Image# 13964830736		_		PAGE 1 / 151
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office U	
		ample: If typing, type	12FE4M5	
COMMITTEE (in full)		er the lines.		
American Society of Anes	thesiologists Political A	Action Committee		
ADDRESS (number and street)	20 N. Northwest Highway			
Check if different				
than previously Preported. (ACC)	Park Ridge		IL 6006	8
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲	S		ZIP CODE
C C00255752	3. IS THIS REPOR	T (N) OR	X AMENDED (A)	
4. TYPE OF REPORT ( (Choose One) (a) Quarterly Reports:	b) Monthly Report Due On: Mar 20 (M:		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	× Apr 20 (M4	-) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE)	Election on	M M / D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -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	01 / Y Y Y Y Y 01 2013	through 03		13
I certify that I have examined this Re	eport and to the best of my kn	owledge and belief it is tru	e, correct and comple	ote.
Type or Print Name of Treasurer M	Ir. Thomas Conway			
Signature of Treasurer	ıs Conway	[Electronically Filed] D	ate 11 / 15	D / Y Y Y Y 2013
NOTE: Submission of false, erroneous,	, or incomplete information may	subject the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> Rev. 12/2004

#### 11/15/2013 18 : 33

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

#### American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	M         /         D         D         /         Y	b: 03 / D D / Y P Y P Y P Y P Y P Y P Y P Y P Y P Y
		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	1734482.35	
	(c) Total Receipts (from Line 19)	124771.11	409630.52
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1859253.46	2028737.03
7.	Total Disbursements (from Line 31)	170166.98	339650.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1689086.48	1689086.48
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

DE	TAILED SUMMARY PAGE	Γ
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
American Society of Anesthesiologis	ts Political Action Committee	
Report Covering the Period: From: 03	/ D D / Y Y Y Y 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 Other Than Political Committees		
(i) Itemized (use Schedule A)	95455.13	282276.81
(ii) Unitemized	29315.98	122353.71
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	124771.11	404630.52
(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	101771 11	404630.52
Totals to Line 33, page 5)▶	124771.11	404050.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
rany commutees	, , , , , , , , , , , , , , , , , , , ,	
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	5000.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(b) Lovin Evenda (fram Oslasdula UE)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	124771.11	409630.52
, .o, .i, .o, io, ir, and io(o))	7 7 7	7 7 7
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	124771.11	409630.52

Image# 13964830738

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3151.90	4377.88
<ul><li>(c) Total Operating Expenditures</li></ul>	3131.90	4517.00
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	3151.90	4377.88
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	141000.00	222500.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
Other Disbursements	26015.08	112772.67
Federal Election Activity (2 U.S.C. §431(20) (a) Allocated Federal Election Activity (from Schedule H6)	)	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	170166.98	2206E0 E
	7 7 7	339650.5
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	170166.98	339650.55

L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	124771.11	404630.52
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124771.11	404630.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	3151.90	4377.88
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3151.90	4377.88

#### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

An increase of \$695 unitemized receipts and \$500 to itemized due to administrative error

Form/Schedule: Transaction ID:

FOR LINE NUMBER:

(check only one)

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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 S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	plogists Political Action Committe	:e
Full Name (Last, First, Middle Initial) John P. Abenstein M.D. Mailing Address 10978 Eleventh Ave N.W. City Oronoco FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Anes. Dept. Receipt For:	State Zip Code MN 55960-2110 C Occupation Physician	Date of Receipt 03 / 06 / 2013 Transaction ID : C2281331 Amount of Each Receipt this Period 83.30
Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.80	
Full Name (Last, First, Middle Initial) B. John P. Abenstein M.D. Mailing Address 10978 Eleventh Ave N.W. City	State Zip Code	Date of Receipt 03 / 10 2013 Transaction ID : C2286834
Oronoco	MN 55960-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Mayo Clinic Anes. Dept.	C Occupation Physician	83.30
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.80	
Full Name (Last, First, Middle Initial) C. Amr E. Abouleish M.D., M.B.		Date of Receipt
Mailing Address 4303 Evergreen Elm Ct		M M / D D / Y Y Y Y 03 02 2013
City Houston	State Zip Code TX 77059-3120	Transaction ID : C2276957
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.30
Name of Employer	Occupation	-
University of Texas Medical Branch Receipt For: Primary General Other (specify)	Professor Aggregate Year-to-Date ▼ 249.90	
SUBTOTAL of Receipts This Page (optional)	•	249.90

