti		C23799		,	
	Temple	ТХ	76508-0001	A	Amount	t of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					-		1	00.00)
	Name of Employer	Occupation									
	Scott and White, Dept. of Anes.	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		700.00								
B.	Full Name (Last, First, Middle Initial) Patrice A. Goggins M.D.				Date of	Re	ceipt				
	Mailing Address 4561 Olde Perimeter Way, #21	07			м м 07	/	08	/ Y	2013]
	City	State	Zip Code	_				C237803			_
	Atlanta	GA	30346-6007	/	Amount	of	Each R	eceipt th	nis Perie	od	
	FEC ID number of contributing federal political committee.	С							2	50.00	
	Name of Employer AMBULATORY ANESTH	Occupation									
	Receipt For:	ANESTHES									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 250.00								
C.	Full Name (Last, First, Middle Initial) Marilyn J. Goldstein M.D.				Date of	Re	ceipt				
	Mailing Address 412 Ridgepoint Court				м м 07	/	D D 28	/ Y	2013]
	City Binov Elete	State TN	Zip Code					C23970			
	Piney Flats		37686	/	Amount	t of	Each R	eceipt th	is Peri	od	_
	FEC ID number of contributing federal political committee.	С				_	7			83.34	1
	Name of Employer	Occupation									
	Bristol Anesthesia Services Receipt For:		Anesthesiologist								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.04								
s	UBTOTAL of Receipts This Page (optional)			•					4;	33.34	
т	OTAL This Period (last page this line number of	only)					,				

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PAGE 50 OF

		Use separate schedule(s)	(chec	k only	on	e)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using			erson for										
NAME OF COMMITTEE (In Full)													
American Society of Anesthes	siologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. Michael C. Gosney M.D.			Da	ate of	Re	ceipt							
Mailing Address 108 Chase Dr				07 05 2013									
City Muscle Shoals	State AL	Zip Code 35661					C237467	70	4				
FEC ID number of contributing federal political committee.	С			nount	OI		Receipt th		3.30				
Name of Employer Anesthesia Medical Consultants, LLC	Occupation Anesthesiol												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10]										
Full Name (Last, First, Middle Initial) B. Ricardo Gotay M.D.			Da	ate of	Re	ceipt							
Mailing Address 1304 Oak St.				07	/	02		2013	Y				
City Melbourne	State FL	Zip Code 32901					C237207 Receipt th		1				
FEC ID number of contributing federal political committee.	С					9		1000					
Name of Employer Brevard Anesthesia Services	Occupation Anesthesiol												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]										
Full Name (Last, First, Middle Initial) C. Ryan L Gray M.D.			Da	ate of	Re	ceipt							
Mailing Address 5117 Crown Ridge Dr			Γ	и м 07	/	09		2013	Y				
City Wichita Falls	State TX	Zip Code 76310					C23764 ² Receipt th		4				
FEC ID number of contributing federal political committee.	С					,			0.00				
Name of Employer	Occupation	I											
United Regional Hospital Surgery Anest Receipt For:	anesthesiol	-											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]										
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number						,	7	1583	3.30				

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PAGE 51 OF

т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	(check only one)									
	LIVIIZED NEVEIFIJ		Detailed Summary Page				11b	11c	12	Г	17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any poddress of any political committee	erson e to so	13 for the plicit cor	purp ntrib	oose of	soliciting	g contri	butio	ns			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee										
A.	Full Name (Last, First, Middle Initial) Michael J. Greenberg M.D.				Date of	Re								
	Mailing Address 725 Sturges Way				07 30 2013									
	City Alpharetta	State GA	Zip Code 30022					C239814 eceipt th		od				
	FEC ID number of contributing federal political committee.	С					7	7	2	50.00	D			
	Name of Employer	Occupation												
	Northside Anesthesiology Consultants Receipt For:	physician												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name (Last, First, Middle Initial) Stefan J. Grenvik M.D.				Date of	Re	ceipt							
	Mailing Address 350 Blountville Hwy Suite 207	Ctata	Zin Code		м м 07	/	05 D	/ Y	2013					
	City Bristol	State TN	Zip Code 37620					C237467 eceipt th		od				
	FEC ID number of contributing federal political committee.	С					7	,		83.34	i i			
	Name of Employer Bristol Anesthesia Services	Occupation MD												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70											
— C.	Full Name (Last, First, Middle Initial) Nelson V. Guevara M.D.				Date of	Re	ceipt							
	Mailing Address 6880 Northwest 109 Ct.				м м 07	/	25	/ Y	2013		1			
	City Doral	State FL	Zip Code 33178	-				C23960 eceipt th		od	_			
	FEC ID number of contributing federal political committee.	С					,	, j		50.0	0			
	Name of Employer	Occupation												
	University of New Mexico Anes Dept	Medical Do	ctor Anesthesiologist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
s	UBTOTAL of Receipts This Page (optional)			•					38	33.34				
	OTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	•			,	,						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists	s Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Melanie J. Guthrie A.AC, M.		Date of Receipt
Mailing Address 2411 Holmes Street MG-200 City State	e Zip Code	07 14 2013
Kansas City MO	64108	Transaction ID : C2379984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		41.60
	ation esiologist Assistant	
Receipt For: Aggree Primary General Other (specify) ▼	gate Year-to-Date ▼ 416.00	
Full Name (Last, First, Middle Initial) B. Frederick P. Gutt M.D.		Date of Receipt
Mailing Address 28 Deer Trail Dr		07 04 2013
City State Mahopac NY	e Zip Code 10541-4815	Transaction ID : C2374227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.34
Name of Employer Occup Vassar Brothers Medical Center Anesth	ation esiologist	_
Receipt For: Aggree Primary General Other (specify) ▼	gate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) C. Andrew S. Guttman M.D.		Date of Receipt
Mailing Address 10400 S. Lake Vista Circle		07 17 2013
City State Davie FL	e Zip Code 33328	Transaction ID : C2386765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Occup	ation	
Sheridan Healthcorp Anesth Receipt For:	nesiologist	
Primary General Aggree Other (specify) ▼	gate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		374.94
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) _ _ _ . _ _ _ _ _ _ _

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IT!	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson to so	for the	purp ntrib	oose of	soliciting	g contribu	tions	
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Osama I. Hafez M.D. Mailing Address 26637 Castleview Way				Date of	Re	ceipt	/ Y	YYY	Y	
	City Wesley Chapel	State FL	Zip Code 33544-4740	_				C23828	2013 15 nis Period		
	FEC ID number of contributing federal political committee.	С					7		300	.00	
	Name of Employer MOFFITT CANCER CENTER ANESTHESIOLO Receipt For:	Occupation ANESTHES									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name (Last, First, Middle Initial) Constance M. Hale M.D.				Date of	Re	ceipt				
	Mailing Address 340 Tall Oak Trl City	Zip Code		07	/	13	JL	2013	Y		
	Tarpon Springs	State FL	34688-7711					C237996 eceipt th	59 nis Period		
	FEC ID number of contributing federal political committee.	С					9	,	250	.00	
	Name of Employer Bay Area Anesthesia Associates, LLC	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) John D. Hall M.D.				Date of	Re	ceipt				
	Mailing Address 2703 Brightwood Ave				м м 07	/	10	/ Y	2013	Y	
	City Nashville	State TN	Zip Code 37212-5818					C23771	50 nis Period		
	FEC ID number of contributing federal political committee.	С					7		250	.00	
	Name of Employer	Occupation									
	Vanderbilt University	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)			•			7		800	00	
т	OTAL This Period (last page this line number of	only)		•			7				

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	-	Use separate schedule(s)	(check on	ly or	ne)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12						
Any information copied from such Reports an		ay not be sold or used by any p											
or for commercial purposes, other than using	g the name and a	doress of any political committee	e to solicit co	ontrip	outions t	rom sucr	Committ	ee.					
American Society of Anesthe	esiologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) Aaron Hammond D.O.			Date o	of Re	eceipt								
Mailing Address 3390 N. Campbell Ave., S	Ste. 110			07 06 2013									
City	State	Zip Code		sacti		C237561							
Tucson	AZ	85719	Amour	nt of	Each R	leceipt th	is Period						
FEC ID number of contributing federal political committee.	C					3	83	.30					
Name of Employer	Occupation												
Southern Arizona Anesthesia	Anesthesio	ogist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		583.10	1										
Full Name (Last, First, Middle Initial) B. Judith L. Handley M.D.			Date o	of Bo	coint								
Mailing Address 8863 Belcaro Dr					05	/ Y	2013	Y					
City	State	Zip Code		sacti		C237560							
Edmond	OK	73034-8188	Amour	nt of	Each R	leceipt th	is Period						
FEC ID number of contributing federal political committee.	С				7		1000.	00					
Name of Employer	Occupation												
	ANESTHES	GIOLOGIST											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		1000.00	1										
Full Name (Last, First, Middle Initial) C. William E. Harris M.D.			Date o	of Re	eceipt								
Mailing Address 3120 Legacy Trace			07	/	03) / Y	2013	Y					
City	State	Zip Code	Tran	sact	ion ID :	C237333	80						
Amberley Village	OH	45237	Amour	nt of	Each R	leceipt th	is Period						
FEC ID number of contributing federal political committee.	C				5	7	41	.60					
Name of Employer	Occupation												
Anesthesia GROUP PRACTICE, INC	Anesthesio	logist	_										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		291.20	1										
SUBTOTAL of Receipts This Page (optiona	l)				7		1124.	90					
TOTAL This Period (last page this line num	ber only)				,								

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ITEMIZED RECEIPTS			Use separate schedule(s)	(che	(check only one)									
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15		2 16	17			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ее										
		- 3												
Α.	Full Name (Last, First, Middle Initial) Anne T. Hartney-Baucom M.D.				Date of	f Re	eceipt							
	Mailing Address 5671 Peachtree Dunwoody Ro	I Ste 610			07 18 2013									
	City Atlanta	State GA	Zip Code 30342					C238709 eceipt th		riod	_			
	FEC ID number of contributing federal political committee.	С					7	, 1		500.0	00			
	Name of Employer	Occupation												
	Physician Specialists in Anesthesia, P	Anesthesiol	ogist											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify)		500.00											
B	Full Name (Last, First, Middle Initial) Steven Hattamer M.D.				Date of	f Re	eceint							
0.	Mailing Address 8 Prospect St Nashua Anesthesia Partners				07	/	02	/ Y	201	. –				
	City	State	Zip Code		Trans	acti	ion ID :	C237086	60					
	Nashua	NH	03060-3925	/	Amount	t of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С					,	. ,		83.3	0			
	Name of Employer Nashua Anesthesia Partners	Occupation Physician												
	Receipt For:		Year-to-Date ▼	-										
	Primary General Other (specify) ▼		583.10											
<u> </u>	Full Name (Last, First, Middle Initial) Lucas G. Heartsill M.D.				Date of	f Re	eceipt							
	Mailing Address 4710 Muirfield Ave				м м 07	/	09	/ Y	201					
	City	State	Zip Code		Trans	act	ion ID :	C23769						
	San Angelo	ТХ	76904-1700		Amount	t of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С					7			500.0	00			
	Name of Employer	Occupation		\neg										
	West Texas Medical Associates	Anesthesio	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
\vdash	UBTOTAL of Receipts This Page (optional)			• •			7	7	1(083.3	0			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists	Political Action Committe	ee
Dessint Fam	85750	Date of Receipt 07 12 2013 Transaction ID : C2378041 Amount of Each Receipt this Period 300.00
Dessint For	98229	Date of Receipt 07 16 2013 Transaction ID : C2383488 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Frederic C. Helm M.D. Mailing Address 9202 N.W. 27th Ave. City State Vancouver WA FEC ID number of contributing federal political committee. C Name of Employer Occupa retired retired Receipt For: Aggreg Other (specify) ▼ C	98665	Date of Receipt 07 30 2013 Transaction ID : C2397962 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1300.00

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

10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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		Detailed Summary Page		〈 11a		11b	11c		12			
A .	internation period from each Depart	Diata na circia			13		14	15		16	17	
An or	y information copied from such Reports and S for commercial purposes, other than using the	e name and a	ay not be sold or used by any pe ddress of any political committee	erson e to se	tor the policit con	purp ntribu	ose of utions fi	soliciting	cor co	mmitte	ions ee.	
\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Peter L. Hendricks M.D.				Date of	Ree	ceipt					
	Mailing Address 1590 Panorama Dr.				07 08 2013							
	City	State	Zip Code		Trans	acti	on ID :	C237566	6			
	Vestavia Hills	AL	35216	_	Amount	of I	Each R	eceipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,	7		83.	30	
	Name of Employer	Occupation										
	self	physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		583.10									
в.	Full Name (Last, First, Middle Initial) David L. Hepner M.D.				Date of	Ree	ceipt					
	Mailing Address Department of Anesthesiology 75 Francis St L1	ý			м м 07	/	25	/ Y	20)13	Y	
	City	State	Zip Code		Transa	actio	on ID : (C239612	2			
	Boston	MA	02115-6110	_	Amount	of I	Each R	eceipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7			83.	34	
	Name of Employer Brigham and Womens Hosp - Harvard Med	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04									
— С.	Full Name (Last, First, Middle Initial) Andrew Herlich M.D.				Date of	Ree	ceipt					
	Mailing Address 116 Haverford Cir				м м 07	/	02	/ Y)13	Y	
	City Pittsburgh	State PA	Zip Code 15228-2380					C237085 eceipt thi		eriod	_	
	FEC ID number of contributing federal political committee.	C					,		_	83	.30	
	Name of Employer	Occupation										
	University of Pittsburgh School of Med	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		E02.40									
	Other (specify) 🔻		583.10									
s	UBTOTAL of Receipts This Page (optional)						,			249.	94	
т	OTAL This Period (last page this line number	only)		•			,					

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160

		-	Use separate schedule(s)	(c	heck or	nly or	ne)					
	ZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c		12 16		17
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	IE OF COMMITTEE (In Full)											
	nerican Society of Anesthe	siologists P	olitical Action Committe	ee								
	Name (Last, First, Middle Initial) da B. Hertzberg M.D.				Date of	of Re	eceipt					
Maili	ng Address 6622 N. Forkner Ave.				M 1	VI /	02) / Y) 013	Y	
City Free	sno	State CA	Zip Code 93711					C23708 leceipt tl	58			
	ID number of contributing ral political committee.	С					7			83.	30	
	e of Employer a B Hertzberg MD Inc.	Occupation Physician	I									
	eipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		583.10									
	Name (Last, First, Middle Initial) ristopher N. Hillman M.D.				Date of	of Re	eceipt					
	Mailing Address 232 Narrows Drive						09	/ Y)13	Y	
City		State	Zip Code					C23762				
Birm	ingham	AL	35242	_	Amour	nt of	Each R	leceipt t	his F	Period		
	ID number of contributing ral political committee.	С					,			500.	00	
Anes	e of Employer thesiologists Assoc., P.C.	Occupation Anesthesiol										
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
	Name (Last, First, Middle Initial) chael W. Hoger D.O.				Date of	of Re	eceipt					
	ng Address 6003 Macon Ct SE				M 07	И /	09) / Y)13	Y	
City	·	State	Zip Code		Tran	sact	ion ID :	C23769	21		_	
Hun	tsville	AL	35802-1931	_	Amour	nt of	Each R	leceipt t	his F	eriod		
	ID number of contributing ral political committee.	С					7	9		1000.	00	
Nam	e of Employer	Occupation	I									
	prehensive Anesthesia Services	Anesthesio	logist									
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	d								
SUBT	DTAL of Receipts This Page (optional)						y			1583.3	30	

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FOR LINE NUMBER:

PAGE 59 OF

	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and Statements ma											
or for commercial purposes, other than using the name and ac	idress of any political committee	to solicit contributions from such committee.									
American Society of Anesthesiologists Po	olitical Action Committe	e									
Full Name (Last, First, Middle Initial) A. Gregory S. Hondorp M.D.		Date of Receipt									
Mailing Address 2931 Pioneer Club, S.E.		07 26 2013									
City State Grand Rapids MI	Zip Code 49506	Transaction ID : C2396292 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		41.60									
Name of Employer Occupation APC anesthesiolo	ciat										
Boogint For:	-	_									
Primary General Other (specify) ▼	Year-to-Date ▼ 291.20										
Full Name (Last, First, Middle Initial) B. Timothy W. Houseman M.D.		Date of Receipt									
Mailing Address PO Box 1025		M = M / D = D / Y = Y = Y									
City State	Zip Code	07 18 2013 Transaction ID : C2386773									
Fairhope AL	36533-1025	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		83.30									
Name of EmployerOccupationEastern Shore Anesthesiaanesthesiological	gist	_									
Receipt For: Aggregate	Year-to-Date ▼										
Primary General Other (specify)	583.10										
Full Name (Last, First, Middle Initial) C. Hayden R. Hughes M.D.		Date of Receipt									
Mailing Address 1941 21st Ave S		07 21 _2013 _									
City State	Zip Code	Transaction ID : C2396086									
Birmingham AL	35209-1345	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		83.30									
Name of Employer Occupation											
University of Alabama Medical Center D physician											
	Year-to-Date ▼										
Primary General Other (specify) ▼	583.10										
SUBTOTAL of Receipts This Page (optional)		208.20									
TOTAL This Period (last page this line number only)											

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PAGE 60 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)							
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c		2 6	17	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any pe ddress of any political committee	erson f to so	for the	purp ntrib	oose of	soliciting	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Robert W. Hurley M.D., Ph.D				Date of	Re	ceipt					
	Mailing Address PO Box 100254 - Hurley				м м 07	1	D D D 10	/ Y	201			
	City Gainesville	State FL	Zip Code 32610					C23771 eceipt th		riod		
	FEC ID number of contributing federal political committee.	С					7	- 7		41.6	0	
	Name of Employer	Occupation										
	University of Florida Medical Center A Receipt For:	Pain Physic		_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.20									
в.	Full Name (Last, First, Middle Initial) Robert Impastato M.D.				Date of	Re	ceipt					
	Mailing Address 19 Barrett Hill Rd.				M M 07	/	15	/ Y	201		7	
	City Hopewell Junction	State NY	Transaction ID : C2381053 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	83.30									
	Name of Employer Vassar Brothers Hospital Anes. Dept.	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10									
<u> </u>	Full Name (Last, First, Middle Initial) Thomas F. Ingersoll M.D.				Date of	Re	ceipt					
	Mailing Address 8600 N. Route 91, Suite #250				м м 07	/	31	/ Y	201			
	City Peoria	State IL	Zip Code 61615					C24004 eceipt th		riod		
	FEC ID number of contributing federal political committee.	С					,	, j		250.0	00	
	Name of Employer	Occupation										
	Associated Anesthesiologists, S.C. Receipt For:	Anesthesiol	•	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
	UBTOTAL of Receipts This Page (optional)			• -			7	5	3	374.9	0	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
	American Society of Anesthesio	logists P	olitical Action Committe	96
Α.	Full Name (Last, First, Middle Initial) Michael T Ingoglia M.D.			Date of Receipt
	Mailing Address 1014 Sterling Ridge Dr			M M / D D / Y Y Y Y Y 07 25 2013
	City	State	Zip Code	Transaction ID : C2396118
	Rensselaer	NY	12144-8460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer	Occupation		_
	Albany Medical Center	MD		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		
	Other (specify)		583.38	
B R	Full Name (Last, First, Middle Initial) Atef F. Israel M.D.			Date of Receipt
υ.	Mailing Address 15144 Pawnee Cir.			
	Maining Address 15144 Pawnee Cir.			07 02 2013
	City	State	Zip Code	Transaction ID : C2370736
	Leawood	KS	66224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		
	AAKC-Pain Management Associates	MD		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	riggiogato		
	Other (specify) ▼	L	1000.00	
с.	Full Name (Last, First, Middle Initial) Shelley M. Jacks M.D.			Date of Receipt
	Mailing Address 421 Summit Ridge Rd			M M / D D / Y Y Y Y 07 09 2013
	City	State	Zip Code	Transaction ID : C2376924
	Boise	ID	83702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		
	Boise Anesthesia, PA	MD		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, .gg. oguto		
	Other (specify)	L	250.00	
s	UBTOTAL of Receipts This Page (optional)			1333.34

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1771			Use separate schedule(s)	(che	eck only	y or	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		-
	y information copied from such Reports and St										
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ntrib	utions f	rom suc	h comm	ittee.	
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Jeffrey S. Jacobs M.D.				Date of	f Re	ceipt				
	Mailing Address 11041 Pine Lodge Trail				м м 07	/	05) / Y	2013		
	City Davie	State FL	Zip Code 33328					C23746		bd	
	FEC ID number of contributing federal political committee.	С					7		٤	83.30	
	Name of Employer	Occupation									
	Cleveland Clinic Florida	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		583.10								
в.	Full Name (Last, First, Middle Initial) David D. Jaeger M.D.				Date of	f Re	ceipt				
	Mailing Address 380 Mississippi River Blvd. S.				м м 07	/	20	/ Y	2013	Y	
	City	State	Zip Code		Trans	acti	on ID :	C239457	70		
	St. Paul	MN	55105-1312	·	Amount	t of	Each R	leceipt th	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С					,	7	50	00.00	
	Name of Employer Associated Anesthesiologists, P.A.	Occupation Anesthesiol	ogist								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
с.	Full Name (Last, First, Middle Initial) Aliraza G. Jaffer M.D.				Date of	f Re	ceipt				
	Mailing Address 5070 Brookdale Road				м м 07	/	13) / Y	2013	Y	
	City Bloomfield Hills	State MI	Zip Code 48304					C23799		bd	
	FEC ID number of contributing federal political committee.	С					5	7		83.30	
	Name of Employer	Occupation									
	William Beaumont Hospital	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		583.10	1							
s	UBTOTAL of Receipts This Page (optional)			•					66	6.60	
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	y one)	L		
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	l ay not be sold or used by any p ddress of any political committee	erson for the	purpose of	soliciting	contribut	tions
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Daniel J. Janik M.D.			Date o	f Receipt			
Mailing Address 15605 E Prentice Dr	01-1-	7. 0.1	07	/ D 13		ү ү 2013	Y
City Centennial	State CO	Zip Code 80015-4264		saction ID : t of Each F			
FEC ID number of contributing federal political committee.	C				7	83	.30
Name of Employer University of Colorado Denver	Occupation Anesthesio						
Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 583.10	1				
Full Name (Last, First, Middle Initial) B. John R. Jenkins M.D.			Date o	f Receipt			
Mailing Address 3232 Blenheim Way	Ctoto	Zin Code	07	/ D 17		2013	Y
City Lexington	State KY	Zip Code 40503-3474		action ID : t of Each F			
FEC ID number of contributing federal political committee.	С			7		250	.00
Name of Employer Commonwealth Anesthesia	Occupation Physician						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]				
Full Name (Last, First, Middle Initial) C. Cynthia L. Jenson M.D.			Date o	f Receipt			
Mailing Address 434 Main St.			M M M	03		2013	Y
City Waterville	State ME	Zip Code 04901-4118		saction ID : t of Each F			
FEC ID number of contributing federal political committee.	С			3		83	.30
Name of Employer	Occupation						
Anesthesia Associates of Lewiston Receipt For:	Physician	Year-to-Date ▼					
Primary General Other (specify) ▼	Aggregate	583.10	1				
SUBTOTAL of Receipts This Page (optional	l)				- 7	416.	60

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 64 OF

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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)	–										
$\Big/$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Sharon R. Johnston M.D.				Date o	f Re	eceipt					
	Mailing Address 8401 N. Elmaro Cir.				м м 07	/	24			ү 013	Y	
	City	State	Zip Code		Trans	sact	ion ID	: C23958) 0			
	Paradise Valley	AZ	85253	_	Amoun	t of	Each	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	500.	00	
	Name of Employer	Occupation		-								
	Valley Anesthesiology Consultants	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
В.	Full Name (Last, First, Middle Initial) Donald K. Jones M.D.				Date o	f Re	eceipt					-
	Mailing Address 2043 Alaqua Lakes Blvd.				M M	/	D	D / Y	Y	Y	Y	
					07		14	1	20	13		
	City	State	Zip Code		Trans	acti	ion ID	: C237998	37			
	Longwood	FL	32779		Amoun	t of	Each	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	83.	30	
	Name of Employer	Occupation	I									
	JLR	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		500.40									
	Other (specify)		583.10									
C.	Full Name (Last, First, Middle Initial) Gary P. Jones A.A.				Date o	f Re	eceipt					
	Mailing Address 6410 Fannin St Suite 480				м м 07		D 13	3	20)13	Y	
	City Houston	State TX	Zip Code 77030-3000					: C23799: Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С					7		_	83	.30	
	Name of Employer	Occupation		-								
	Case Western Reserve University	Program Di	rector									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0										
	Other (specify)	L	583.10									
s	UBTOTAL of Receipts This Page (optional)		•				7			666.	60	-
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IT.	EMIZED RECEIPTS	Use separate schedule(s)								
11			for each category of the Detailed Summary Page		X 11a	11b	11c	12		17
Ar or	ny information copied from such Reports and for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committee	ersor e to :	n for the	purpose o	f soliciting	g contribu	utions tee.	
	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	siologists P	olitical Action Committ	ee						
Α.	Full Name (Last, First, Middle Initial) Kyle M. Jones M.D.				Date o	f Receipt				
	Mailing Address 210 royal orleans ct				м м 07	/ D 27	D / Y	2013	Y	
	City Dothan	State AL	Zip Code 36305			saction ID t of Each I			ł	
	FEC ID number of contributing federal political committee.	C						500	0.00	
	Name of Employer ACMG	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
<u> </u>	Full Name (Last, First, Middle Initial) Stacy L. Jones M.D.		, ,	_	Date o	f Receipt				
	Mailing Address 8700 Tallwood Dr				м м 07	/ D 13	D / Y	2013	Y	
	City	State	Zip Code		Trans	action ID :	C237995	i0		
	Austin	ТХ	78759-7530	_	Amoun	t of Each I	Receipt th	is Period	ł	
	FEC ID number of contributing federal political committee.	С						83	3.30	
	Name of Employer Capitol Anesthesiology Association	Occupation physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Vilma A. Joseph M.D.				Date o	f Receipt				
	Mailing Address 682 Frick St				м м 07	/ D 28		ү ү 2013	Y	
	City Elmont	State NY	Zip Code 11003-4135			saction ID t of Each I			1	
	FEC ID number of contributing federal political committee.	С				7		4	1.60	
	Name of Employer	Occupation								
	Monetefiore Medical Center Albert Eins	Physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.20	1						
s	SUBTOTAL of Receipts This Page (optional)		<u>, , , , , , , , , , , , , , , , , , , </u>	• •				624	l.90	
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		Use separate schedule(s)	(ch	neck only	/ on	e)				
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or for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit cor	ntribu	utions fr	rom such	n comm	ittee	
American Society of Anesthesi	ologists P	olitical Action Committe	ee							
/ Full Name (Last, First, Middle Initial) A. Sanjoy Joshi M.B.,B.S.				Date of	Red	ceipt				
Mailing Address 40 Kettlepond Rd				м м 07	/	08	/ Y	2013		1
City	State	Zip Code			actio		C237566			
Jericho	NY	11753-1158	_	Amount	of E	Each Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					y	7	4	41.67	7
Name of Employer	Occupation									
NAPA	ANesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.02								
Full Name (Last, First, Middle Initial) B. Jacob Kaczmarski M.D.				Date of	Reg	ceipt				
Mailing Address 7265 SW 89th St Apt A-414				07	/	10	/ Y	2013	Y	1
City	State	Zip Code			actio		C237713			
Miami	FL	33156-7788		Amount	of E	Each Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					,		25	50.00)
Name of Employer Baptist Hospital of Miami	Occupation									
Receipt For:	Doctor		_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Eric W. Kaderbek M.D.				Date of	Red	ceipt				
Mailing Address 721 Persimmon Way				м м 07	/	09	/ Y	2013	Y	1
City	State	Zip Code		Trans	acti	on ID :	C237594	45		
Niceville	FL	32578-3759	_	Amount	of E	Each Re	eceipt th	is Peric	bd	
FEC ID number of contributing federal political committee.	С					,	7		41.6	7
Name of Employer	Occupation									
Eglin AFB Med Ctr	USAF Anes	thesiologist								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.35								
		J J /								
SUBTOTAL of Receipts This Page (optional)		•••••	•			,		33	3.34	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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Any information copied from such Reports or for commercial purposes, other than usi	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committee	erson t e to so	for the licit cor	purp htribu	ose of utions	f soliciting from suc	j contri h comn	butio nitte	ons e.
NAME OF COMMITTEE (In Full)										
American Society of Anesth	nesiologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Peter N. Kamilakis M.D.				Date of	Red	ceipt				
Mailing Address 3021 Lady Marian Ln				м м 07	/	09		2013		Y
City	State	Zip Code		Trans	acti	on ID :	: C237650	05		
Midlothian	VA	23113-1175		Amount	of	Each F	Receipt th	nis Peri	od	
FEC ID number of contributing federal political committee.	С					7		5	00.0	00
Name of Employer	Occupation	I								
Commonwealth Anesthesia Associates	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	7.99109410		11.							
Other (specify)		500.00	4							
Full Name (Last, First, Middle Initial) B. Geetha Kannan M.D.				Date of	Red	ceipt				
Mailing Address 249 Maison Ct				м м 07	/	28		2013		Y
City	State	Zip Code		Trans	actio	on ID :	C239707			
Altamonte Springs	FL	32714-5905		Amount	of	Each F	Receipt th	nis Peri	od	
FEC ID number of contributing federal political committee.	С					,	3		41.6	30
Name of Employer	Occupation	I	_							
JLR Medical Group	Anesthesio	ogist								
Receipt For:		Year-to-Date ▼								
Primary General	7.99109410		11.							
Other (specify) ▼		291.20	4							
Full Name (Last, First, Middle Initial) C. Suresh Kannan M.D.				Date of	Red	ceipt				
Mailing Address 249 Maison Ct				м м 07	/	D 21		2013		Y
City	State	Zip Code		Trans	acti	on ID :	: C23961	06		_
Altamonte Springs	FL	32714-5905		Amount	of	Each F	Receipt th	nis Peri	od	
FEC ID number of contributing federal political committee.	С					7			50.0	00
Name of Employer	Occupation									
JLR	Anesthesio	logist								
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		11							
Other (specify)		350.00								
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	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Tripti Kataria M.D.				Date	of Re	eceipt					
	Mailing Address 130 S Canal St Apt 419				M 07	M	10) / Y) 13	Y	
	City Chicago	State IL	Zip Code 60606-3904					C23771 leceipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			83.	30]
	Name of Employer University of Chicago	Occupation Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		583.10									
в.	Full Name (Last, First, Middle Initial) Will D. Kendrick M.D.				Date	of Re	eceipt					
	Mailing Address 110 29th Ave. N., #301				M 07	M /	02	/ Y	201	13	Y	
	City	State TN	Zip Code	+				C23732				
	Nashville		37203	-	Amou	nt of	Each R	leceipt t	his Pe	eriod	_	
	FEC ID number of contributing federal political committee.	С					3	y	_	250.0	00	1
	Name of Employer Anesthesia Medical Group	Occupation physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) James K. Kerr III, M.D.				Date	of Re	eceipt					
	Mailing Address 2165 Herschel St				M 07		28) / Y	20) 13	Y	
	City Jacksonville	State FL	Zip Code 32204-3819					C23970 leceipt tl		eriod		
	FEC ID number of contributing federal political committee.	С					7			83.	34]
	Name of Employer	Occupation		-								
	North Florida anesthesia Consultants,	anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38									
s	UBTOTAL of Receipts This Page (optional)		······ •		[]		7	7		416.6	64]

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NAME OF COMMITTEE (In Full)							
American Society of Anesthesi	ologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Rubin Kesner D.O.			Date of	Receipt			
Mailing Address 35 Hearthstone Dr			м м 07	/ D D 13	/ Y	ү ү 2013	Y
City Gansevoort	State NY	Zip Code 12831-2505		action ID : C of Each Red			
FEC ID number of contributing federal political committee.	С			,			.30
Name of Employer	Occupation	1					
Anesthesia Group of Albany	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date V					
Primary General		583.10	1				
Other (specify)		7 7					
Full Name (Last, First, Middle Initial) B. Donald J. Keusch M.D.			Date of	Receipt			
Mailing Address 781 NE 37th St				/ D D D 12	/ Y	y y 2013	Y
City	State	Zip Code		action ID : C	2378080		
Boca Raton	FL	33431	Amount	of Each Red	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				y	250.	.00
Name of Employer American Anesthesiology	Occupation Anesthesio						
Receipt For:		Year-to-Date ▼					
Primary General	Ayyreyale						
Other (specify)	L	250.00					
Full Name (Last, First, Middle Initial) C. Talal Khan M.D.	-		Date of	Receipt			
Mailing Address 3901 Rainbow Blvd., RM 246 3901 Rainbow Blvd., RM 246			м м 07	/ D D 07	/ Y	у у 2013	Y
City	State	Zip Code	Trans	action ID : C	237563	8	
Kansas City	KS	66160-7415	Amount	of Each Red	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				y	41	.60
Name of Employer	Occupation	1					
Kansas Univ Medical Center	PHYSICIAI	N					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		291.20	1				
		1 1 1					
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ILIVILLED NEVERIS		for each category of the Detailed Summary Page		11a		11b	11c	12	<u> </u>
Any information copied from such Reports and a or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Harold Kim M.D.			C	Date of	Re	ceipt			
Mailing Address 68 South Service Road Suite 350				м м 07	/	03		2013	Y
City Melville	State NY	Zip Code 11747	A				C23733 Receipt th		ł
FEC ID number of contributing federal political committee.	С					,		8	3.34
Name of Employer North American Partners in Anesthesia	Occupation Physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1						
Full Name (Last, First, Middle Initial) B. Jeffrey G. King M.D.				Date of	Re	ceipt			
Mailing Address 2763 Meeting PI	Ototo	Zie Ocale		м м 07	/	25		у у 2013	Y
City Orlando	State FL	Zip Code 32814-6136				-	C239610 Receipt th		d
FEC ID number of contributing federal political committee.	С					,			1.60
Name of Employer JLR Medical Group	Occupation anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20]						
Full Name (Last, First, Middle Initial) C. Kevin P. Kinkead M.D.				Date of	Re	ceipt			
Mailing Address 1776 McConnell Dr.				м м 07	/	D 22		y y 2013	Y
City Williamsport	State PA	Zip Code 17701-9300	A				: C23961 Receipt th		ł
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Name of Employer	Occupation								
AAW Receipt For:	Physician	Year-to-Date ▼	_						
Primary General Other (specify) ▼	Aggregate	250.02]						
SUBTOTAL of Receipts This Page (optional)				-	_	7		208	3.28

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PAGE 71 OF

ITEMIZED RECEIPTS	Use separate schedule(s) (c for each category of the				y or	ne)	(check only one)						
11			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	Г	17		
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose of		contri	butio	ns		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Mark D. Kline M.D.				Date of	Re	ceipt						
	Mailing Address 345 Woodland Dr., S.E.				м м 07	1	D D 18	/ Y	2013		1		
	City Cedar Rapids	State IA	Zip Code 52403		Trans		on ID :	C238724 eceipt th	3				
	FEC ID number of contributing federal political committee.	С					7	7	5	00.0	0		
	Name of Employer LINN COUNTY ANESTH	Occupation ANESTHES	IOLOGIST										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
в.	Full Name (Last, First, Middle Initial) Eun-Kyu Koh M.D. Mailing Address 2323 Thornwood Ave				Date of	Re	· · ·	() Y	Y		_		
	City	State	Zip Code		07	acti	10 0n ID : (C237711	2013				
	Wilmette	IL	60091-1354		Amount	t of	Each R	eceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С					7		2	00.00	0		
	Name of Employer Northshore University Health System	Occupation physician											
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 800.00										
<u> </u>	Full Name (Last, First, Middle Initial) Edward Kosik D.O.				Date of	Re	ceipt						
	Mailing Address 6700 Blackberry				м м 07	1	D D 22	/ Y	2013				
	City Edmond	State OK	Zip Code 73034-9423	-			-	C239540 eceipt th		od			
	FEC ID number of contributing federal political committee.	С					7			500.0	0		
	Name of Employer	Occupation											
	University of Oklahoma	Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
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IT.	EMIZED RECEIPTS				the age Image in the second secon					
111			for each category of the Detailed Summary Page		-					17
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	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Joseph Koveleskie M.D.				Date of	f Receipt				
	Mailing Address 5500 Prytania St # 435				м м 07		D / Y			Y
	City New Orleans	State LA	Zip Code 70115-4237						eriod	
	FEC ID number of contributing federal political committee.	С							83.3	30
	Name of Employer Ochsner Medical Center	Occupation physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10							
В.	Full Name (Last, First, Middle Initial) Jonathan B. Kozinn M.D.				Date of	f Receipt				
	Mailing Address 721 NE Seabrook Cir						D / Y			Y
	City	State	Zip Code							
	Lees Summit	MO	64064	_	Amount	t of Each I	Receipt th	nis Pe	əriod	
	FEC ID number of contributing federal political committee.	С						_	500.0	00
	Name of Employer Anesthesia Services of Eastern Jackson	Occupation Anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	Full Name (Last, First, Middle Initial) Felix Kremer M.D.				Date of	f Receipt				
	Mailing Address 371 Washington Crossing F									Y
	City Newtown	State PA	Zip Code							
			18940-1612	-	Amount	t of Each I	Receipt th	nis Pe	əriod	
	FEC ID number of contributing federal political committee.	С							250.0	00
	Name of Employer	Occupation	I							
	Liberty Anesthesia Assoc. Inc	Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
S	UBTOTAL of Receipts This Page (optional).		•••••	 					833.3	30

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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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	NAME OF COMMITTEE (In Full)		duress of any pointear commute	, 10								
$\left \right\rangle$	American Society of Anesthes	iologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) David M. Krhovsky M.D.				Date o	of Re	eceipt					
	Mailing Address 2248 Shawnee Dr SE				07	И /	01	/ Y	y 201	й 3		
	City Grand Rapids	State MI	Zip Code 49506-5335	_				C236330 eceipt th		riod	_	
	FEC ID number of contributing federal political committee.	С			[.		3			83.3	80]
	Name of Employer Anesthesia Practice Consultants	Occupation Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		583.10	Ļ								
в.	Full Name (Last, First, Middle Initial) Alan D. Kroll M.D.				Date of	of Re	eceipt					
	Mailing Address 3014 NW 58th Blvd				07	/	D D 17	/ Y	Y 201	ү ү 3		
	City	State	Zip Code					C238672				
	Gainesville	FL	32606	_	Amour	nt of	Each R	eceipt th	nis Pe	riod		
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	Name of Employer NFRMC	Occupation Anesthesio										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u> </u>	Full Name (Last, First, Middle Initial) Catherine M. Kuhn M.D.				Date of	of Re	eceipt					
	Mailing Address 14 Kendall Drive Duke University Medical Sc	hool			07	И /	D D D	/ Y	y 201			
	City Chapel Hill	State NC	Zip Code 27517-5644					C23799: eceipt th		riod		
	FEC ID number of contributing federal political committee.	С					7	7		100.0	00]
	Name of Employer	Occupation	l									
	Duke University Medical School	Associate I	Professor of Anesthsiology R									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		700.00									
s	SUBTOTAL of Receipts This Page (optional).			► -			3	7		433.3	0]