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

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FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17	
Any information copied from such Reports and or for commercial purposes, other than using				or the		oose of			
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) Virgil M. Airola M.D. Mailing Address 3841 W Locust Ave				Date of	Re	ceipt	) / Y	Y Y	Y
City	State	Zip Code	- 1	03 Trans	acti	20 on ID :	C229354	2013 <b>18</b>	_
Fresno	CA	93711-0630	A				Receipt th		d
FEC ID number of contributing federal political committee.	С					7		50	0.00
Name of Employer PED ANES ASSOC	Occupation PHYSICIAN	I							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
Full Name (Last, First, Middle Initial) B. Michael E. Almasi D.O.				Date of	Re	ceipt			
Mailing Address 525 Evergreen Ln				м м 03	/	13		ү ү 2013	Y
City Robins	State IA	Zip Code 52328-9529					C228834 Receipt th		d
FEC ID number of contributing federal political committee.	C					,		25	0.00
Name of Employer Linn County Anes	Occupation ANESTHES	IOLOGIST							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name (Last, First, Middle Initial) Charles K. Anderson M.D., M.I	3.		C	Date of	Re	ceipt			
Mailing Address 60975 Billadeau Rd				м м 03	/	04		2013	Y
City Bend	State OR	Zip Code 97702-8715	A				C227706 Receipt th		d
FEC ID number of contributing federal political committee.	C					,		8	3.30
Name of Employer	Occupation								
TenetHealth Receipt For:	Chief Medic	cal Officer	_						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.90	]						
SUBTOTAL of Receipts This Page (optiona	l)							83:	3.30
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			Detailed Summary Page		<b>1</b> 1a		11b	11c		12	
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	on copied from such Reports and S rcial purposes, other than using the										
	COMMITTEE (In Full)										
Americ	an Society of Anesthesic	ologists P	olitical Action Committe	ee							
	(Last, First, Middle Initial) n C. Anderson M.D.				Date of	Re	ceipt				
	dress 151 Jossie Ln				м м 03	/	0 08	/ Y		)13	Y
City		State MT	Zip Code				ion ID : (				
Kalispell			59901-6961		Amount	of	Each Re	eceipt th	is P	eriod	
	imber of contributing itical committee.	С					,	9	_	100.	00
Name of E	Employer	Occupation		-							
	ockies Anesthesia Consultant	Anesthesio	ogist								
Receipt Fo		Aggregate	Year-to-Date ▼								
Prim Othe	ary General or (specify) <del>v</del>		300.00								
	(Last, First, Middle Initial) C. Angus A.AC, M.				Date of	Re	ceipt				
	dress 820 1st N.E. LL-150, Mail 25				03	/	15	/ Y	20	13	Y
City	C, , , , , , , , , , , , , , , , ,	State	Zip Code			acti	on ID : (	C228863			
Washingto	n	DC	20002		Amount	of	Each Re	eceipt th	is P	eriod	
	imber of contributing itical committee.	С					,		_	83.	30
Name of E Case West	mployer ern Reserve University	Occupation Program Dir									
Receipt Fo		Aggregate	Year-to-Date ▼ 249.90								
	(Last, First, Middle Initial) a A. Aquino M.D.				Date of	Re	ceipt				
Mailing Ad	dress 1376 Midland Ave., #201				м м 03	/	D D 10	/ Y		) 13	Y
City		State NY	Zip Code				ion ID :				
Bronxville			10708-6853	_	Amount	of	Each Re	eceipt th	is P	eriod	
	imber of contributing itical committee.	С				_		7	_	500	.00
Name of E	mployer	Occupation		-							
	Medical Center	Physician									
Receipt Fo		Aggregate	Year-to-Date 🔻								
Prim			1500.00	11							
Uthe	r (specify) <b>▼</b>		7 7 7								
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ITEMIZED RECEIPTS	Use separate schedule(s)			(check only one)									
			for each category of the Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12				
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	ny information copied from such Reports and St for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesio	logists Po	Diffical Action Committe	ee									
A.	Full Name (Last, First, Middle Initial) Melinda A. Aquino M.D.				Date of	Re	ceint						
<b>~</b> ·	Mailing Address 1376 Midland Ave., #201			$\neg$		110		) / Y	Y Y	Y			
					03	ľ	10		2013				
	City	State NY	Zip Code	Transaction ID : C2286842									
	Bronxville		10708-6853	_	Amount	of	Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	7	500	0.00			
	Name of Employer	Occupation											
	Montefiore Medical Center	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1500.00										
			7										
	Full Name (Last, First, Middle Initial)												
В.	Melinda A. Aquino M.D.				Date of	Re	ceipt						
	Mailing Address 1376 Midland Ave., #201				M M	/			Y Y	Y			
	City	State	Zip Code		03 Transa	acti	10 on ID :	C228684	2013 3				
	Bronxville	NY	10708-6853				-	Receipt th	-				
	FEC ID number of contributing federal political committee.	С					7		500	_			
	Name of Employer	Occupation		_									
	Montefiore Medical Center	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		1500.00										
<u>с.</u>	Full Name (Last, First, Middle Initial) Anthony Arellano-Kruse M.D.				Date of	Re	ceipt						
	Mailing Address Anesthesia Medical Group 3330 Lomita Blvd				м м 03	/	28		y y 2013	Y			
	City Torrance	State CA	Zip Code 90505-5002					C229574		-			
			90000-0002	$\neg$	Amount	of	Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С					,		83	8.34			
	Name of Employer	Occupation											
	Torrance Memorial Medical Center	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.02										
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s	UBTOTAL of Receipts This Page (optional)		•	•			7	- 7	1083	.34			
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TEMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)			
ILWIZED NECEIFI3		for each category of the Detailed Summary Page	X 11	-	11b	11c	12	
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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. Brett L. Arron M.D.			Date	e of F	Receipt			
Mailing Address 52 Lake Street				3	/ D 0		2013	Y
City Wakefield	State RI	Zip Code 02879				: C227700 Receipt th	)0	
FEC ID number of contributing federal political committee.	C				7		83	.30
Name of Employer	Occupation							
Narragansett Bay Anesthesia	Physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		249.90						
Full Name (Last, First, Middle Initial) <b>3. Charles R. Austgen M.D.</b>			Date	e of F	Receipt			
Mailing Address 10805 Club Point Dr			М	M 3	/ D		y y 2013	Y
City	State	Zip Code	Tra	ansac	tion ID	: C229467		
Fishers	IN	46037-2786	Amo	ount c	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С				7		500	.00
Name of Employer ANES CONSUL INDPLS	Occupation ANESTHES							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.00	]					
Full Name (Last, First, Middle Initial)	I		Date	e of F	Receipt			
Mailing Address 375 Coventry Park Ln				)3	/ D	D / Y 3	ү 2013	Y
City Winston Salem	State NC	Zip Code 27104-3677				: C228802		
FEC ID number of contributing		21104 3017	Amo	ount c	of Each	Receipt th	iis Period	_
federal political committee.	С			-	9	- 7	250	.00
Name of Employer	Occupation							
WFU School of Medicine Receipt For:	Anesthesio	-						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				_	7	5	833.	30