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			for each category of the Detailed Summary Page	🛛	11a		11b	11c	12	F	[
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D. Mailing Address 2732 Muir Woods Dr., SE City Hampton Cove FEC ID number of contributing federal political committee. Name of Employer	State AL Occupation	Zip Code 35763			/ sacti	16	C238342 Receipt th	nis Perio]
	Alabama Anes. of Huntsville, LLC Receipt For: Primary General Other (specify) ▼	physician	Year-to-Date ▼ 1050.00								
В.	Full Name (Last, First, Middle Initial) John E. La Gorio M.D. Mailing Address 1543 Forest Park Rd				Date of	f Re	ceipt) / Y	2013	Y	1
	City Norton Shores FEC ID number of contributing	State MI	Zip Code 49441-4642				-	C238340 Receipt th	nis Perio	od 33.30	_
	federal political committee. Name of Employer Lakeshore Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation physician	Year-to-Date ▼ 583.10				7				_
C.	Full Name (Last, First, Middle Initial) Robert F. LaPorta M.D., Ph.D Mailing Address 20 Swarthmore Ln				Date of		ceipt) / Y	YYY	Y	1
	City Dix Hills FEC ID number of contributing federal political committee. Name of Employer NAPA	State NY C Occupation Physician	Zip Code 11746-4829					C23867 Receipt th	nis Perio	od 50.00	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
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<u>.</u>	NAME OF COMMITTEE (In Full)					Turibut					<u>.</u>	
\rangle	American Society of Anesthesio	logists Po	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Christopher E. Larson M.D.				Date of	Rece	eipt					
	Mailing Address 205 Edgewater Cir				м м 07	/	21	/ Y	Y 20	13	Y	
	City	State	Zip Code			actio		239459		15		
	Erie	PA	16509-3787	_	Amount	of Ea	ach Re	eceipt thi	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С								500.0	00	
	Name of Employer	Occupation										
	UPMC Hamot	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
B.	Full Name (Last, First, Middle Initial) Nathan Lasiter M.D.				Date of	Rece	eipt					
	Mailing Address 18904 Shilstone Way				м м 07	/	D D D	/ Y	20 ²	13	Y	
	City	State	Zip Code		Transa	actior		239794				
	Edmond	OK	73003	_	Amount	of Ea	ach Re	eceipt thi	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С						7		41.6	67]
	Name of Employer	Occupation										
	Northwest Anesthesia	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		208.35									
C.	Full Name (Last, First, Middle Initial) Mark T. Lau M.D.				Date of	Rece	eipt					
	Mailing Address 1111 N Lee Ave Ste 236				M = M	/		/ Y		Y	Y	
	Anesthesia Scheduling Service	es, PC State	Zip Code	_	07 Trans	actio	12 n ID : (2237805	20 ⁻	13		
	Oklahoma City	OK	73103-2620					eceipt thi		eriod		
	FEC ID number of contributing federal political committee.	С								50.	00]
	Name of Employer	Occupation										
	Anesthesia Scheduling Services, PC	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15			17
	y information copied from such Reports and St for commercial purposes, other than using the				or the				soliciting	g contr	ibuti	ons
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) Gary Lawson-Boucher M.D. Mailing Address 5238 Mason Corbin Ct Ste 101				Date of	Re	D	9	/ Y	201:		Y
	City	State FL	Zip Code		Trans		on ID) : C	239456	67		
	Fec ID number of contributing federal political committee.	С	33907		Amount	of	Each	Re	ceipt th		iod 000.0	00
	Name of Employer Moonlight Anesthesia Receipt For: Primary General Other (specify)	Occupation Anesthesiol Aggregate]								
в.	Full Name (Last, First, Middle Initial) Mark Lazar M.D. Mailing Address 4818 W Sunset Blvd				Date of	Re	ceipt	D	/ Y	Ý	Y	Y
	City Tampa	State FL	Zip Code 33629-6421				on ID		237990			
	FEC ID number of contributing federal political committee.	С				_	7		5	Ę	500.0	00
	Name of Employer Self	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
C.	Full Name (Last, First, Middle Initial) Kathleen A. Leavitt M.D.				Date of	Re	ceipt					
	Mailing Address 3467 N Venice St				м м 07	/	D 1	D 9	/ Y	2013		Y
	City Arlington	State VA	Zip Code 22207-4446	Δ					ceipt th		iod	_
	FEC ID number of contributing federal political committee.	С					7				250.	00
	Name of Employer	Occupation										
	Information Requested Receipt For:	Anesthesio		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
s	UBTOTAL of Receipts This Page (optional)						,		- 7	17	750.0	0
т	OTAL This Period (last page this line number of	only))				7		,			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	ly one)			
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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	I ay not be sold or used by any p Iddress of any political committee	erson for the	purpose o	f soliciting	contribu	tions
NAME OF COMMITTEE (In Full)							
ight angle American Society of Anesthe	esiologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Carlos-Nicholas L. Lee M.D.			Date of	of Receipt			
Mailing Address 6715 Windrift Way Apt 24	ŀ		M	/ D	D / Y	Y Y	Y
City	State	Zip Code	07	04 saction ID		2013 6	
Austin	ТХ	78745-3853		nt of Each I			
FEC ID number of contributing federal political committee.	С					125	.00
Name of Employer	Occupation	1					
Capitol Anesthesiology Association	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		375.00]				
Full Name (Last, First, Middle Initial) B. Jay B. Lee M.D.			Date	of Receipt			
Mailing Address 20 Oakwood Circle			07	04	D / Y	2013	Y
City	State	Zip Code	Tran	saction ID :			_
Roslyn	NY	11030-3816	Amour	nt of Each I	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					83	.34
Name of Employer	Occupation	1					
NAPA	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1				
Full Name (Last, First, Middle Initial) C. Jeffrey A. Lee M.D.			Date of	of Receipt			
Mailing Address 6650 Pasture Lands Pl.			07	/ D 11		2013	Y
City	State	Zip Code	Tran	saction ID	: C237745	59	
Winter Garden	FL	34787-6229	Amour	nt of Each I	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					41	.60
Name of Employer	Occupation	1					
JLR Medical Group	anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		291.20]				
SUBTOTAL of Receipts This Page (optional	l)					249.	.94

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

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		Use separate schedule(s)	(check only	/ one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the	purpose of s			
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Michael C. Lewis M.D.			Date of	Receipt			
Mailing Address 655 W 8th St Professor Chair Anesthesiolo			07	/ D D D	/ Y	2013	Y
City Jacksonville	State FL	Zip Code 32209-6511	Trans	action ID : C		6	
FEC ID number of contributing federal political committee.	С				7	83	.30
Name of Employer	Occupation	I					
University of Florida College of Medic	Anesthesio	logist					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10]				
Full Name (Last, First, Middle Initial) B. J. Lance Lichtor M.D.			Date of	Receipt			
Mailing Address PO Box 4668 #8824			MM	/ D D 05	/ Y	2013	Y
City New York	State NY	Zip Code 10163-4668		action ID : C of Each Re		5	
FEC ID number of contributing federal political committee.	С				7	41	.60
Name of Employer Yale University Department of Anesthes	Occupation Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 582.40]				
Full Name (Last, First, Middle Initial) C. J. Lance Lichtor M.D.			Date of	Receipt			
Mailing Address PO Box 4668 #8824			M M 07	/ D D 18	/ Y	2013	Y
City New York	State NY	Zip Code 10163-4668		action ID : C			
FEC ID number of contributing federal political committee.	С				7	41	.60
Name of Employer	Occupation	1					
Yale University Department of Anesthes	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 582.40]				
SUBTOTAL of Receipts This Page (optional)				7	7	166.	50

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for	r the p	ourpose o	of soliciting	contribu	itions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Po	litical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Kristen L. Lienhart M.D. Mailing Address 4301 W Markham St Lot 5	515		_	M M	Receipt		Y Y	Y
City	State	Zip Code		07 Fransa	04 Oction ID	1 : C237422	2013 25	
Little Rock	AR	72205-7101				Receipt th	-	l
FEC ID number of contributing federal political committee.	С				,	7	83	3.34
Name of Employer UAMS	Occupation anesthesiolog	jist						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 583.38]					
Full Name (Last, First, Middle Initial) B. David E. Lind M.D.			Da	ate of	Receipt			
Mailing Address 148 57th Ct.				и м 07	/ D 30		2013	Y
City West Des Moines	State IA	Zip Code 50266				: C239814 Receipt th		
FEC ID number of contributing federal political committee.	С				9	7	250	0.00
Name of Employer Medical Center Anesthesiologists, P.C.	Occupation Anesthesiolog	jist						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) C. Asa C. Lockhart M.D.			Da	ate of	Receipt			
Mailing Address 2106 Kennebunk Ln.				07	/ D 04		2013	Y
City Tyler	State TX	Zip Code 75703				: C237422 Receipt th		
FEC ID number of contributing federal political committee.	С				9	7	8:	3.30
Name of Employer	Occupation							
ETAA	Physician		_					
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 583.10	1					
SUBTOTAL of Receipts This Page (optional							416	.64
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.
American Society of Anesthe	esiologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) Jason Lok M.D. Mailing Address 5496 East Taft Road			Date of Receipt
	04-14-	Zie Oade	07 12 _ 2013 _
City North Syracuse	State NY	Zip Code 13212	Transaction ID : C2378045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.60
Name of Employer New York Spine And Wellness Center	Occupatior Anesthesio	logy And Pain Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20]
Full Name (Last, First, Middle Initial) B. John J. Long D.O.			Date of Receipt
Mailing Address 2110 Hidden Harbor			07 09 2013
City New Bern	State NC	Zip Code 28562	Transaction ID : C2376203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Mosaic Anesthesia	Occupation Anesthesio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Michael A. Long M.D.			Date of Receipt
Mailing Address 3941 Foxfire Ln			M = M / D = D / Y = Y = Y = Y Y 07 28 2013
City Kingsport	State TN	Zip Code 37664-4409	Transaction ID : C2397084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer	Occupation	1	-
Bristol Anesthesia Services	Staff Anest	hesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]
SUBTOTAL of Receipts This Page (optiona	al)		626.60
TOTAL This Period (last page this line num	nber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EMIZED RECEIPTS		Detailed Summa		X	12							
	ny information copied from such Reports and St for commercial purposes, other than using the												_
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol												-
 A.	Full Name (Last, First, Middle Initial) Deborah A. Lowery M.D.				D	ate of	Re	eceipt					_
	Mailing Address 6258 Memorial Dr					м м 07	/	13) 13	Y	
	City	State	Zip Code			Trans	acti	ion ID :	C23799	39			
	Dublin	OH	43017-8911		_ A	mount	t of	Each F	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С						,	7		83.	30	
	Name of Employer	Occupation											
	The Ohio State Univ Medical Center	Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		y y y	583.10									
в.	Full Name (Last, First, Middle Initial) Joshua L. Lumbley M.D.				D	ate of	Re	eceipt					
	Mailing Address 410 W 10th Ave N411 Doan Hall					м м 07	1	04		20) 13	Y	
	City	State	Zip Code			Trans	acti	on ID :	C237421	17			
	Columbus	OH	43210-1240		A	mount	t of	Each F	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С						,	7		41.	60	
	Name of Employer The Ohio State University Medical Cent	Occupation anesthesiolo	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼		1								
	Primary General Other (specify) ▼		A	291.20									
с.	Full Name (Last, First, Middle Initial)					ate of	Re	ceipt					-
	Mailing Address Dept. of Anesthesia 270-75 76 Ave,					м м 07	1	09)13	Y	
	City	State	Zip Code			Trans	act	ion ID :	C23759	44			
	New Hyde Park	NY	11040		A	mount	t of	Each F	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					_		7		83.	34	
	Name of Employer	Occupation			1								
	Long Island Jewish Med. Ctr.	Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		9 9	500.04									
s	UBTOTAL of Receipts This Page (optional)			•••••	[_	7	- 7		208.2	24	
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т	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	/ on	e)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	purp ntrib	ose of	soliciting	g contri	butio	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) John Lydon M.D. Mailing Address 1304 Oak St			_	Date of	Re	ceipt		Y		
					07	Ĺ	03		2013		
	City Melbourne	State FL	Zip Code 32901-3111					C23737 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					,		3	50.0	0
	Name of Employer	Occupation									
	Brevard Anesthesia Services	Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
в.	Full Name (Last, First, Middle Initial) Neil A. Macdonald M.D.				Date of	Re	ceipt				
	Mailing Address 3246 Links Manor Dr				м м 07	/	28	/ Y	2013	Y	1
	City	State	Zip Code		Transa	acti	on ID : (C23970			
	Salem	VA	24153		Amount	of	Each R	eceipt th	nis Peri	bc	
	FEC ID number of contributing federal political committee.	C				_	, ,		10	00.00)
	Name of Employer ACV	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
с.	Full Name (Last, First, Middle Initial) Robert I. Macfarlane M.D.				Date of	Re	ceipt				
	Mailing Address 350 Blountville Highway Suite 207				м м 07	1	05	/ Y	2013		
	City Bristol	State TN	Zip Code 37620					C23746 eceipt th		od	
	FEC ID number of contributing federal political committee.	С			Amount	U				83.3	4
	Name of Employer	Occupation		_							
	Bristol Anesthesia Services	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		416.70								
s	UBTOTAL of Receipts This Page (optional)			•			,		14:	33.34	
Т	OTAL This Period (last page this line number	only)		-			,				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full)	iologists Political Action Committee	
Full Name (Last, First, Middle Initial) Mark Mandabach M.D. Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845 City Birmingham FEC ID number of contributing federal political committee. Name of Employer UAB Department of Anesthesiology Receipt For: Primary General Other (specify) ▼	State Zip Code AL 35249-0001 C Occupation Physician Aggregate Year-to-Date ▼ 583.38	Date of Receipt
Full Name (Last, First, Middle Initial) B. Scott Mantell M.D. Mailing Address 430 Morton Plant Street Suite 210 City Clearwater FEC ID number of contributing federal political committee. Name of Employer Greater Florida Anesthesiology Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33756-3810 C Occupation anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt 07 20 2013 Transaction ID : C2394575 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) John Martin M.D. Mailing Address 116 Hidden Cove Ct City Seneca FEC ID number of contributing federal political committee. Name of Employer Anesthesia Consultants of the Upstate Receipt For: Primary General Other (specify) ▼	State Zip Code SC 29672-9139 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 291.20 291.20	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		374.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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		for each category of the Detailed Summary Page	×	11a 13		11k		11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the		pose		oliciting	g contrib	utions
American Society of Anesthesi	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) Jonathan E. Martin M.D. Mailing Address 22 North, 920 East				Date of	f Re		ot	/ Y	Y Y	Y
City	State	Zip Code	41	07 Trans	acti	ion	08 ID : C	23759(2013)2	_
Orem	UT	84097	A						nis Period	k
FEC ID number of contributing federal political committee.	С					7		9	50	0.00
Name of Employer mountain west anesthesia	Occupation anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. Timothy Martin M.D.				Date of	f Re	eceip	ot			
Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203				м м 07	/	D	13	/ Y	2013	Y
City Little Rock	State AR	Zip Code 72202-3591	A					237994 ceipt th	l2 his Period	b
FEC ID number of contributing federal political committee.	С					7		Ţ	10	0.00
Name of Employer University of Arkansas for Medical Sci	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
Full Name (Last, First, Middle Initial) C. John Mascia M.D.				Date of	f Re	eceip	ot			
Mailing Address 45 Reade Pl				м м 07	1	D	06	/ Y	у у 2013	Y
City Poughkeepsie	State NY	Zip Code 12601-3947	A					237562 ceipt th	21 nis Period	d
FEC ID number of contributing federal political committee.	C					7		Ţ	8	3.34
Name of Employer	Occupation	l	_							
NAPA	Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
SUBTOTAL of Receipts This Page (optional)				-		7	-	7	683	3.34

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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					13		14		15		16	17				
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements may a name and a	ay not be sold or used by any p address of any political committee	erson e to so	for the plicit co	pur ontrik	pose o outions	of so s fro	oliciting	con ו רוסס ר	ntribut mmitte	ions ee.				
	IAME OF COMMITTEE (In Full)															
	American Society of Anesthesic	ologists P	olitical Action Committe	ee												
	ull Name (Last, First, Middle Initial) Donald M. Mathews M.D.				Date c	of Re	eceipt									
_	Aailing Address 340 S Willard St				07	/	D 1	D 8	/ Y)13	Y				
	Dity	State	Zip Code		Tran	sact	ion ID) : C	238677	7						
_	Burlington	VT	05401-3908		Amour	nt of	Each	Rec	ceipt thi	is P	eriod					
	EC ID number of contributing ederal political committee.	С					,		7	_	83.	34				
	lame of Employer	Occupation Anesthesio														
	Iniversity of Vermont Receipt For:		•	_												
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		416.70													
	Ull Name (Last, First, Middle Initial)				Date c	of Re	eceipt									
N	Aailing Address 5347 Coliseum St				M N	/		D 1	/ Y		Y 13	Y				
Ċ	Dity	State	Zip Code	07 01 2013 Transaction ID : C2364502												
	New Orleans	LA	70115-3052								eriod					
	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period 41.60												
	lame of Employer ulane School of Medicine	Occupation Anesthesiol														
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20													
	Full Name (Last, First, Middle Initial) William A. McDade M.D., Ph.D				Date c	of Re	eceipt									
N	Aailing Address 5801 S Ellis Ave, RM 514 Dept of Anes & amp; Critical C	Care			м – м 07	/	2	D 27	/ Y	ү 20	13	Y				
C	Dity	State	Zip Code		Tran	sact	ion ID) : C	239703	33						
_	Chicago	IL	60637		Amour	nt of	Each	Rec	ceipt thi	is P	eriod					
	EC ID number of contributing ederal political committee.	С					,		- 7	_	41	.60				
Ī	lame of Employer	Occupation	1	_												
ι	Jniv. of Chicago	Physician														
	Receipt For:	Agaregate	Year-to-Date ▼													
	Primary General	33 31.00														
	Other (specify)		291.20													
su	BTOTAL of Receipts This Page (optional)			•			7		7		166.	54				
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т	EMIZED RECEIPTS	Use separate schedule(s) (d		(check only one)							
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson f	for the	purp	ose of	soliciting	g contribu	itions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Brian P. McGlinch M.D.				Date of	Re	ceipt				
	Mailing Address 3364 Hidden Creek Lane, N.E.				м м 07	1	15	/ Y	2013	Y	
	City Rochester	State MN	Zip Code 55906					C23810 eceipt th		1	
	FEC ID number of contributing federal political committee.	С					,		8	3.30	
	Name of Employer	Occupation									
	Mayo Clinic Anesthesiology Receipt For:	physician		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10								
— B.	Full Name (Last, First, Middle Initial) Robert D. McKay M.D.				Date of	Re	ceipt				
	Mailing Address 350 Blountville Hwy Ste 207				м м 07	/	13	/ Y	у у 2013	Y	
	City Bristol	State TN	Zip Code 37620-1671					C237992			
	FEC ID number of contributing federal political committee.	С			Amount	or	Each R	eceipt tr	nis Perioc 83	8.34	
	Name of Employer Bristol Anesthesia Services	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70								
<u> </u>	Full Name (Last, First, Middle Initial) Richard R. McNeer M.D.				Date of	Re	ceipt				
	Mailing Address 18340 SW 122 St.				м м 07	/	30	/ Y	2013	Y	
	City Miami	State FL	Zip Code 33196					C23979		1	
	FEC ID number of contributing federal political committee.	С			Amount	. OI			nis Perioc 8	3.30	
	Name of Employer	Occupation									
	University of Miami Dept of Anesthesio	Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10								
s	UBTOTAL of Receipts This Page (optional)			.			, ,		249	.94	
т	OTAL This Period (last page this line number of	only)	······				7				