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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12		
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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)											
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Kimberly M. Balogh M.D.											
	Mailing Address 9 Ryedale Ct				м м 03	/	D 13			)13	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C228835	55			
	Greenville	SC	29615-6037		Amoun	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7	7		500	00	
	Name of Employer	Occupation		-								
	Greenville Anesthesiology, P.A.	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Mordechai Bermann M.D.				Date of	f Re	ceipt					
	Mailing Address 7 Plymouth Ln				M M	/	D	D / Y	Y	Y	Y	
			7.0.1		03		13		20	13		
	City East Brunswick	State NJ	Zip Code 08816-3322	-			-	C228796				
		INJ	00010-3322		Amoun	tot	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7			83.	30	
	Name of Employer	Occupation										
	Rutgers	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		249.90									
C.	Full Name (Last, First, Middle Initial) Joshua R. Berris D.O.				Date of	f Re	ceipt					
	Mailing Address 4340 Strathdale Ln.				03	/	D 07			13	Y	
	City West Bloomfield	State MI	Zip Code 48323	-				: C228417				
					Amoun	t ot	⊨acn ⊦	Receipt th	is P	eriod	_	
	FEC ID number of contributing federal political committee.	С					7			250	.00	
	Name of Employer	Occupation										
	Botsford Hospital Dept of Anesthesiolo	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
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ITEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a		11b	11c 15	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for th		pose of s	oliciting	contribu	tions
NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Politi	cal Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Andrew Beyzman M.D. Mailing Address 1380 Dahill Road apt 601 City Brooklyn FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	Zip Code 11204		M / nsact	eceipt 08 ion ID : C Each Re			
Park Slope Anesthesia Associates         Receipt For:         Primary       General         Other (specify) ▼	r: Aggregate Year-to-Date ▼ ary General							
Full Name (Last, First, Middle Initial) B. Peter M. Billharz M.D. Mailing Address 300 S. Arlington Avenue			Date	M /	eceipt 01	/ Y	y y 2013	Y
City Reno FEC ID number of contributing federal political committee.	ID number of contributing							.00
Name of Employer         Associated Anesthesiologists of Reno         Receipt For:         Primary       General         Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-	to-Date ▼ 500.00			<u></u>			
Full Name (Last, First, Middle Initial) C. Wendy B. Binstock M.D. Mailing Address 1122 W Montana St			Date	M /	eceipt	/ Y	y y 2013	Y
City Chicago FEC ID number of contributing federal political committee. Name of Employer university of chicago Receipt For: □ Primary □ General Other (specify) ▼		Zip Code 60614-2221 to-Date ▼ 249.90			ion ID : C		is Period	.30
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number					7	7	833	.30