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		Use separate schedule(s)	(che	eck only	y on	ie)			
		for each category of the Detailed Summary Page		11a		11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. John Melendez M.D.				Date of	Re	ceipt			
Mailing Address 109 Alegria Way				м м 07	/	D D D	/ Y	у у 2013	Y
City Palm Beach Gardens	State FL	Zip Code 33418		Trans		on ID : (C239539 eceipt th	3	ł
FEC ID number of contributing federal political committee.	С					,		31	5.00
Name of Employer Information Requested	Occupation Anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]						
Full Name (Last, First, Middle Initial) B. <u>Timothy E. Mercer M.D.</u> Mailing Address 1670 Enterprise Rd.				Date of	Re	ceipt	/ Y	Y Y	Y
City	State	Zip Code					C239704		_
Piney Flats FEC ID number of contributing federal political committee.	С	37686-3328		Amount	: of	Each Re	eceipt th		d 3.34
Name of Employer Bristol Anesthesia Services	Occupation Anesthesiol					,	,		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04]						
Full Name (Last, First, Middle Initial) C. Carlos M. Mijares M.D.				Date of	Re	ceipt			
Mailing Address 7700 SW 176th St				м м 07	/	D D 31	/ Y	y y 2013	Y
City Village Of Palmetto Bay	State FL	Zip Code 33157-6244					C239882 eceipt th		t
FEC ID number of contributing federal political committee.	С					7	7	50	0.00
Name of Employer	Occupation	eriet							
Univ. of Miami School of Medicine Receipt For: Primary General Other (specify)	Anesthesio	Year-to-Date ▼ 500.00]						
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		y not be sold or used by any pe	erson			14	110		6	17
or for commercial purposes, other than using the ha		ddress of any political committee					solicitin	g cont	ributic	ons
NAME OF COMMITTEE (In Full) American Society of Anesthesiolo	aiste D	litical Action Committe	00							
American Society of Anesthesiolo	yisis ri		66							
Full Name (Last, First, Middle Initial) A. James K. Miller M.D.				Date of	Re	ceipt				
Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.				м м 07	/	10		y 201	ү ү З	1
City Knoxville	State TN	Zip Code 37920-1511					C23771 Receipt t	14		
FEC ID number of contributing federal political committee.	С					,			100.0	0
	Occupation									
Poppint For:	Anesthesiol	-	_							
Primary General	Aggregate	Year-to-Date ▼	_ _							
Other (specify)		600.00								
Full Name (Last, First, Middle Initial) B. Christopher G. Millson M.D.				Date of	Re	ceipt				
Mailing Address 2400 Wimbledon Dr				м м 07	/	15		201		1
City	State Zip Code NV 89107-2364						C23810			
Las Vegas	NV		Amount	of	Each F	Receipt t	his Pe	riod		
FEC ID number of contributing federal political committee.	С					7			83.3	0
Depart Aparthasialagista	Occupation hysician									
Poppint For:	•	Year-to-Date ▼								
Primary General Other (specify) ▼		583.10								
Full Name (Last, First, Middle Initial) C. Mitchell F. Minana M.D.				Date of	Re	ceipt				
Mailing Address 1306 E Welden Dr				м м 07	/	05		201		1
City	State	Zip Code		Trans	acti	on ID :	C23756	07		
Spokane	WA	99223	_	Amount	of	Each F	Receipt t	his Pe	riod	
FEC ID number of contributing federal political committee.	С					7			50.0	0
Name of Employer	Occupation									
	ANESTHES	IOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)		r	• -			,			233.3)

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IT.	EMIZED RECEIPTS	Use separate schedule(s)	(che	eck only	y or	ne)					
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Brian Mitchell M.D.				Date of	f Re	ceipt				
	Mailing Address 3710 SW US Veterans Hospita	al Rd			м м 07	/	13	/ Y	2013		1
	City Portland	State OR	Zip Code 97239-2964					C237994 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7			41.6	D
	Name of Employer	Occupation									
	Portland VA Medical Center P3- ANES	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		291.20								
в.	Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D.				Date of	f Re	ceipt				
	Mailing Address 3838 N Braeswood Blvd Apt 1				м м 07	1	27	/ Y	2013		1
	City	State TX	Zip Code					C239703			
	Houston	TX 77025-3005				t of	Each R	eceipt th	is Peri	od	_
	FEC ID number of contributing federal political committee.	С					7	1		83.34	ļ
	Name of Employer Memorial Hermann Southwest Hospital	Occupation physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		583.38								
C.	Full Name (Last, First, Middle Initial) Richard C. Month M.D.				Date of	f Re	ceipt				
	Mailing Address 2001 Hamilton St Apt 2307				м м 07	/	D D 12	/ Y	2013		
	City Philadelphia	State PA	Zip Code 19130					C23780		od	
	FEC ID number of contributing federal political committee.	С					7			83.3	D
	Name of Employer	Occupation									
	University of Pennsylvania Dept. of An	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		583.10								
s	UBTOTAL of Receipts This Page (optional)			•			7		2(08.24	
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	y information copied from such Reports and Si for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	е						
Α.	Full Name (Last, First, Middle Initial) Raul R. Montiague M.D. Mailing Address 7803 Railyard Dr SW				Date of	Re	D D	/ Y	Y Y Y	Y
	City Byron Center	State MI	Zip Code 49315-9525					C23971 eceipt th	2013 92 nis Perio	d
	FEC ID number of contributing federal political committee.	С					3		4	1.60
	Name of Employer Anesthesia Practice Consultants, PC Receipt For: Primary General Other (specify) ▼	Anesthesiol Aggregate	ogist Year-to-Date ▼ 291.20							
в.	Full Name (Last, First, Middle Initial) Gerald E. Moody M.D. Mailing Address P.O. Box 1721				Date of	Re /	D D	/ Y	Y Y	Y
	City Cumming	State GA	Zip Code 30028					C23946(eceipt th	2013 06 nis Perio	d
	FEC ID number of contributing federal political committee.	С					3			0.00
	Name of Employer NFAA	Occupation Anesthesiol	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
С.	Full Name (Last, First, Middle Initial) Richard E. Moon M.D.				Date of	Re	ceipt			
	Mailing Address Anesthesiology Box 3094				м м 07	/	25	/ Y	2013	Y
	City Durham	State NC	Zip Code 27710					C23959 eceipt th	41 nis Perio	d
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer	Occupation								
	Duke University Medical Center	Anesthesiol	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
s	UBTOTAL of Receipts This Page (optional)			•			7		104 ⁻	1.60
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		1 ⁻	1b 4	11	ł		2	17
	ny information copied from such Reports and S for commercial purposes, other than using the								f solic	iting	cont	ributi	ons
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) James Moore M.D.				Date o	of Re	ece	eipt					
	Mailing Address Ronald Reagan UCLA Medica 757 Westwood Plaza, Suite 33				м п 07	/	′	D 04	D /	Y	y 201	Y 3	Y
	City Los Angeles	State CA	Zip Code 90095-7403		Tran Amour				: C237 Receip			riod	
	FEC ID number of contributing federal political committee.	С					7			_		83.	30
	Name of Employer Department of Anesthesiology	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10										
в.	Full Name (Last, First, Middle Initial) Thomas A. Moore II, M.D.				Date o	of Re	ece	eipt					
	Mailing Address 1748 Vestwood Hills Dr				07	/	ſ	D 1	D /	Y	y 201		Y
	City Vestavia	State AL	Zip Code 35216		Tran Amour				C237 Receip			riod	_
	FEC ID number of contributing federal political committee.	С					7			,	1	500.0	00
	Name of Employer University of Alabama School of Medici	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00										
с.	Full Name (Last, First, Middle Initial) George A. Moresea M.D.				Date o	of Re	ece	eipt					
	Mailing Address 1232 Ashwood Rd				07	/	′ [D 30	D /	Y	201	3	Y
	City Akron	State OH	Zip Code 44312-5800		Tran Amour				: C239 Receip			riod	_
	FEC ID number of contributing federal political committee.	C					7			,		83.	30
	Name of Employer	Occupation	I										
	Stark County Anesthesia, Inc.	anesthesiol	ogist										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 583.10										
	UBTOTAL of Receipts This Page (optional)			•		-	7			,	10	666.6	50

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)
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Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Samuel A. Morgos M.B.,B.S. Mailing Address 12707 Crestmoor Cir		Date of Receipt
City Prospect	State Zip Code KY 40059-9182	07 25 2013 Transaction ID : C2396123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Jewish Physician Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.02]
Full Name (Last, First, Middle Initial) Caroline Morris M.D. Mailing Address 2797 Fox Creek Dr.		Date of Receipt 07 29 2013
City Germantown	State Zip Code TN 38138	Transaction ID : C2397194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Medical Anesthesia Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.10	1
Full Name (Last, First, Middle Initial) C. Jason E. Morris M.D.		Date of Receipt
Mailing Address 2797 Fox Creek Dr.		07 29 2013
City Germantown	StateZip CodeTN38138-5723	Transaction ID : C2397193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Medical Anesthesia Group Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 583.10]
SUBTOTAL of Receipts This Page (optional)		208.27

SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committee	e
Full Name (Last, First, Middle Initial) Robert R. Morrison M.D. Mailing Address 5801 Spinnaker Pointe City Parkville FEC ID number of contributing federal political committee. Name of Employer Ad Vivum Anesthesiology, P.C. Receipt For:	State Zip Code MO 64152-6102 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Frank Moya M.D. Mailing Address 1450 Madruga Ave Ste 207 City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33146 C Occupation Retired physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Michael L. Mueller M.D. Mailing Address 1520 Chandler Rd SE City Huntsville FEC ID number of contributing federal political committee. Name of Employer Comprehensive Anesthesia Services Receipt For: Primary General Other (specify) ▼	State Zip Code AL 35801-1476 C C Occupation C Anesthesiologist C Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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1 71	EMIZED RECEIPTS		Use separate schedule(s)	(check	only c	one)				
			for each category of the Detailed Summary Page	X 11		11b 14	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for t	he pu	rpose of	soliciting	g contrib		
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	e						
Α.	Full Name (Last, First, Middle Initial) Joel H. Mumford M.D.			Date	of R	eceipt				
	Mailing Address 221 Elm Hill St			0		/ D I 25) / Y	у у 2013	Y	
	City	State VT	Zip Code 05156-2424				C239594			
	Springfield	VI	03130-2424	Amo	unt of	f Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				9		69	8.00	
	Name of Employer	Occupation								
	V A Medical Center	anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		785.10							
	Full Name (Last, First, Middle Initial)									
B.	Mark Murray M.D.			Date	of R	eceipt				
	Mailing Address 1924 Alcoa Highway, Box U-10 Department of Anesthesia	9		0		18) / Y	2013	Y	
	City	State	Zip Code	Tra	insac	tion ID :	C238677	74		
	Knoxville	TN	37920	Amo	unt o	f Each F	Receipt th	nis Perio	d	_
	FEC ID number of contributing federal political committee.	С				7	7	8	3.30	
	Name of Employer	Occupation								
	University Anesthesiologists	Anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) V		583.10							
С.	Full Name (Last, First, Middle Initial) Robert F. Murray III, M.D.			Date	of R	eceipt				
	Mailing Address 19 Elm Park Blvd.			0		/ 13		2013	Y	
	City	State	Zip Code	Tra	ansac	tion ID :	C23799	47		
	Pleasant Ridge	MI	48069-1106	Amo	unt of	f Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				7		8	3.30	
	Name of Employer	Occupation								
	William Beaumont Hospital	Physician								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		583.10							
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
s	UBTOTAL of Receipts This Page (optional)		••••••			, ,		864	4.60	
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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	neck only	/ on	ie)				
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\rangle	American Society of Anesthesic	ologists Po	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Jeffrey A. Myers M.D.				Date of	Re	ceipt				
	Mailing Address 3777 Bobbin Mill Rd.				м м 07	/	02	/ Y	Y 201	Y I Y	
	City	State	Zip Code		Trans	acti		C237073			
	Tallahassee	FL	32312	_	Amount	of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	9	1	000.0	0
	Name of Employer	Occupation									
	Sheridan	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
	Full Name (Last, First, Middle Initial) Peter A. Nagi M.D.				Doto of	Po	agint				
D.	Mailing Address 3924 Forest Ave				Date of	ne			Y	V	
	Maining Address 3924 Folest Ave				07		30	/ 1	201		
	City	State	Zip Code		Trans	acti		C239794			
	Mountain Brk	AL	35213-2929	_	Amount	of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		41.6	0
	Name of Employer	Occupation		_							
	Univ. of Alabama at Birmingham Dept of	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 291.20								
<u>с</u> .	Full Name (Last, First, Middle Initial) Jobin Nash M.D.				Date of	Re	ceipt				
	Mailing Address 200 East Avenue #1304				м м 07	/	26	/ Y	201		7
	City	State	Zip Code		Trans	acti	ion ID :	C239629	90		
	Rochester	NY	14604	_	Amount	of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					7			100.0	00
	Name of Employer	Occupation									
	Medcenter One	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		700.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	y not be sold or used by any p ddress of any political committe	erson t e to so	for the plicit co	pur ontrik	pose outions	of s s fro	oliciting) con h cor	ıtributi mmitte	ions ee.
NAME OF COMMITTEE (In Full)											
American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Allison W. Nassif D.O.				Date c	of Re	eceipt					
Mailing Address 2107 Companero Ave				M N	/		D 18	/ Y) 13	Y
City	State	Zip Code		Tran	sact	ion ID) : C	238677			
Orlando	FL	32804-6503		Amour	nt of	Each	Red	ceipt th	iis Pe	eriod	
FEC ID number of contributing federal political committee.	С					7		7		41.	60
Name of Employer	Occupation		_								
JLR medical group	Anesthesio	ogist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11.								
Other (specify)		291.20	4								
Full Name (Last, First, Middle Initial) B. Joseph M. Neal M.D.				Date c	of Re	eceipt					
Mailing Address P.O. Box 900				07	/	D)9	/ Y	201	13	Y
City	State	Zip Code			sact			237619			
Seattle	WA	98111-0900		Amour	nt of	Each	Red	ceipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	C					7		7	_	250.0	00
Name of Employer	Occupation		_								
Virginia Mason Medical Center	Anesthesiol	ogist									
Receipt For:	I	Year-to-Date ▼									
Primary General	1.99.094.0		11.								
Other (specify) v		250.00	4								
Full Name (Last, First, Middle Initial) C. Nicholas B. Nedeff M.D.				Date c	of Re	eceipt					
Mailing Address 341 SW 31st Rd				м п 07	/		D 15	/ Y	201	ү 13	Y
City	State	Zip Code		Tran	sact	ion ID) : C	238340	08		
Miami	FL	33129-2628		Amour	nt of	Each	Red	ceipt th	nis P€	eriod	
FEC ID number of contributing federal political committee.	С					7		7		1000.	00
Name of Employer	Occupation		\neg								
University of Miami	Anesthesio	ogist									
Receipt For:		Year-to-Date ▼									
Primary General	33 . 3		.								
Other (specify)		1000.00	1								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Sheldon B. Newman M.D. Mailing Address 60 Thadford St.			1	Date of	FRe	ceipt) / Y	Ý	Y Y	
	City East Northport	State NY	Zip Code 11731					C23733 Receipt th			
	FEC ID number of contributing federal political committee.	С					7			83.3	4
	Name of Employer North American Partners in Anesthesia Receipt For:	Occupation Anesthesiol	ogist								
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 500.04								
В.	Full Name (Last, First, Middle Initial) Melissa O Nikolaidis M.D.				Date of	Re	ceipt				
	Mailing Address 2230 McClendon St				^M ■ M 07	/	28) / Y	2013		
	City Houston	State TX	Zip Code 77030-2020					C23970 Receipt tl		od	
	FEC ID number of contributing federal political committee.	С					,			41.60)
	Name of Employer Houston Northwest Anesthesiology and P	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20								
С.	Full Name (Last, First, Middle Initial) Hokuto Nishioka M.D.				Date of	Re	ceipt				
	Mailing Address 1600 S Prairie Ave Unit 604				м м 07	/	13		2013		
	City Chicago	State IL	Zip Code 60616					C23799 Receipt th		od	
	FEC ID number of contributing federal political committee.	С					7			41.6	0
	Name of Employer	Occupation									
	University of Illinois at Chicago	Physician		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20								
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Any information copied from such Reports or for commercial purposes, other than usi			erson for th		pose of			
NAME OF COMMITTEE (In Full)								
American Society of Anesth	nesiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Mark D. Nissen M.D.			Date	of Re	eceipt			
Mailing Address 222 2nd St SE Apt 606			M		DD	/ Y	Y Y	Y
City	State	Zip Code	07		10	C237740	2013	
Minneapolis	MN	55414-5137					is Period	1
FEC ID number of contributing federal political committee.	С				7		250	0.00
Name of Employer	Occupation							
Northwest Anesthesia PA	Anesthesio	ogist						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		250.00						
Full Name (Last, First, Middle Initial) B. Heather C. Nixon M.D.			Dete		:			
Mailing Address 4833 W Pratt Ave					eceipt	/ V	YY	V
			07		12	/ 1	2013	
City	State	Zip Code	Trai	nsact	ion ID :	C237805	3	
Lincolnwood	IL	60712-3214	Amou	int of	Each R	eceipt th	is Period	I
FEC ID number of contributing federal political committee.	C			_	,		41	.67
Name of Employer	Occupation							
University of Illinois Hospital and He Receipt For:		ofessor of Anesthesiology						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		291.69						
Full Name (Last, First, Middle Initial) C. Craig A. Nordhues M.D.			Date	of Re	eceipt			
Mailing Address 104 Inverness Dr			07		24	/ Y	2013	Y
City	State	Zip Code	Tra	nsact	tion ID :	C239589	91	
Dothan	AL	36305-7287	Amou	int of	Each R	eceipt th	is Period	1
FEC ID number of contributing federal political committee.	С				7	7	1000	0.00
Name of Employer	Occupation							
Anesthesia Consultants Medical Grp	Staff Anest	nesiologist						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		1000.00						
SUBTOTAL of Receipts This Page (option	nal)						1291	.67
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NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Patrick J. Noud M.D.				Date of	Receipt				
Mailing Address 6914 NW 126th Ave				м м	/ D 31		ү 20	13	
City	State	Zip Code				: C239980		10	
Parkland	FL	33076-1964	A	Amount	of Each	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					7		250.0	0
Name of Employer	Occupation								
ANESCO North Broward	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		250.00							
Full Name (Last, First, Middle Initial) B. Joseph M. Nounou M.D.				Date of	Receipt				
Mailing Address 668 Lakeside Dock Dr				м м 07	/ D 13		201	Y Y 3	
City	State	Zip Code				, : C237991		5	
Kingsport	TN	37663-4109	A	Amount	of Each	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С				-	7		83.3	4
Name of Employer Briston Anesthesia Services P.C.	Occupation Anesthesiol								
Receipt For:		Year-to-Date ▼							
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Full Name (Last, First, Middle Initial) C. Shafeena D Nurani M.D.				Date of	Receipt				
Mailing Address 1900 Lone Pine Rd				м м 07	/ D 31		201	3	
City	State	Zip Code				: C239974			
Bloomfld HIs	MI	48302-2521	A	Amount	of Each	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					7		500.0	00
Name of Employer	Occupation								
American Anesthesiology of Michigan	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
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or for c	ommercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ontrib	outio	ons fro	m such		mmitt	ee.
	IE OF COMMITTEE (In Full)											
Arr	nerican Society of Anesthesio	logists Po	olitical Action Commit	tee								
A. Ric	Name (Last, First, Middle Initial) hard P. O'Flynn M.D.				Date c	of Re	eceip	ot				
Maili	ng Address 10 White Pine Ln.				M N	/	D	13	/ Y)13	Y
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Ros	e Valley	PA	19063		Amour	nt of	Eac	ch Red	eipt th	is P	eriod	
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	ety Hill Anesthesia Consultants at	Physician										
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	Other (specify) ▼		291.20									
	Name (Last, First, Middle Initial) thleen A. O'Leary M.D.				Date c	of Re	eceip	ot				
Maili	ng Address 666 Elm and Carlton St Roswell Park Cancer Institute				M N	/	D	13	/ Y	Y 20	ү 13	Y
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	e of Employer vell Park Cancer Institute	Occupation PHYSICIAN	I									
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	ng Address 1836 S Shores Dr				M N 07			23	/ Y	Y 20	13	Y
City Dec	atur	State IL	Zip Code 62521-5529						239607 ceipt th		eriod	
	ID number of contributing ral political committee.	С					7			_	125	.00
Nam	e of Employer	Occupation										
	ociated Anes. of Decatur	Anesthesiol	ogist									
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	Primary General			- 1								
	Other (specify)		825.00									
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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)				
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\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Achikam Oren-Grinberg M.D.				Date of	Re	ceipt				
	Mailing Address 95 Crowninghield Rd.				M M	1		/ Y	Y Y Y		1
	City	State	Zip Code		07 Trans	acti	10 ion ID : (C237718	2013 30	5	
	Brookline	MA	02446-6777		Amount	of	Each Re	eceipt th	is Peri	od	
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	Name of Employer	Occupation									
	BIDMC	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify)		, 250.00								
B.	Full Name (Last, First, Middle Initial) Dale P. Ostrander M.D.				Date of	Re	ceipt				
	Mailing Address 2300 N. Edward St.				м м 07	/	30	/ Y	2013		1
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	Decatur		62526	\neg	Amount	of	Each Re	eceipt th	is Peri	od	_
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	Name of Employer Assoc. Anes. of Decatur, Ltd	Occupation	agiat								
	Receipt For:	Anesthesiol	Year-to-Date ▼								
	Primary General	Aggregate									
	Other (specify) v	L	, 250.00								
C.	Full Name (Last, First, Middle Initial) Chad A. Ott M.D.				Date of	Re	ceipt				
	Mailing Address 6911 Van Dorn St Ste 2				м м 07	1	31	/ Y	2013		1
	City	State	Zip Code		Trans	acti	ion ID : (C240179			
	Lincoln	NE	68506-6801	_	Amount	of	Each Re	eceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С				_	7		6	600.0	0
	Name of Employer	Occupation									
	Associated Anesthesiologists Receipt For:	Anesthesiol	•								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		600.00								
\vdash	UBTOTAL of Receipts This Page (optional)			► -		_	7		11(00.00)
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American Society of Anesthe	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Lynn D. Owen D.O. Mailing Address 411 Laurel St., #3170				Date o		eceipt		(
City	State	Zip Code		07		09	C23765	2013	Y
Des Moines	IA	50314	A					his Period	d
FEC ID number of contributing federal political committee.	С					7			0.00
Name of Employer Medical Center Anesthesiologists, PC	Occupation Anesthesio								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) B. Joseph M. Palmeri M.D.				Date o		· ·			
Mailing Address 7765 S Erie Ave	State	Zip Code		м м 07		31	JL	2013	Y
City Tulsa	OK	74136					C24018		4
FEC ID number of contributing federal political committee.	C			Amoun				his Perioo 1000).00
Name of Employer AAI	Occupation Anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. Parag Pandya M.D.				Date o	f Re	eceipt			
Mailing Address 210 Royal Vw				м м 07	/	23	/ Y	2013	Y
City Pittsford	State NY	Zip Code 14534-9633					C23960 eceipt tl	177 his Period	ł
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Name of Employer	Occupation	1							
Geneva General Hospital Anesthesiology	Staff Anest	hesiologist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		583.10							
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			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Γ	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	solicitin	g contrib		ıs
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Thomas J. Papadimos M.D. Mailing Address 4313 Oak Wood Ct				Date of	f Re	D D	/ Y	YYY	Ŷ	1
	City Dublin	State OH	Zip Code 43016-7344					C23799 eceipt tl	2013 71 nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		4	1.60	
	Name of Employer Ohio State University Medical Center Receipt For: Primary General	Occupation Anesthesiol Aggregate	Year-to-Date ▼								
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)	L	291.20								
в.	John L. Pappas M.D. Mailing Address 294 Barden Rd				Date of	f Re	ceipt	/ Y	2013	Y	1
	City Bloomfield Hills	State MI	Zip Code 48304-2711		Trans		on ID :	C23780 eceipt tl		d	-
	FEC ID number of contributing federal political committee.	С					9		8	3.30	
	Name of Employer William Beaumont Hospital Troy	Occupation Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10								
C.	Full Name (Last, First, Middle Initial) Harry G. Parr D.O.				Date of	f Re	ceipt				
	Mailing Address 4725 Tully Rd.	Chata	7in Oode		м м 07	/	15	JL	2013	Y	
	City Bloomfield Hills	State MI	Zip Code 48302					C23810 eceipt tl	54 nis Perio	d	
	FEC ID number of contributing federal political committee.	С					9		Ę	33.30)
	Name of Employer	Occupation									
	South Oakland Anesthesia Associates	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or or for commercial purposes, other than using the name and address of any political committee to solicit contributions NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Toni R. Patterson D.O. Mailing Address 927 Arlington Oaks Ter City State City State Chesterfield MO FEC ID number of contributing federal political committee.	from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Toni R. Patterson D.O. Mailing Address 927 Arlington Oaks Ter City State City State Chesterfield MO FEC ID number of contributing	2013 2013 202397924 Receipt this Period
American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Toni R. Patterson D.O. Mailing Address 927 Arlington Oaks Ter City State City State Chesterfield MO FEC ID number of contributing	2013 C2397924 Receipt this Period
A. Toni R. Patterson D.O. Date of Receipt Mailing Address 927 Arlington Oaks Ter 07 30 City State Zip Code Transaction ID Chesterfield MO 63017-5903 Amount of Each F FEC ID number of contributing C C C	2013 C2397924 Receipt this Period
City State Zip Code Transaction ID Chesterfield MO 63017-5903 Amount of Each F	2013 C2397924 Receipt this Period
Chesterfield MO 63017-5903 FEC ID number of contributing C	: C2397924 Receipt this Period
FEC ID number of contributing	
	250.00
Name of Employer Occupation	
Physician Anesthesia Services Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) 250.00	
Full Name (Last, First, Middle Initial) B. Blake E. Pedersen D.O. Date of Receipt	
Mailing Address 2757 Carriage Way	
City State Zip Code Transaction ID :	
	Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation	
St. Lukes Magic Valley Regional Medica Anesthesiologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify)	
Full Name (Last, First, Middle Initial) C. Feyce M. Peralta M.D. Date of Receipt	
Mailing Address 251 E Huron St # F5-704 07 13	
City State Zip Code Transaction ID	
	Receipt this Period
FEC ID number of contributing federal political committee.	83.30
Name of Employer Occupation	
Northwestern Memorial Hospital Anesthesiologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 583.10	
Other (specify)	
SUBTOTAL of Receipts This Page (optional)	833.30

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\square	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	iologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D.				Date o	of Re	eceipt				
	Mailing Address 278 Round Swamp Rd				м м 07	/	0:			ү 013	Y
	City	State	Zip Code		Tran	sact	ion ID	: C23733	39		
	Melville	NY	11747-1903		Amour	nt of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,			83.	34
	Name of Employer	Occupation									
	NORTH AMERICAN PARTNERS ANESTHES		IOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)	L	624.84								
В.	Full Name (Last, First, Middle Initial) Shane L Petersen M.D.				Date o	of Re	eceipt				
	Mailing Address 3224 Regan Ct				07	/	30	0)13	Y
	City	State	Zip Code		Tran	sact	ion ID	: C23980			
	Salt Lake City	UT	84121		Amour	nt of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					7			250.	00
	Name of Employer	Occupation									
	Intermountain Medical Center Anesthesi	physician									
	Receipt For:	1	Year-to-Date ▼								
	Primary General	1.99.094.0		11							
	Other (specify)		, 250.00								
c.	Full Name (Last, First, Middle Initial) Mark C. Phillips M.D.				Date c	of Re	eceipt				
	Mailing Address 619 19th St S				м 07	/	D 1;)13	Y
	City	State	Zip Code		Tran	sact	tion ID	: C23799	936		
	Birmingham	AL	35249		Amour	nt of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,			83.	30
	Name of Employer	Occupation									
	UAB	Anesthesio	ogist								
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Paul W. Pickard M.D. Mailing Address 5680 Riverviiew Plantation Driv	'e		1	Date of	_	· ·) / Y	Y	Ý	Ŷ
	City	State	Zip Code	- 1	07	I,	30			013	
	Theodore	AL	36582					C23984		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	500	.00
	Name of Employer Coastal Anesthesia, PC	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
В.	Full Name (Last, First, Middle Initial) Wesley V. Picolo Jr., M.D. Mailing Address 7401 SW 5th St.				Date of	Re	eceipt	/ Y		Ŷ	Y
	City	State	Zip Code		07 Trans	acti	16 ion ID :	C23840 ²)13	
	Plantation	FL	33317	/	Amount	of	Each R	leceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	250	.00
	Name of Employer Sheridan Health Care	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
c.	Full Name (Last, First, Middle Initial) Marina A. Pierce M.D.				Date of	Re	eceipt				
	Mailing Address 2438 Golfview Dr				м м 07	/	16) / Y)13	Y
	City Orange Park	State FL	Zip Code 32003-3383					C23834		Period	
	FEC ID number of contributing federal political committee.	С					7				.34
	Name of Employer	Occupation	1	-							
	Florida Anesthesia Assoc., P.A.	Anesthesio	logist, MD								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
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		Detailed Summary Page		11a		11b	11c		12	
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NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Michael H. Plumer M.D.				ate of	Re	ceipt				
Mailing Address 162 Paako St.				м – м 07	/	D D D 27	/ Y)13	Y
City	State	Zip Code		Trans	acti	ion ID : 0	239703	35		
Караа	HI	96746	A	mount	of	Each Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					9	,	_	50.	00
Name of Employer Kauai Medical Clinic	Occupation Physician		_							
Receipt For:										
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		350.00								
Full Name (Last, First, Middle Initial) B. David M. Polaner M.D.				ate of	Re	ceipt				
Mailing Address 13123 E 16th Ave				M M	/	DD	/ Y	Y	Y	Y
Dept. of Anesthesiology			_	07		25	L	20	13	
City	State	Zip Code				on ID : 0				
Aurora	CO	80045-7106	A	mount	of	Each Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					y	7	_	250.	00
Name of Employer University of Colorado	Occupation physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. Roma C. Polce M.D.				ate of	Re	ceipt				
Mailing Address 3092 Red Arrow Dr.				м м 07	/	D D 16	/ Y	ү 20	y 13	Y
City	State	Zip Code		Trans	acti	ion ID : (23834	68		
Las Vegas	NV	89135-1303	A	mount	of	Each Re	eceipt th	is P	eriod	
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Name of Employer	Occupation	1	\neg							
VAMC Southern Nevada	Anesthesio	logist								
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Primary General		(00.00)	11							
Other (specify)		499.80								
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	ME OF COMMITTEE (In Full) merican Society of Anesthesio	logists P	olitical Action Committ	ee							
A . Ja	II Name (Last, First, Middle Initial) ason Porter M.D. illing Address 381 Cherry St				Date c			ot		YYY	Y
Cit		State	Zip Code		07		L	17	238508	2013	
St	Henry	OH	45883		Amour	nt of	Eac	h Re	ceipt th	is Perio	b
	C ID number of contributing leral political committee.	С					7		3	4	1.67
Na	me of Employer	Occupation									
	ercer Health, Coldwater, Ohio ceipt For:	Anesthesiol	-								
he	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69								
	II Name (Last, First, Middle Initial) ohn W. Porter M.D.				Date c	of Re	eceip	ot			
Ma	iling Address 4222 Windy Orchard Dr				M N 07	/	D	D 10	/ Y	y y 2013	Y
Cit	•	State TX	Zip Code						237726		
FE	chmond C ID number of contributing leral political committee.	C	77407-3203		Amour	nt of	Eac	h Re	ceipt th	is Perio 25	d D.00
	me of Employer ylor College of Medicine Anesthesiol	Occupation Anesthesiol									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	II Name (Last, First, Middle Initial)				Date c	of Re	eceip	ot			
Ma	iling Address N2201 North Wing CB 7010				M N 07	/	D	09	/ Y	y y 2013	Y
Cit Cl	y napel Hill	State NC	Zip Code 27599						237594		4
FE	C ID number of contributing leral political committee.	С			Amour		1		, teipt til		1.67
Na	me of Employer	Occupation		_							
	NC Sch of Med Anes Dept	Anesthesio	logist								
Re	ceipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		291.69								
SUB	TOTAL of Receipts This Page (optional)						7		7	333	3.34
тот	AL This Period (last page this line number of	only)		•			7		7		
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	EMIZED RECEIPTS	for each category of the Detailed Summary Page		< 11a		11b	11c	12		
	y information copied from such Reports and S for commercial purposes, other than using the					purp				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Commit	ee						
Α.	Full Name (Last, First, Middle Initial) Johnathan L. Pregler M.D. Mailing Address 10556 Dunleer Dr City	State	Zip Code		Date of	/	01	C236330	2013	Y
	Los Angeles	CA	90064-4318	_				Receipt th		d
	FEC ID number of contributing federal political committee.	С					,		8	3.30
	Name of Employer UCLA Dept of Anesthesiology Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼							
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Alison M. Premo M.D. Mailing Address 715 N Old Woodward Ave	L	583.10]	Date o	f Rec	ceipt) / Y	Y Y	Y
	City Birmingham FEC ID number of contributing	State MI	Zip Code 48009-1320	07 10 2 Transaction ID : C2377170 Amount of Each Receipt this						d 8.00
	federal political committee. Name of Employer Anesthesia Associates of Ann Arbor Receipt For: Primary General Other (specify)	Occupation Anesthesiol					9	5		<u></u>
C.	Full Name (Last, First, Middle Initial) Matthew D. Price M.D. Mailing Address 50791 Chesapeake Dr.			_	Date o	f Rec	ceipt		2013	Y
	City Novi	State MI	Zip Code 48374-2552					C238716 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,			3.30
	Name of Employer	Occupation	1							
	South Oakland Anesthesia Associates PC	Anesthesio	logist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10	1						
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,		374	4.60
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		Use separate schedule(s)	(check on	ly one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose o	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Nathan M. Rachman M.D. Mailing Address 1241 Killarney Dr			Date o	of Receipt	D / Y	YY	Y
City Ormond Beach	State FL	Zip Code 32174-2828		26 saction ID nt of Each	: C23962		
FEC ID number of contributing federal political committee.	С			7			1.67
Name of Employer Halifax Medical Center Receipt For:	Occupation Anesthesio	ogist	_				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 374.82					
Full Name (Last, First, Middle Initial) B. Jayanthie S. Ranasinghe M.D.			Date o	of Receipt			
Mailing Address 6600 SW 94th Ct	01-14	7: 0-1	07	02	2	2013	Y
City Miami	State FL	Zip Code 33173-2362		saction ID nt of Each			1
FEC ID number of contributing federal political committee.	С					250	0.00
Name of Employer University of Miami	Occupation Anesthesiol						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) C. Sripad P. Rao M.D.			Date o	of Receipt			
Mailing Address 1504 Bay Rd Apt 3307			м п 07	/ D 05		2013	Y
City Miami Beach	State FL	Zip Code 33139-3281		saction ID			1
FEC ID number of contributing federal political committee.	С			7			3.30
Name of Employer	Occupation		_				
Ryder Trauma Center Anesthesiology	Anesthesio	logist					
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 583.10					
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number						374	.97

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TIEMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c	12						
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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and ac	y not be sold or used by any p Idress of any political committe	erson for the pr e to solicit contr	urpose of ibutions	f soliciting from such	contribu committ	tions tee.					
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	esiologists Po	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. John P. Rask M.D.			Date of F	Receipt								
Mailing Address 756 Fairway Rd., NW			М — М 07	/ 13	D / Y	ү ү 2013	Y					
City	State	Zip Code	Transaction ID : C2379951									
Albuquerque	NM	87107-5719	Amount o									
FEC ID number of contributing federal political committee.	С		83									
Name of Employer	Occupation											
University of New Mexico School of Med	Anesthesiolo	ogist										
Receipt For:		ear-to-Date ▼										
Primary General	7.99.094.0											
Other (specify)		583.10	1									
Full Name (Last, First, Middle Initial) B. Ann C. Reardon M.D.			Date of F	Receipt								
Mailing Address 34 Bellevue Ave.			07	/ 30	D / Y	2013	Y					
City	State	Zip Code	Transad	tion ID :	C239795							
Bangor	ME	04401-5226	Amount o	of Each F	Receipt thi	is Period						
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer	Occupation											
Spectrum Medical Group	anesthesiolo	gist										
Receipt For:	Aggregate	/ear-to-Date ▼										
Primary General	33 13 14											
Other (specify)		, 500.00										
Full Name (Last, First, Middle Initial) C. Elizabeth Rebello M.D.			Date of F	Receipt								
Mailing Address 4800 Welford Dr			07	/ 26		у у 2013	Y					
City	State	Zip Code	Transa	ction ID :	: C239702							
Bellaire	ТХ	77401-5334	Amount o	of Each F	Receipt thi	s Period						
FEC ID number of contributing federal political committee.	С			7	7	250	0.00					
Name of Employer	Occupation											
MD Anderson Cancer Center	Anesthesiol	ogist										
Receipt For:		/ear-to-Date ▼										
Primary General			1									
Other (specify)		250.00										
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			Detailed Summary Page		< 11a		11b		11c		12	<u> </u>	
	by information copied from such Reports and St												
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)					UTD	utions	5 (ľ(UTT SUC			ee.	
	American Society of Anesthesio												
Α.	Full Name (Last, First, Middle Initial) Douglas A. Redfield M.D. Mailing Address 580 Court St				Date of	Re	ceipt	D	/ Y	Y	Y	Y	
	Cheshire Medical Center Anes.	Dept State	Zip Code	_	07		22				013		
	Keene	NH	03431-1718	Transaction ID : C2396097 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7				30	.00	
	Name of Employer Cheshire Medical Center Anes. Dept.	Occupation Anesthesiol											
	Receipt For:		Year-to-Date ▼										
	Other (specify) ▼		210.00										
в.	Full Name (Last, First, Middle Initial) Linda J. Rice M.D.				Date of	Re	ceipt						
	Mailing Address 1139 42nd Ave N				м м 07	1	D 1	2	/ Y) 13	Y	
	City Saint Petersburg	State FL	Zip Code 33703-4535						238666		Poriod		
	FEC ID number of contributing federal political committee.	С			Amount			нe	, teipt tr		2000.	00	
	Name of Employer All Childrens Hospital	Occupation pediatric and	esthesiologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00										
C.	Full Name (Last, First, Middle Initial) Jeffrey M. Ricketts D.O.				Date of	Re	ceipt						
	Mailing Address 880 Bradford Holw NE				м м 07	1	D 2		/ Y)13	Y	
	City Grand Rapids	State MI	Zip Code 49525-3300		Trans Amount				C23970		Period		
	FEC ID number of contributing federal political committee.	С				. 01	1		7			.00	
	Name of Employer	Occupation		\neg									
	Anesthesia Medical Consultants, P.C.	ogist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	0									
s	UBTOTAL of Receipts This Page (optional)		•••••	 			7				2080.	00	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	I and Statements may not be sold or used by any p g the name and address of any political committee									
American Society of Anesthe	esiologists Political Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Cameron J. Ricks M.D. Mailing Address 33965 Malaga Dr		Date of Receipt								
City	State Zip Code	07 16 2013 Transaction ID : C2383470								
Dana Point	CA 92629-2456	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	41.60								
Name of Employer UC Irvine Dept Anes	Occupation Anesthesiologist									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.20]								
Full Name (Last, First, Middle Initial) B. Matthias Riess M.D., Ph.D		Date of Receipt								
Mailing Address 8701 W Watertown Plank		07 14 2013								
City Milwaukee	StateZip CodeWI53226-3548	Transaction ID : C2379993 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	375.00								
Name of Employer Medical College of Wisconsin Dept of A	Occupation Anesthesiologist									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00]								
Full Name (Last, First, Middle Initial) C. Joseph M. Rifici A.AC		Date of Receipt								
Mailing Address Lakeside ANES 2532 LK 11100 Euclid Ave.		M M / D D / Y Y Y Y Y 07 15 2013								
City Cleveland	StateZip CodeOH44106-1716	Transaction ID : C2381060 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	83.30								
Name of Employer	Occupation	—								
Univ Hosp of Cleveland Case Med Ctr	Anesthesiologist Assistant									
	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	583.10]								
SUBTOTAL of Receipts This Page (optiona	al)	499.90								
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		Detailed Summary Page	2	< 11a 13		11b 14	110	;	-	12	47		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of			con			
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee									
A.	Full Name (Last, First, Middle Initial) Robert L. Ringering D.O. Mailing Address PO Box 506 City Old Lyme FEC ID number of contributing federal political committee. Name of Employer North American Partners in Anesthesia Receipt For: Primary General Other (specify) ▼	State CT C Occupation Anesthesio Aggregate			Date of 07 Trans Amount	/ acti	18	C238	6778	20		Ŷ 67	
в.	Full Name (Last, First, Middle Initial) Edwin A. Risi Jr., M.D. Mailing Address 19543 SW 39th St City	State	Zip Code		Date of	/	on ID :			201	y 13	Ŷ	
	Miramar FEC ID number of contributing federal political committee. Name of Employer	FL C Occupation	33029-2734	Amount of Each Receipt this Period									
	North Shore Anesthesiology Partners L Receipt For: Primary General Other (specify) ▼	Anesthesiol Aggregate	ogist Year-to-Date ▼ 700.00										
C.	Full Name (Last, First, Middle Initial) Sean M. Rivard M.D. Mailing Address 162 Long Rapids Road				Date of	FRe	eceipt 10		Y	ү 20 ⁻	ү 13	Ŷ	
	City Alpena FEC ID number of contributing federal political committee. Name of Employer Alpena Regional Medical Center Receipt For: Primary General Other (specify) ▼	State MI Occupation Anesthesio Aggregate			Trans Amount		ion ID : Each R				eriod 500.	00	
s	UBTOTAL of Receipts This Page (optional)		••••••	' ►			3		-		641.6	67	
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ITEINIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12										
		13 14 15 16 17										
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American Society of Anest	hesiologists Political Action Comm	ittee										
Full Name (Last, First, Middle Initial) A. Daniel Rivera M.D.		Date of Receipt										
Mailing Address 18810 Canoe Brk		M = M / D = D / Y = Y = Y Y 07 30 2013										
City	State Zip Code	Transaction ID : C2397945										
San Antonio	TX 78258	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	100.00										
Name of Employer Clinical Colleagues, Inc	Occupation Anesthesiologist											
Receipt For:												
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00											
Full Name (Last, First, Middle Initial) B. Kevin W. Roberts M.D.	I	Date of Receipt										
Mailing Address 240 Walnut Ln.		07 05 2013										
City	State Zip Code	Transaction ID : C2374672										
Slingerlands	NY 12159	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	83.34										
Name of Employer Albany Medical Center Hospital	Occupation Anesthesiologist											
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General											
Full Name (Last, First, Middle Initial) C. Vonn E. Roberts M.D.	1	Date of Receipt										
Mailing Address 5111 Cavvy Rd		07 05 2013										
City Lincoln	State Zip Code NE 68516-3415	Transaction ID : C2375608 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	250.00										
Name of Employer	Occupation											
Associated Anesthesiologists	physician											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General Other (specify) ▼	250.00											
SUBTOTAL of Receipts This Page (optic) onal)	433.34										
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio										mmte	<u>e.</u>			
	Full Name (Last, First, Middle Initial) Edward S. Robinson M.D.				Date o	f Re	ecei	pt							
	Mailing Address 417 E 37th St				м м 07	/	ľ	13	/ Y) 13	Y			
	City Kansas City	State MO	Zip Code 64109-2604	A	Transaction ID : C2379928 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7				75.	00			
	Name of Employer AAKC	Occupation Anesthesiol													
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00]											
	Full Name (Last, First, Middle Initial) Leopoldo V. Rodriguez M.D.				Date o	f Re	ecei	pt							
	Mailing Address 21050 NE 38th Ave Apt 305				м м 07	/		07	/ Y	20 [°]	ү 13	Y			
	City Aventura	State FL	Zip Code 33180-4073						C23756						
-	FEC ID number of contributing federal political committee.	s.							eceipt tl		83.:	30			
	Name of Employer Sheridan Healthcare Inc	Occupation Anesthesiol													
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10]											
	Full Name (Last, First, Middle Initial) Miguel Rodriguez M.D.				Date o	f Re	ecei	pt							
	Mailing Address 4161 Dunes Pkwy				м м 07	/		23	/ Y	20 [°]	ү 13	Y			
	City Muskegon	State MI	Zip Code 49441-7201	A					C23954 eceipt tl		eriod				
	FEC ID number of contributing federal political committee.	С					7				500.	00			
Ī	Name of Employer	Occupation													
	lakeshore anesthesia services	anesthesiol	ogist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		500.00												
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NAME OF COMMITTEE (In Full)											-		
American Society of Anesthe	siologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Scott T. Roethle M.D.				Date o	f Re	ceipt							
Mailing Address 5005 W 131 Terr				07 04 Y Y Y Y 07 04 2013									
City Leawood	State KS	Zip Code 66209		Trans Amoun	220								
FEC ID number of contributing federal political committee.	С					,		_	83.	30			
Name of Employer AAKC	Occupation MDA												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10	1										
Full Name (Last, First, Middle Initial) B. John Rogoski D.O.				Date of	f Re	ceipt							
Mailing Address Dept. of Anesthesiology Doan Hall N411				м м 07	/	D D D 15	/ Y		y 13	Y			
City	State	Zip Code		Trans	actio	on ID : (C23810	58					
Columbus	OH	43210		Amoun	t of	Each Re	eceipt th	his P	eriod				
FEC ID number of contributing federal political committee.	С					,	,	_	83.3	30			
Name of Employer Wexner Medical Center	Occupation Physician												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10											
Full Name (Last, First, Middle Initial) C. Gerald P. Rosen M.D.				Date o	f Re	ceipt					_		
Mailing Address 4300 Alton Rd., #1401				м м 07	/	03	/ Y) 13	Y			
City Miami	State FL	Zip Code 33140					C23733 eceipt th		eriod	_			
FEC ID number of contributing federal political committee.	С					,		_	41.	60			
Name of Employer	Occupation												
Miami Beach Anesthesiology Assoc.	Anesthesio	logist											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.20											
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			Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports an for commercial purposes, other than using				for the		pose o			ntribut	ions			
	NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Frank A. Rosinia M.D.				Date o	f Re	eceipt							
	Mailing Address 23 Idlewood PI	21.1			M M	/	05	5	2	о13	Y			
	City River Ridge	State LA	Zip Code 70123-1525	Transaction ID : C2374671 Amount of Each Receipt this Point										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer Tulane University School of Medicine	Occupation Chairman, I	Department of Anesthesiology											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433.30]										
в.	Full Name (Last, First, Middle Initial) Brian S. Rothman M.D.	·			Date o	f Re	eceipt							
	Mailing Address 1301 Medical Center Drive		м м 07	/	19			у 013	Y					
	City Nashville	State TN	Zip Code 37232-5614					: C23871 Receipt tl		Period				
	FEC ID number of contributing federal political committee.	С					7		_	41.	67			
	Name of Employer Vanderbilt University Medical Center	Occupation Assistant Pr	rofessor - Medical Director											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02]										
с.	Full Name (Last, First, Middle Initial) Clinton T. Rozycki M.D.				Date o	f Re	eceipt							
	Mailing Address 3114 152nd St				м м 07	/	15			у 013	Y			
	City Urbandale	State IA	Zip Code 50323-1640					: C23805 Receipt tl		Period				
	FEC ID number of contributing federal political committee.	С					7		_	1000	.00			
	Name of Employer	Occupation	1											
	Associated Anesthesiologists, P.C.	Anesthesio	logist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]										
s	UBTOTAL of Receipts This Page (optional))					7	7	-	1091.	67			

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Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Commit	ee
Full Name (Last, First, Middle Initial) A. Michael Saccocci D.O. Mailing Address 1358 East Drive SW City Roanoke FEC ID number of contributing federal political committee. Name of Employer Valley Anesthesia, P.C. Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate	Zip Code 24015-3718 Year-to-Date ▼ 291.20	Date of Receipt 07 20 2013 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		7 7 7	Date of Receipt
City Birmingham FEC ID number of contributing federal political committee. Name of Employer Anesthesia Resources Management Receipt For: □ Primary □ General Other (specify) ▼	State AL C Occupation Anesthesiol Aggregate		07 11 2013 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 FEC ID number of contributing federal political committee. Name of Employer North American Partners in Anesthesia Receipt For: Primary General Other (specify)		Zip Code 12603 Anesthesiologists Year-to-Date ▼ 250.02	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			583.27

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SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	96								
Full Name (Last, First, Middle Initial) A. Shannon H. Savage M.D. Mailing Address 52 Medical Park East Dr., First, First, Middle Initial)	#321 State	Zip Code	Date of Receipt 07 31 2013 Transaction ID : C2399998								
Birmingham	AL	35235	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer	Occupation										
Anesthesia Group East	Anesthesio	ogist									
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Full Name (Last, First, Middle Initial) B. Yashesh R. Savani M.D.			Date of Receipt								
Mailing Address 9 Fox Point Ct., N.E.			07 03 Y Y Y Y Y 2013								
City	State	Zip Code	Transaction ID : C2373279								
Ada	MI	49301-9263	Amount of Each Receipt this Period								
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Name of Employer Anesthesia Medical Consultants, PC	Occupation										
Receipt For:	Anesthesiol	0									
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Other (specify)		500.00									
Full Name (Last, First, Middle Initial) C. Gerald A. Schiff M.D.			Date of Receipt								
Mailing Address 346 Richard St.			07 19 2013								
City	State	Zip Code	Transaction ID : C2387169								
West Hempstead	NY	11552	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.			41.67								
Name of Employer	Occupation										
North American Partners in Anesthesia	Anesthesio	ogist									
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Other (specify)		250.02									
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Full Name (Last, First, Middle Initial) A. Brett H. Schlifstein M.D. Mailing Address 9550 93rd St.			M M) / Y	Y Y Y	Y		
City Seminole	State FL	Zip Code 33777		20 saction ID : t of Each F					
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Full Name (Last, First, Middle Initial) B. Steven B. Schulman M.D.			Date o	f Receipt					
Mailing Address 100 Port Washington Blvd			07	/ 13) / Y	2013	Y		
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Name of Employer NY Cardiovascular Anesthesiologists	Occupation Physician	1							
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Full Name (Last, First, Middle Initial) C. Reginald G. Scott M.D.			Date o	f Receipt					
Mailing Address 5417 E. 86th St.			м м 07	/ D 1) / Y	2013	Y		
City Tulsa	State OK	Zip Code 74137-2951		saction ID : t of Each F			_		
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Full Name (Last, First, Middle Initial) Shira Shiloah M.D. Mailing Address 1810 Autumn Ave City Memphis FEC ID number of contributing federal political committee. Name of Employer Medical Anesthesia Receipt For: Primary General Other (specify) ▼	State TN C Occupation MD Aggregate	Zip Code 38112-5310 Year-to-Date ▼ 291.20			/ acti	01 01	: C2	/ Y 236330 eipt thi	s Period	.60
Full Name (Last, First, Middle Initial) B. Karen S. Sibert M.D. Mailing Address 4146 Sunnyslope Ave.				Date of	Re ⁄	ceipt		/ Y	ү 2013	Y
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Full Name (Last, First, Middle Initial) Rohit G. Singh M.D. Mailing Address 140 Stevenson Rd				Date of	Re ′	D		/ Y	YY	Y
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^	Full Name (Last, First, Middle Initial) Karen A. Slack M.D.				Date of		opint					
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в.	Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B.				Date of	Re	eceipt					
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<u></u>	Full Name (Last, First, Middle Initial) Robert H. Small M.D.				Date of	Re	eceipt					
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Α.	Full Name (Last, First, Middle Initial) Blair Smith M.D. Mailing Address 1046 Lake Colony Ln				Date c			ipt D D	/ Y		Y	Y
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в.	Full Name (Last, First, Middle Initial) Perry W. Smith M.D.				Date c	of Re	ece	ipt				
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с.	Full Name (Last, First, Middle Initial) William D. Smith M.D.				Date c	of Re	ece	ipt				
	Mailing Address 2223 Edgemont				м 07	/	Γ	28	/ Y	20	ү 13	Y
	City Bristol	State TN	Zip Code 37620						23970 8 ceipt th		eriod	_
	FEC ID number of contributing federal political committee.	С					7					.34
	Name of Employer	Occupation	1									
	Bristol Anesthesia Services	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04									
s	UBTOTAL of Receipts This Page (optional)		•	 			7		7		666.	64
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Paul R. Smythe M.D.				Date of	f Re	eceipt				
	Mailing Address Department of Anesthesiology <u>1500 E. Medical Center Drive</u> City	State	Zip Code		м м 07		25		2013		
	Ann Arbor	MI	48109					C23961		bd	
	FEC ID number of contributing federal political committee.	С					7	7		50.0	0
	Name of Employer	Occupation									
	University of Michigan Receipt For:	,	sthesiologist Year-to-Date ▼	_							
	Primary General Other (specify) ▼		350.00								
в.	Full Name (Last, First, Middle Initial) Kortnee L. Sorbin M.D.				Date of	f Re	eceipt				
	Mailing Address 10718 W 163rd Ter				^M ■ M 07	1	08		2013	Y	
	City Overland Park	State KS	Zip Code 66062-4580					C237566			
	FEC ID number of contributing federal political committee.	C			Amouni			Receipt th		33.3	4
	Name of Employer AAKC-Menorah Medical Center	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36								
с.	Full Name (Last, First, Middle Initial) Roy G. Soto M.D.				Date of	f Re	eceipt				
	Mailing Address 355 Sycamore Ct				м м 07	/	07		2013		
	City Bloomfield Hills	State MI	Zip Code 48302					: C23756			
	FEC ID number of contributing federal political committee.	С			Amouni		Each F	Receipt th		50 41.6	60
	Name of Employer	Occupation	1	-							
	William Beaumont Hospital	Anesthesio	logist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20								
	UBTOTAL of Receipts This Page (optional)			. - .		-	y 1		17	74.9	4

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\setminus	NAME OF COMMITTEE (In Full)										
\geq	American Society of Anesthes	siologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Michael J. Souter M.B.,Ch.B.				Date o	of Re	eceipt				
	Mailing Address 325 9th Ave, Box 359724				^M ■ ^N 07	/	D 13			y y 2013	Y
	City	State	Zip Code		Trans	sact	ion ID	: C237	9937		
	Seattle	WA	98104-2499	_	Amoun	t of	Each	Receip	t this	Period	
	FEC ID number of contributing federal political committee.	С					7	. ,		83	.30
	Name of Employer	Occupation		_							
	Harborview Medical Center	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		583.10]							
в.	Full Name (Last, First, Middle Initial) Spiro G. Spanakis D.O.				Date o	of Re	eceipt				
	Mailing Address 65 Lake Ave., #1005				™ M 07	/	23	D / 3		y y 2013	Y
	City	State	Zip Code		Trans	sacti	ion ID	: C239	<u> 5090</u>		
	Worcester	MA	01604		Amoun	t of	Each	Receip	t this	Period	
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri								41	.60
	Name of Employer University of Massachussetts Medical S	Occupation Assistant P	rofessor of Anesthesiology								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20]							
— c.	Full Name (Last, First, Middle Initial) Stephen M. Speck M.D.				Date o	of Re	eceipt				
	Mailing Address 9021 Naples Cove				M M	/	07			y y 2013	Y
	City Benton	State AR	Zip Code 72019					: C237		Pariod	
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	FEC ID number of contributing federal political committee.	C					7			1000	.00
	Name of Employer	Occupation									
	Saline Memorial Hospital	Anesthesio	logist								
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/	American Society of Anesthesiol	ogists Po	Diffical Action		e								
Α.	Full Name (Last, First, Middle Initial) Matthew F. Spond M.D.					Date of	Re	ceipt					
	Mailing Address 6065 Allwood Dr					M M	/	DI	D / Y	Y	Y	Y	
	Cit.	Chata	Zin Code		_	07	Ι.	06			013		
	City North Little Rock	State AR	Zip Code 72116-3707						C237562		No. of a set		
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	FEC ID number of contributing federal political committee.	С						,	7		83.	34	
	Name of Employer	Occupation											
	University of Arkansas for Medical Sci	Resident											
	Receipt For:	Aggregate `	Year-to-Date 🔻										
	Primary General			366.68									
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_	Full Name (Last, First, Middle Initial)						-						
в.	Andrew N. Springer M.D.					Date of	Re	· ·	_				
	Mailing Address 410 W 10th Ave Dept of Anes N411 Doan Hall					м м 07	1	15		ץ = Y יר)13	Y	
	City	State	Zip Code		\neg		acti		C238106		,13		
	Columbus	ОН	43210-1240						Receipt th		Period		
	FEC ID number of contributing federal political committee.	С						7			41.	67	
	Name of Employer	Occupation			_								
	The Ohio State Univ Med Ctr	Fellow											
	Receipt For:		Year-to-Date ▼										
	Primary General												
	Other (specify)		, ,	250.02									
c.	Full Name (Last, First, Middle Initial) James Stangl M.D.					Date of	Re	ceipt					
	Mailing Address 314 Martin Luther King Jr Way					м м 07	/	D 14)13	Y	
	City	State	Zip Code						: C23799				
	Tacoma	WA	98405-4250			Amount	of	Each F	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С						,	7		83	.30	
	Name of Employer	Occupation			\neg								
	Tacoma Anesthesia Associates	Anesthesiol	ogist										
	Receipt For:	Aggregate `	Year-to-Date 🔻										
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NAME OF COMMITTEE (In Full)							
American Society of Anesth	esiologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) A. Erica Stein M.D.			Date of	Receipt			
Mailing Address 410 W 10th Ave., Anes.	Dept.		M	/ D D	/ Y	Y Y	Y
N411 Doan Hall City	State	Zip Code	07 Trans	05 action ID : C	2374669	2013	
Columbus	OH	43210-1240	Amount	t of Each Red	ceipt this	Period	
FEC ID number of contributing federal political committee.	С				7	83.	30
Name of Employer	Occupation	1					
ohio state university	physician						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		583.10]				
Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D.			Date of	Receipt			
Mailing Address 18 Harbor Hill Dr	21.1		07	/ D D 06		у у 2013	Y
City Lloyd Harbor	State NY	Zip Code 11743-1031		action ID : C			
FEC ID number of contributing	С	11745-1051	Amount	t of Each Red	ceipt this	8 Period 83.3	34
federal political committee.				7	7		
Name of Employer NAPA	Occupation Physician	1					
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Full Name (Last, First, Middle Initial) C. Steven P. Stein M.D.	I		Date of	Receipt			
Mailing Address 18 Harbor Hill Dr			M M 07	/ D D 06	/ Y	y y 2013	Y
City	State NY	Zip Code		action ID : C			
Lloyd Harbor	INT	11743-1031	Amount	t of Each Red	ceipt this	Period	
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Name of Employer	Occupation	1					
NAPA Receipt For:	Physician						
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\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	ologists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) John H. Stephenson M.D.				Date of	Re	ceipt					
	Mailing Address 5671 Peachtree Dunwoody R	oad			M M	/	D	D	/ Y	Y	Y	Υ
	Suite 610	State	Zip Code	_	07		- 1	2			013	
	Atlanta	GA	30342						23708 ceipt th		Period	
	FEC ID number of contributing federal political committee.	С					,					.30
	Name of Employer	Occupation		-								
	Physician Specialists in Anesthesia, P	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		1166.20									
в.	Full Name (Last, First, Middle Initial) John H. Stephenson M.D.				Date of	Re	ceipt					
	Mailing Address 5671 Peachtree Dunwoody R Suite 610	oad			м м 07	/	D 1	D 4	/ Y)13	Y
	City	State	Zip Code		Trans	acti	on ID	: C	23799	73		
	Atlanta	GA	30342	·	Amoun	of	Each	Re	eceipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С					,		7		83	.30
	Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiol										
	Receipt For:		Year-to-Date ▼	_								
	Primary General	Aggregate										
	Other (specify)	L	1166.20									
с.	Full Name (Last, First, Middle Initial) Ann Still M.D.				Date of	Re	ceipt					
	Mailing Address 1701 Main Ave SW Ste E				^M 07	1	D 2	20	/ Y)13	Y
	City	State	Zip Code		Trans	acti	ion ID):(23960	80		
	Cullman	AL	35055-5385	- :	Amoun	of	Each	Re	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					3		7		62	2.50
	Name of Employer	Occupation		-								
	Alabama Pain Center Cullman	Physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		437.50									
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ITEMIZED RECEIPTS	VIIZED RECEIPTS for each category of the Detailed Summary Page					11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th						pose of	solicitin	ig contribu	utions
American Society of Anesthesi	ologists P	olitical Action Committe	эе						
Full Name (Last, First, Middle Initial) Brady J. Stocklin M.D. Mailing Address PO Box 5126 City Sioux Falls FEC ID number of contributing	State SD	Zip Code 57117-5126			/ acti	30	C23977	his Period	_
federal political committee. Name of Employer Eide Bailly Medical Management Divisio Receipt For: Primary General Other (specify) ▼	Occupation Anesthesio					<u> </u>	7		<u>.</u>
Full Name (Last, First, Middle Initial) Cristina Stoica M.D. Mailing Address 1640 Oak Ave City Boulder FEC ID number of contributing federal political committee.	State CO C	Zip Code 80304-1257			/ acti	15 on ID :	C23832	his Period	_
Name of Employer Boulder Valley Anesthesiology Boulder Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) Matthew G. Stoner M.D. Mailing Address 7708 Pointe Venezia Drive City Orlando FEC ID number of contributing federal political committee. Name of Employer JLR Medical Group Receipt For: Primary General Other (specify) ▼	State FL Occupation Physician Aggregate	Zip Code 32836 Year-to-Date ▼ 500.00			/ acti	10 ion ID :	C23774	his Period	_
SUBTOTAL of Receipts This Page (optional)		•	. [, ,		2000	0.00
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	esiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Erin A Sullivan M.D., M.D.			Date of Receipt
Mailing Address Dept of Anes PUH C-224	1		
200 Lothrop St. City	State	Zip Code	07 03 2013 Transaction ID : C2373336
Pittsburgh	PA	15213-2536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.30
Name of Employer	Occupation	1	
UPP Department of Anesthesiology	Anesthesio		_
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		583.10	
Full Name (Last, First, Middle Initial) B. George Sullivan D.O.			Date of Respirt
Mailing Address 2321 Butler Bay Dr. N.			Date of Receipt
			07 28 2013
City	State	Zip Code	Transaction ID : C2397071
	FL	34786-6109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.60
Name of Employer JLR Anesthesia	Occupation		
Receipt For:	Anesthesio	•	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		291.20	1
Full Name (Last, First, Middle Initial) C. Esther Sung M.D.			Date of Receipt
Mailing Address 3710 SW US Veterans H P3 ANES	lospital Rd		07 07 2013
City	State OR	Zip Code	Transaction ID : C2375644
Portland	UK	97239-2964	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.34
Name of Employer	Occupation		
Portland VAMC Operative Care Receipt For:	Anesthesio	•	_
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.02	
SUBTOTAL of Receipts This Page (optiona	al)		208.24
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\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Johan P. Suyderhoud M.D.				Date of	Re	ceipt				
	Mailing Address 3467 N Venice St				м м 07	/	D D D	/ Y	2013	Y	
	City	State	Zip Code			acti		C238729			
	Arlington	VA	22207-4446		Amount	of	Each R	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	25	50.00	
	Name of Employer	Occupation									
	Georgetown Hospital	ANESTHES	SIOLOGIST								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 250.00								
	Full Name (Last, First, Middle Initial) Steven L. Sween M.D.				Date of	Po	ooint				
D.	Mailing Address 240 Marchand Ct NW							/ Y	Y Y	Y	
	01	01-11-	7		07		07		2013		
	City Atlanta	State GA	Zip Code 30328-2055	-				C237564		d	
	FEC ID number of contributing federal political committee.	С				. 01		eceipt th		u 3.30	
	Name of Employer	Occupation									
	Physician Specialists in Anesthesia	Physician A	nesthesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		583.10]							
С.	Full Name (Last, First, Middle Initial) Thomas H. Swygert M.D.				Date of	Re	ceipt				
	Mailing Address 7014 Prestonshire Ln.				м м 07	1	D D 13	/ Y	2013	Y	
	City	State	Zip Code		land the second	acti		C237992			
	Dallas	TX	75225-1742		Amount	of	Each R	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	8	33.30	
	Name of Employer	Occupation									
	Pinnacle Anesthesia Consultants	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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NAME OF COMMITTEE (In Full)													
American Society of Anest	hesiologists Political Action Commit	lee											
Full Name (Last, First, Middle Initial) A. Donald R. Tatum Jr., M.D.		Date of Receipt											
Mailing Address 770 Brookwood Walke		07 27 2013											
City	State Zip Code	Transaction ID : C2397036											
Bloomfield Hills	MI 48304	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	83.34											
Name of Employer	Occupation												
South Oakland Anesthesia Associates	Anesthesiologist												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General		1											
Other (specify) ▼	583.38												
Full Name (Last, First, Middle Initial) B. Kyle Thompson M.D.		Date of Receipt											
Mailing Address 333 W Hampden Ave #	#600												
maning reactors 555 W hampden Aver	-000	07 30 2013											
City	State Zip Code	Transaction ID : C2397946											
Englewood	CO 80110	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	83.34											
Name of Employer	Occupation												
South Denver Anesthesiologists, P.C.	Anesthesiologist												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General		1											
Other (specify) ▼	583.38												
Full Name (Last, First, Middle Initial) C. James A. Totten M.D.		Date of Receipt											
Mailing Address 3073 OBrien Dr		07 18 2013											
City	State Zip Code	Transaction ID : C2387088											
Tallahassee	FL 32309-2752	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	500.00											
Name of Employer	Occupation												
Tallahassee Memorial Hospital	Anesthesiologist												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General													
Other (specify)	500.00												
SUBTOTAL of Receipts This Page (optic	nal)	666.68											

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NAME OF COMMITTEE (In Full)													
American Society of Anes	hesiologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) Christopher A. Troianos M.D.			[Date of	Re	eceipt							
Mailing Address 427 Heights Dr				м м 07	/		D 05	/ Y)13	Y		
City	State	Zip Code		Trans	acti	ion II	D : C	237466	64				
Gibsonia	PA	15044-6032	A	Amount	of	Each	Re	ceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C		83.30										
Name of Employer	Occupation												
Allegheny Health Network	Anesthesio												
Receipt For: Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		583.10											
Full Name (Last, First, Middle Initial) B. Terrence Truxillo M.D.	I			Date of	Re	eceipt							
Mailing Address Department of Anesth 1514 Jefferson Highw			07 14 2013								Y		
City	State	Zip Code		Trans	acti	ion IC):C	237997	2				
New Orleans	LA	70121-2429	A	Amount	of	Each	Re	ceipt th	nis P	eriod			
FEC ID number of contributing federal political committee.	C			41							60		
Name of Employer Ochsner Medical Center	Occupation Anesthesio												
Receipt For:	I	Year-to-Date ▼											
Primary General Other (specify) ▼		291.20]										
Full Name (Last, First, Middle Initial) C. Christopher Turner M.D., Ph	n.D			Date of	Re	eceipt							
Mailing Address 3100 Shore Dr Bay Area Med Ctr De	ot of Anes			м м 07	1		20	/ Y	20	ү 13	Y		
City Marinette	State WI	Zip Code 54143-4242						ceipt th		eriod			
FEC ID number of contributing federal political committee.	С					,				41	60		
Name of Employer	Occupation	1											
Bay Area Med Ctr Dept of Anes	Anesthesio	logist											
Receipt For:		Year-to-Date ▼											
Primary General			1 -										
Other (specify)		291.20											
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NAME OF COMMITTEE (In Full)											
American Society of Anesthes	iologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Gary F. Tzeng M.D.			[Date o	f Re	eceipt					
Mailing Address 582 S Rex Blvd				м м 07	1	D 1	D 7	/ Y	Y 201		Y
City	State	Zip Code		Trans	sacti	ion ID) : C	238512	25		
Elmhurst	IL	60126-4259	/	Amoun	t of	Each	Ree	ceipt th	is Per	riod	
FEC ID number of contributing federal political committee.	С					,		7	_	83.	30
Name of Employer DVA	Occupation physician										
Receipt For:		Veer te Dete 🗮									
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		583.10									
Full Name (Last, First, Middle Initial) B. Tami L. Ulatowski M.D.				Date o	f Re	ceipt					
Mailing Address W268N7212 Thousand Oak	s Dr			м м 07		D	9	/ Y	201		Y
City	State	Zip Code			acti			237594			
Sussex	WI	53089-1854	A	Amoun	t of	Each	Red	ceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	С					7		7	_	41.	60
Name of Employer Aurora Health Care Anesthesiology	Occupation Anesthesiol										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20									
Full Name (Last, First, Middle Initial) C. Jennifer R. Vaughn M.D.				Date o	f Re	ceipt					
Mailing Address 1304 Oak St				м м 07		D	D)1	/ Y	201		Y
City Melbourne	State FL	Zip Code 32901-3111						236497 ceipt th		riod	
FEC ID number of contributing federal political committee.	С					,		7		250.	00
Name of Employer	Occupation	1	_								
Brevard Anesthesia Services	Anesthesio										
Receipt For:		Year-to-Date ▼	\neg								
Primary General	99. 094.0										
Other (specify)		250.00									
SUBTOTAL of Receipts This Page (optional).		••••••				7		7	:	374.9	90
TOTAL This Period (last page this line number	er only)	••••••				,		7			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14		11c	12	17	
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American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) Francis T. Verfurth M.D. Mailing Address 1304 Penguin Cir.				Date o					Y Y	Y
City	State	Zip Code		07		30 ion ID :)	Ľ	2013	Ŷ
Virginia Beach	VA	23451-4933	A						is Period	ł
FEC ID number of contributing federal political committee.	C					7				0.00
Name of Employer atlantic anesthesia, Inc.	Occupation anesthesio									
Receipt For:	Aggregate	Year-to-Date ▼	1							
Full Name (Last, First, Middle Initial)	L	500.00	_							
B. David T. Verzino M.D.			[Date o	f Re	ceipt				
Mailing Address 2835 Regatta Way				м м 07	/	D 16		Y	2013	Y
City Tuscaloosa	State AL	Zip Code 35406				on ID : Each F			0 is Period	ł
FEC ID number of contributing federal political committee.	С					7		7	500	0.00
Name of Employer West Alabama Anesthesia	Occupation Anesthesio									
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Hector Vila Jr., M.D.				Date o	f Re	ceipt				
Mailing Address 4304 W Azeele St				м м 07	/	D 14		Y	ү 2013	Y
City Tampa	State FL	Zip Code 33609-3824				ion ID Each F			is Period	ł
FEC ID number of contributing federal political committee.	С					7	_	7	8	3.30
Name of Employer	Occupation	1								
Hector Vila Jr MD PA	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		583.10								
SUBTOTAL of Receipts This Page (optional).						7		7	1083	3.30
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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	96
A	ull Name (Last, First, Middle Initial) Sandhya Rani Vinta M.D., M.D. ailing Address 1551 Moncrey Ave			Date of Receipt
Ci	ity	State	Zip Code	07 05 2013 Transaction ID : C2374674
	eague City	ТХ	77573-2078	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		41.67
N	ame of Employer	Occupation	I	
	TMB Anesthesiology	Physician		
R	eceipt For:	Aggregate	Year-to-Date ▼	
-	Primary General Other (specify)		250.02	
	ull Name (Last, First, Middle Initial)			Date of Receipt
M	ailing Address 1236 East Elizabeth, Suite 1			07 18 2013
Ci	ity	State	Zip Code	Transaction ID : C2387248
F	ort Collins	CO	80524-4000	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		50.00
	ame of Employer	Occupation	1	_
No	orth Co Anesthesia Proffesional	Anesthesiol	ogist	
R	eceipt For:	Aggregate	Year-to-Date 🔻	
-	Primary General Other (specify) ▼		350.00	
	ull Name (Last, First, Middle Initial)			Date of Receipt
M	ailing Address 3840 N River Oak Pl			07 28 2013
	ity Tucson	State AZ	Zip Code 85718-6956	Transaction ID : C2397078 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		41.67
N	ame of Employer	Occupation		
	ld Pueblo Anesthesia	Anesthesio	logist	
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.69	
	BTOTAL of Receipts This Page (optional)			133.34

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	(check only one)								
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NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committ	00									
American Obelety of Amestr			00									
Full Name (Last, First, Middle Initial) A. J. Michael Vollers M.D.				Date of	Re	eceipt						
Mailing Address 1 Childrens Way Slot 203, S-319				м м 07	/	D D 13	/ Y	у у 2013	Y			
City Little Rock	State AR	Zip Code 72202-3510					C237993 eceipt th	81	d			
FEC ID number of contributing federal political committee.	С					7			3.30			
Name of Employer	Occupation		_									
University of Arkansas for Medical Sci	Professor o	f Anesthesiology										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		583.10										
Full Name (Last, First, Middle Initial) B. Witold Waberski M.D.				Date of	Re	eceipt						
Mailing Address 1 Gold St #24-HJ				м м 07	/	D D D	/ Y	2013	Y			
City	State	Zip Code		Trans	acti	ion ID : (C237997	4				
Hartford	СТ	06103		Amount	t of	Each R	eceipt th	is Perio	b			
FEC ID number of contributing federal political committee.	С				_	7	,	50	0.00			
Name of Employer Hartford Hospital	Occupation Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 350.00]									
Full Name (Last, First, Middle Initial) C. Lance W. Wagner M.D.				Date of	Re	eceipt						
Mailing Address 150 55th St				м м 07		D D 15	/ Y	2013	Y			
City	State	Zip Code		Trans	act	ion ID :	C23810	50				
Brooklyn	NY	11220-2559		Amount	t of	Each R	eceipt th	is Perio	b			
FEC ID number of contributing federal political committee.	С					7	9	10	0.00			
Name of Employer	Occupation											
Lutheran Medical Center	Physician											
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		700.00										
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu						7	- 7	233	3.30			
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17	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	(check only one)								
111			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17		
	y information copied from such Reports and S for commercial purposes, other than using the				or the		oose of	soliciting	g contri	butio	ns		
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Adam B. Waldman M.D.			D	ate of	f Re	ceipt						
	Mailing Address 7200 Meeker Creek Drive			1.0	м м 07	/	10) / Y	2013		1		
	City Dayton	State OH	Zip Code 45414				on ID :	C23772 leceipt th	72		-		
	FEC ID number of contributing federal political committee.	С					9		2	250.0	0		
	Name of Employer	Occupation											
	AANWD	anesthesiol	ogist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
в.	Full Name (Last, First, Middle Initial) Brian E. Wallace M.D.			D	ate of	f Re	ceipt						
	Mailing Address 400 E Pioneer Ste 204 Rainier Anesthesia Associates	6	Zip Code		м м 07	/	12	/ Y	2013				
	City Puyallup	State WA		Transaction ID : C2378039 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			50.00)		
	Name of Employer Rainier Anesthesia Associates	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	1									
с.	Full Name (Last, First, Middle Initial) James J. Walsh M.D.			D	ate of	f Re	ceipt						
	Mailing Address 166 83rd St.				м м 07	/	06) / Y	2013		1		
	City Brooklyn	State NY	Zip Code 11209					C23756 leceipt th		od	_		
	FEC ID number of contributing federal political committee.	С					,			41.6	7		
	Name of Employer	Occupation											
	NAPA	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.01										
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Ai	ny information copied from such Reports and for commercial purposes, other than using t	I Statements mathe name and a	ay not be sold or used by any p ddress of any political committee	erson for th	ne purpose c	of soliciting	contribut	tions
	NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee				
А.	Full Name (Last, First, Middle Initial) Harper R. Ward M.D.			Date	of Receipt			
	Mailing Address 2300 Belleview Ter			07	7 / D	D / Y 6	ү ү 2013	Y
	City Oklahoma City	State OK	Zip Code 73112-7741		unt of Each			
	FEC ID number of contributing federal political committee.	С				7	250	.00
	Name of Employer Harper R Ward MD PLLC	Occupation Attending						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00					
В.	Full Name (Last, First, Middle Initial) Samuel M. Warren M.D. Mailing Address 1309 Preakness Pt			Date	of Receipt		YY	V
	City	State	Zip Code	07	7 09		2013	
	Tallahassee	FL	32308-0836		nsaction ID unt of Each			
	FEC ID number of contributing federal political committee.	С		C	3		250.	.00
	Name of Employer Anesthesiology Associates of Tallahass	Occupation Anesthesiol						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Brennan M. Watkins M.D.			Date	of Receipt			
	Mailing Address 1850 N Central Ave Ste 16			м 0			2013	Y
	City Phoenix	State AZ	Zip Code 85004-4633		unsaction ID unt of Each			
	FEC ID number of contributing federal political committee.	С				7	500	.00
	Name of Employer	Occupation						
	Valley Anesthesiology Consultants Receipt For:	Anesthesio	-	_				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1				
5	SUBTOTAL of Receipts This Page (optional).						1000.	00

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ITEMIZED RECEIPTS	•	Use separate schedule(s)	(ch	eck onl	y one	e)	L				
		for each category of the Detailed Summary Page		< 11a 13		11b	11c		12 16	1	7
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements ma g the name and a	L ay not be sold or used by any p ddress of any political committee	erson e to so	for the	purp	ose of	soliciting	g con	tributio	ons	1
NAME OF COMMITTEE (In Full)	-										
American Society of Anesthe	esiologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Steven L. Weissman M.D.				Date of	f Rec	ceipt					
Mailing Address 155 Baltic Circle				м м 07	/	25	/ Y	20 ⁻	, 13	Y	
City Tampa	State FL	Zip Code 33606					C23961 [.] eceipt th		eriod		
FEC ID number of contributing federal political committee.	С					,			41.6	60]
Name of Employer Florida Hospital Tampa	Occupation Physician -	Anesthesiologist									
Receipt For:		Year-to-Date ▼	-								
Primary General Other (specify) ▼	Aggregate	291.20									
Full Name (Last, First, Middle Initial) B. David Werkmeister M.D.				Date of	f Rec	ceipt					
Mailing Address PO Box 4278				м м 07	/	D D D 13	/ Y	201	3	Y	
City	State	Zip Code		Trans	actio	on ID : (237995	57			
Mankato	MN	56002-4278	_	Amoun	t of E	Each Re	eceipt th	nis Pe	eriod		
FEC ID number of contributing federal political committee.	C					,	7		250.0	00	
Name of Employer Mankato Anesthesia Associates, LTD	Occupation anesthesiol										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) C. John B. Whitney M.D.				Date of	f Rec	ceipt					
Mailing Address 11 Club Forest Lane				м м 07	/	D D 15	/ Y	201	ү 13	Y	
City	State	Zip Code		Trans	sactio	on ID : (C23834	15			
Greenville	SC	29605	_	Amoun	t of E	Each Re	eceipt th	nis Pe	eriod		
FEC ID number of contributing federal political committee.	C					,	7		1000.0	00	
Name of Employer	Occupation										
St. Francis, Greenville, SC	Private Pra	ctice Anesthesiologist									
Receipt For:	Aggregate	Year-to-Date ▼ 1000.00									
Other (specify)		7 7		_				_		_	_
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		for each category of the Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
angle American Society of Anesthes	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Kevin K. Whitrock M.D.				Date of	Re	ceipt			
Mailing Address 318 Court North Dr				м м 07	/	03	/ Y	2013	Y
City	State	Zip Code			acti		C237333		
Melville	NY	11747-8102		Amount	of	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7		8	3.34
Name of Employer	Occupation								
NAPA	Physician								
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify) ▼		500.04							
Full Name (Last, First, Middle Initial) B. John S. Whittington M.D.				Date of	Re	ceipt			
Mailing Address 23 Circle Dr NE				м м 07	1	27	/ Y	2013	Y
City	State	Zip Code					2239703		
Albuquerque	NM	87122-2109	_	Amount	of	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С			L		7	7	25	0.00
Name of Employer Anes. Assoc. of New Mexico, P.C.	Occupation								
Receipt For:	Anesthesiol	Year-to-Date ▼	_						
Primary General	Ayyreyale		11.						
Other (specify)	L	1500.00							
Full Name (Last, First, Middle Initial) C. David M. Wild M.D.				Date of	Re	ceipt			
Mailing Address 3901 Rainbow Blvd Mailstop 1034				м м 07	1	D D 26	/ Y	20 <u>1</u> 3	Y
City	State	Zip Code		Trans	acti	on ID :	C239629		
Kansas City	KS	66160-8500	_	Amount	of	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7		4	1.67
Name of Employer	Occupation								
University of Kansas Department of Ane Receipt For:	Anesthesio	-	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		291.69							
SUBTOTAL of Receipts This Page (optional)			•			7	- 7	375	5.01
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11			for each category of the Detailed Summary Page		X 11a		11b	11c	12	Г	
	ny information copied from such Reports and S for commercial purposes, other than using the									ibutio	
	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesic	ologists Po	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Harshdeep Wilkhu M.D.				Date of	Re	ceipt				
	Mailing Address 2216 Mallard Circle				м м 07	1	31	/ Y	2013		1
	City	State	Zip Code			acti		C239861			
	Winter Park	FL	32789	_	Amount	of	Each R	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					7			41.6	0
	Name of Employer	Occupation									
	Orlando Anesthesia Consultants	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.							
	Other (specify)		291.20								
в.	Full Name (Last, First, Middle Initial) Brooke H. Williams M.D.				Date of	Re	ceipt				
	Mailing Address 4944 W San Rafael St				м м 07	/	28	/ Y	2013		1
	City	State				-	C239712			_	
	Tampa	FL	_	Amount	of	Each R	eceipt th	is Peri	iod		
	FEC ID number of contributing federal political committee.	C				_			5	500.0	0
	Name of Employer Florida Gulf to Bay Anesthesiology	Occupation									
	Receipt For:	Anesthesiol	•	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	500.00								
с.	Full Name (Last, First, Middle Initial) Lionel A. Williams M.D.				Date of	Re	ceipt				
	Mailing Address 30 Susie Blvd				м м 07	/	07	/ Y	2013		1
	City Poughkeepsie	State NY	Zip Code 12603-1721	\vdash				C237564			_
			12003-1721		Amount	of	Each R	eceipt th	is Peri	iod	_
	FEC ID number of contributing federal political committee.	C			L	_	7			83.3	4
	Name of Employer	Occupation									
	Vassar Brothers Hospital Anes. Dept. Receipt For:	Anesthesiol									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		416.70								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7		6	24.94	1
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(C	heck on	ly or	ie)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16		17
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NAME OF COMMITTEE (In Full)											
American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Michael J. Williams M.D.				Date o	f Re	ceipt					
Mailing Address 725 Kings Hwy				м м 07	/	30			013	Y	
City Moorestown	State NJ	Zip Code 08057-2621					C23977 eceipt t		Period		
FEC ID number of contributing federal political committee.	С					7	,		250.	00	
Name of Employer Thomas Jefferson Univ. Anes.Dept	Occupation Assistant P	rofessor of Anesthesiology									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		250.00									
Full Name (Last, First, Middle Initial) B. Edwin Wilson M.D.				Date o	f Re	ceipt					
Mailing Address 150 W Reading Way				м м 07	/	D D D 17)13	Y	
City	State	Zip Code		Trans	sacti	on ID :	C23866	76			
Winter Park	FL	32789	_	Amoun	t of	Each R	eceipt t	his P	Period		
FEC ID number of contributing federal political committee.	С					7			500.	00	
Name of Employer	Occupation										
JLR Medical Group	Physician										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name (Last, First, Middle Initial) C. S. H. Wittels M.D.				Date o	f Re	ceipt					
Mailing Address 4300 Alton Rd., #1401				м м 07	/	D D 30)13	Y	
City	State	Zip Code		Trans	sacti	on ID :	C23977	765			
Miami	FL	33140	_	Amoun	t of	Each R	eceipt t	his P	Period		
FEC ID number of contributing federal political committee.	С					7			250.	.00	
Name of Employer	Occupation										
Miami Beach Anes. Assoc. Inc.	ANESTHES	SIOLOGIST									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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		for each category of the Detailed Summary Page	X	11a 13		11b 14		11c	12	
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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	эе							
Full Name (Last, First, Middle Initial) A. Jason Workman M.D. Mailing Address 7575 W Washington Ave Suite 127-374 City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Anesthesiology Consultants, Inc Receipt For: Primary General	State NV C Occupation Anesthesiol Aggregate	logist Year-to-Date ▼			/ acti	on ID	7 : C	2 23970 4 ceipt th	is Perio	_
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ning-Yen Yao M.D. Mailing Address 145 E 81st St Apt 6E	L	250.02	C	Date of	Re ′	ceipt		/ Y	2013	Y
City New York FEC ID number of contributing federal political committee.	State NY	Zip Code 10028-1869		Transa		on ID	: C	239794 ceipt th	!1 iis Perio	d 1.60
Name of Employer Self employed Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 291.20								
Full Name (Last, First, Middle Initial) Amy E Young M.D. Mailing Address 1500 E Medical Center Dr 1H247UH, SPC 5048 City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer University of Michigan Anesthesiology Receipt For: Primary General Other (specify)	State MI C Occupation Anesthesiol Aggregate				/ acti	ion ID	0 : C	239860	iis Perio	_
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a] 11	b	11c		12	
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	y information copied from such Reports and St for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
/	-											
Α.	Full Name (Last, First, Middle Initial) Michael H. Yurkanin M.D.				Date o	f Re	eceij	pt				
	Mailing Address 505 Chestnut Forest Cove				м м 07	/		10	/ Y		у 013	Y
	City Fort Wayne	State IN	Zip Code 46814	-			-		C23773	-		
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	Primary General Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Fernando L. Zaragoza M.D.				Date o	f Re	ecei	pt				
	Mailing Address 4242 Medical Dr Ste 3100				м м 07	/		' 30	/ Y	2() 013	Y
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c.	Full Name (Last, First, Middle Initial) Matthew W. Zeleznik M.D.				Date o	f Re	ecei	pt				
	Mailing Address 5671 Peachtree Dunwoody Rd				м м 07	/		22	/ Y		у 013	Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A G	REATER	RAMERICA				Date o		sburse		YY	Y	Y
	Mailing Address 607 14th Street, NW, Suite 800						07		2	4	_2	013	
	Washington	State DC	Zip Code 20005				Trans	sacti	ion ID	: D1476	09		
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	Ballwin	State MO	Zip Code 63022-3535				Tran	sacti	ion ID	: D1469	87		
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	Washington	State DC	Zip Code 20002				Tran	sacti	ion ID	: D1469	85		
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American Society of Anesthesiolo	ogists Political Action	Com	mi	ttee							
Full Name (Last, First, Middle Initial)					Date o	f Dis	burse	ement			
Mailing Address PO BOX 628					м м 07	/	D 0	D / 3)13	Y
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City Arlington	State Zip Code VA 22201				Trans	sacti	on ID	: D1476	624		
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Mailing Address PO BOX 50084					07	/	0	3)13	Y
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Fort Worth	TX 76105				Trans	sacti	on ID	: D1469	84		
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Mailing Address 6380 WILSHIRE BI	LVD., #1612						07	/	3		2013	
City LOS ANGELES	-	tate CA	Zip Code 90048				Trans	actio	on ID	: D14777	3	
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	Senate President														
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_	Full Name (Last, First, Middle Initial)							D .	(D.						
В.	EDDIE BERNICE JOHNSON FOR	R CONG	BRESS					Date o					V	V	V
	Mailing Address 3102 Maple Avenue, Suite 605							м м 07	/	D)3			013	Ŷ
	City Dallas	State TX	Zip Code 75201					Trans	sacti	ion ID) :	D1469	86		
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C.	CLEAVER FOR CONGRESS							Date o		sburse		ent	Y Y	Y	Y
	Mailing Address 4801 Main Street, Stuite 1000							07			0			013	
	City Kansas City	State MO	Zip Code 64112					Trans	sacti	ion ID):	D1471	50		
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\square	NAME OF COMMITTEE (In Full)				
	American Society of Anesthesiolog	jists Politica	al Action (Committee	
Δ	Full Name (Last, First, Middle Initial)				Date of Disbursement
<i>.</i>	FRIENDS OF ERIK PAULSEN				
	Mailing Address P.O. Box 44369				07 03 2013
	5		Code		Transaction ID : D146981
	Eden Prairie Purpose of Disbursement	MN 55	344		
	2014 Primary Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	Rep. Erik Paulsen			Туре	1000.00
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_	Full Name (Last, First, Middle Initial)				
В.	Pallone for Senate				Date of Disbursement
	Mailing Address				07 15 2013
	Mailing Address P.O. Box 3176				07 15 2013
	City		Code		Transaction ID : D147241
	Long Branch Purpose of Disbursement	NJ 07	740		
	2013 Special Primary Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	5000.00
	Rep. Frank Pallone Jr.			Туре	5000.00
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	Senate President	Primary Other (specify)	General		
	State: NJ District: 06		 Special 		
_	Full Name (Last, First, Middle Initial)				
C.	GENE GREEN CONGRESSIONAL	L CAMPAIC	ΒN		Date of Disbursement
	Mailing Address DO DOX (0100				07 03 2013
	Mailing Address PO BOX 16128				07 03 2013
	City	State Zip	Code		Transaction ID : D146982
	HOUSTON Purpose of Disbursement	TX 77	222		
	2014 Primary Contribution			011	Amount of Each Disburgement this Deviad
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Rep. Gene Green			Type	2500.00
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	President	Primary Other (specify)	General		
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S	CHEDULE B (FEC Form 3X)			FO	RII		UMBER			PA	GE 15	56 OF 160
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\square	NAME OF COMMITTEE (In Full)			_								
	American Society of Anesthesiolog	gists Po	litical Action	Comi	mit	tee						
Α.	Full Name (Last, First, Middle Initial) GEORGE HOLDING FOR CONGF	RESS					Date o	_	burser		Ý	Y Y
	Mailing Address PO BOX 97187						07		31		201	3
	City RALEIGH	State NC	Zip Code 27624				Trans	actio	on ID	: D14777	1	
	Purpose of Disbursement 2014 Primary Contribution			01	1	1	Amoun	t of E	Each I	Disbursei	ment tł	nis Period
	Candidate Name Rep. George E.B. Holding			Cateo Typ		/			,		2	2000.00
		ment For: Primary Other (sp	General		<u>.</u>				-			
	State: NC District: 13 Full Name (Last, First, Middle Initial)											
В.	MATHESON FOR CONGRESS						Date o	_	burser		Y	Y Y
	Mailing Address P.O. BOX 521048						07		24	4	201	3
	SALT LAKE CITY	State UT	Zip Code 84152				Trans	sactio	on ID	: D14762	2	
	Purpose of Disbursement 2014 Primary Contribution			01	11	1	Amoun	t of E	Each I	Disbursei	ment th	nis Period
	Candidate Name			Categ		/					2	2500.00
	Rep. Jim Matheson	mant Far		Тур	pe			-	,	- 7	_	
		ment For: Primary Other (sp	General									
с.	Full Name (Last, First, Middle Initial)						Date o	f Disl				
	Mailing Address P.O. BOX 521048						м м 07	/	24		201	
	City SALT LAKE CITY	State UT	Zip Code 84152				Trans	sactio	on ID	: D14762	3	
	Purpose of Disbursement 2014 General Contribution			01	1	1	Amoun	t of F	- ach I	Dishursei	ment ti	nis Period
	Candidate Name Rep. Jim Matheson			Cateo Tyr		/	, inour					2500.00
	•	ment For: Primary Other (sp	K General	.,,,	<u> </u>							
Γ							_		_		7	000.00
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$\left \right $	NAME OF COMMITTEE (In Full)																	
	American Society of Anesthesiolog	gists Po	litical Action	Com	nm	itt	ee											
Α.	Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS COMMITTEE								Date of Disbursement									
			M M / D D / Y Y Y Y															
	Mailing Address PO BOX 2145							07 24 2013										
	City WEST COLUMBIA	-						Transaction ID : D147610										
	Purpose of Disbursement	30	29171				_											
	2014 Primary Contribution)11			Amount of Each Disbursement this Period										
	Candidate Name Rep. Joe Wilson			Cate										150	0.00			
	•	ment For:	2014	1	ype	;	_			7		- 7						
	Senate	Primary	General															
	President	Other (sp	ecify)															
	State: SC District: 02 Full Name (Last, First, Middle Initial)																	
В.	Friends of Juan Vargas							Date of Disbursement										
								M = M / D = D / Y = Y = Y										
	Mailing Address 330 Encinitas Blvd Ste 101			07 10 2013														
	City Encinitas	State CA	Zip Code 92024-8705					Transaction ID : D147153										
	Purpose of Disbursement 2014 Primary Contribution)11			Amount of Fools Distances with Distances										
	Candidate Name							Amount of Each Disbursement this Period										
	ep. Juan Vargas			Cate T	∋go ype			1000.00										
		ment For: Primary Other (spe	General															
<u>с</u> .	Full Name (Last, First, Middle Initial)							Date o	f Dis	sburse	əme	ent						
	Mailing Address 2015 DIETZ PL NW							07 31 Y Y Y Y Y 2013										
	City	State	Zip Code				_	_										
	ALBUQUERQUE	NM	87107					Trans	sacti	ion ID):[D1477	69					
	Purpose of Disbursement 2014 Primary Contribution						11	Amount of Each Disbursement this Period										
	Candidate Name Category							2500.00										
	Rep. Michelle Lujan Grisham Office Sought: Y House Disbursement For: 2014									7	_	7		250	0.00			
	Office Sought: House Disburse Senate President State: NM District: 01	ment For: Primary Other (sp	General															
Γ								-		-				5000	0.00			
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S	CHEDULE B (FEC Form 3X)			F)R I							PA	AGE	158	OF 160			
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		Detailed Sun				21b 27		22 28a	X	23 28b		24 28c		25 29	26 30b			
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$\left[\right]$	NAME OF COMMITTEE (In Full)																	
	American Society of Anesthesiolog	jists Politic	al Action (Com	mi	ittee	;											
•	Full Name (Last, First, Middle Initial)								(D:-									
А.	TIBERI FOR CONGRESS	Date of Disbursement																
	Mailing Address 2931 E Dublin Granville Road						07 31 2013											
	City	p Code																
	Columbus	OH 4	3231				Transaction ID : D147768											
	Purpose of Disbursement 2014 Primary Contribution			0	11	٦	A	moun	t of	Each	Dis	sburse	ment	t this	Period			
	Candidate Name					·y/	1000.00								0.00			
	Rep. Pat Tiberi			Ту	vpe				-	7	-	- 7	-	100	0.00			
	Senate X President	nent For: 2014 Primary Other (specify)	General															
	State: OH District: 12																	
В.	Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS						Date of Disbursement											
	Mailing Address 911 Central Avenue									07 31 2013								
	Albany		p Code 2206				Transaction ID : D147738											
	Purpose of Disbursement 2014 Primary Contribution		0	011		Amount of Each Disbursement this Period												
	Candidate Name Rep. Paul Tonko Office Sought: X House Disbursement For: 2014				gor	ry/	1000.00											
					vpe			-	_	7	-	- 7	-	100	0.00			
		nent For: 201 Primary Other (specify)	General															
<u>с</u> .	II Name (Last, First, Middle Initial)							Date of	f Dis	burse	eme	ent						
	Mailing Address 73373 COUNTRY CLUB DRIVE #						Date of Disbursement 07 31 2013											
	PALM DESERT		p Code 2260					Trans	sacti	on ID) : C	01477	72					
	Purpose of Disbursement 2014 Primary Contribution	0	11		Amount of Each Disbursement this Period													
	Candidate Name Cate							2500.00										
	Rep. Raul Ruiz M.D.Office Sought:VVHouseDisburser								-	7	_			200	0.00			
	Office Sought: House Disburser Senate President State: CA District: 36	Primary Other (specify)	General															
Г								-	-	-			-	4500	0.00			
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S	CHEDULE B (FEC Form 3X)			F	OR		NU	MBER				PA	GE	159 (OF 160	
ITEMIZED DISBURSEMENTS		Use se for each			k only	one)										
			d Summary Page		-	21b 27	\vdash	22 28a	×	23 28b	$\left \right $	24 28c		25 29	26 30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
\backslash	NAME OF COMMITTEE (In Full)			~		•										
//	American Society of Anesthesiolog	lists Po	nitical Action	Con	۱m	ittee	•									
Α.	Full Name (Last, First, Middle Initial) RENEE ELLMERS FOR CONGRESS COMMITTEE						Date of Disbursement									
	Mailing Address PO BOX 99567					07 17 2013										
	RALEIGH	e of Disbursement					Transaction ID : D147436									
	2014 Primary Contribution)11		Amount of Each Disbursement this Period									
	Candidate Name Rep. Renee Ellmers			Cat T	ego ype									1000	0.00	
	Office Sought: House Disbursen Senate President	nent For: Primary Other (sp	General													
в.	State: NC District: 02 Full Name (Last, First, Middle Initial) SKIPAC							Date o	_	sburse		_		Y	Y	
	Mailing Address PO Box 83142							07 24 2013								
	Gaithersburg	State MD	Zip Code 20883-3142					Trans	sact	ion ID) :	D14760	7			
	Purpose of Disbursement 2013 Contribution	(011		Amount of Each Disbursement this Period											
	ndidate Name				ego		5000.00									
	President	nent For: Primary Other (sp	General		ype	!				7						
	State: District:		2013 Contribut	ion												
C.	Full Name (Last, First, Middle Initial)					Date o	_	sburse			Y	Y	Y			
	Mailing Address											11				
	City	State	Zip Code													
	Purpose of Disbursement	_ · · · ·						Amount of Each Disbursement this F								
	Candidate Name	Cat T	ego ype									Child				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 160 OF 160									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check on 21b 27	ly one)									
Any information copied from such Reports and State or for commercial purposes, other than using the na			son for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)		_										
American Society of Anesthesiolo	gists Political Action (Committe	e									
Full Name (Last, First, Middle Initial) A. Alabamians for Luther Strange, Ir	IC.		Date of Disbursement									
Mailing Address PO Box 3196			07 22 2013									
City Montgomery	State Zip Code AL 36109-0196		Transaction ID : D147643									
Purpose of Disbursement Non-Federal Contribution	30103 0130	011	Amount of Each Disbursement this Period									
Candidate Name		011										
Luther Strange		Category/ Type	2500.00									
Office Sought: House Disburs Senate President	ement For: 2014 Primary General Other (specify) ▼											
State: AL District:	Non-Federal Contr	ribu										
Full Name (Last, First, Middle Initial) B. Republican Governors Associatio	n		Date of Disbursement									
Mailing Address 1747 Pennsylvania Ave, NW	07 17 2013											
City Washington	StateZip CodeDC20006		Transaction ID : D147443									
2013 Contribution	Purpose of Disbursement 2013 Contribution 011											
Candidate Name		Category/ Type	50000.00									
Office Sought: House Disburs Senate President >	ement For: 2014 Primary General Other (specify) ▼											
State: District:	2013 Contributio	n										
Full Name (Last, First, Middle Initial)			Date of Disbursement									
Mailing Address												
City	State Zip Code											
Purpose of Disbursement			-									
Candidate Name	Category/ Type	Amount of Each Disbursement this Period										
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