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American Society of Anesthesi	ologists P	olitical Action Committe	ee											
Full Name (Last, First, Middle Initial) <b>A.</b> Timothy M. Bittenbinder M.D.			Date of Receipt											
Mailing Address 2401 South 31st St., Dept. of MS - 20 - D304	Anes			м м 03	/	D 1		/ Y		)13	Y			
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Other (specify)		499.80												
Full Name (Last, First, Middle Initial) B. Timothy M. Bittenbinder M.D.	I		1	Date of	Re	ceipt								
Mailing Address 2401 South 31st St., Dept. of MS - 20 - D304	Anes			м м 03	/	2		/ Y	20	13	Y			
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Full Name (Last, First, Middle Initial) C. Benjamin B. Blackmon Jr., M.D.	l			Date of	Re	eceipt								
Mailing Address 1117 Glenwood Ct				м м 03	/	2	D 9	/ Y		13	Y			
City	State	Zip Code		Trans	act	ion ID	) : C	229603	39					
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Camden Anesthesiology Associates, LLC	Anesthesio	logist												
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American Society of Anest	hesiologists P	olitical Action Committ	ee											
Full Name (Last, First, Middle Initial) A. Kenneth J. Bochenek M.D.			C	Date of	f Re	ceipt								
Mailing Address 2000 Spruce Dr				03 13 2013										
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Mailing Address 2000 Spruce Dr				03 / D D / Y Y Y Y Y 27 2013										
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American Society of Anesthesi	iologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Srinivas S. Bollimpalli M.D. Mailing Address 1850 N Central Ave Ste 1600	0		Date of Receipt										
City	State	Zip Code	03 07 2013										
Phoenix	AZ	85004-4633	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		83.30										
Name of Employer Valley Anes. Consultants, Ltd.	Occupation Physician	1											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90											
Full Name (Last, First, Middle Initial) B. Chris G. Boukedes M.D.			Date of Receipt										
Mailing Address 15 Lawson Way			03 13 2013										
City Greenville	State SC	Zip Code 29605	Transaction ID : C2288357 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer Greenville Anesthesiology	Occupation ANESTHES												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
Full Name (Last, First, Middle Initial) C. Frances Boyette M.D.			Date of Receipt										
Mailing Address 8225 Marsh Pointe Dr.			03 26 2013										
City Montgomery	State AL	Zip Code 36117	Transaction ID : C2294680 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer	Occupation	I											
Self	ANESTHE	SIOLOGIST											
Receipt For:	Aggregate	Year-to-Date ▼											
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NAME OF COMMITTEE (In Full)										
American Society of Anesthesio	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Carlos L. Bracale M.D.				Date of	Red	ceipt				
Mailing Address 209 Ryans Run Ct				м м 03	/	D D D 13	/ Y	2013	Y	1
City	State	Zip Code		Trans	actio		C228835			
Greenville	SC	29615-6055	_	Amount	of E	Each Re	eceipt th	is Perio	d	
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Other (specify)		, 500.00								
Full Name (Last, First, Middle Initial) B. Jerome L. Bronikowski M.D.				Date of	Rec	ceint				
Mailing Address 318 White Oak Farm Dr				03	/	18	/ Y	2013	Y	1
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Gwinnett Anesthesia Service Receipt For:	physician									
Primary General	Aggregate	Year-to-Date ▼								
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Full Name (Last, First, Middle Initial) C. Richard Brouillard A.A.				Date of	Red	ceipt				
Mailing Address 57 Executive Park S Dept of Anes				м м 03	/	D D 03	/ Y	2013	Y	1
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Atlanta	GA	30322-0001		Amount	of E	Each Re	eceipt th	is Perio	d	
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Emory University School of Medicine	AA Pprogra	m Director								
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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page			(check only one)									
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Full Name (Last, First, Middle Initial) <b>A.</b> Richard Brouillard A.A.			Date	of Re	eceipt								
Mailing Address 57 Executive Park S				M M / D D / Y Y Y Y Y 03 08 2013									
Dept of Anes City	State	Zip Code			tion ID : C	228646	2013 7						
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Name of Employer	Occupation												
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Other (specify)		1249.90	1										
Full Name (Last, First, Middle Initial) B. Tanner Brownrigg M.D.			Date	of Re	eceipt								
Mailing Address 9604 NE 89th St			03		07	/ Y	y y 2013	Y					
City Kansas City	State MO	Zip Code 64157-8660			ion ID : C								
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federal political committee.	С				1	7	500	.00					
Name of Employer Ad Vivum Anesthesiology, PC	Occupation												
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Full Name (Last, First, Middle Initial) <b>C.</b> Daniel L. Bruning M.D.			Date	of Re	eceipt								
Mailing Address 3 S St			0:		19	/ Y	ү 2013	Y					
City Lake Lotawana	State MO	Zip Code 64086-9430			tion ID : C								
		04080-9430	Amoi	unt of	Each Re	eceipt th	is Period						
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PAIN CARE Receipt For:	PHYSICIAN												
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$\overline{)}$	NAME OF COMMITTEE (In Full)													
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A.	Full Name (Last, First, Middle Initial) Ethan Bryson M.D.			Dat	e of I	Receipt								
	Mailing Address 7 Wharton Ave				M M / D D / Y Y Y Y Y Y 03 11 2013									
	City	State	Zip Code				: C22882							
	Bridgewater	NJ	08807-3226	Am	ount d	of Each	Receipt th	nis Perioc	ł					
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	Name of Employer	Occupation												
	Mount Sinai Med CTR	PHYSICIAN	1	_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		250.00											
D	Full Name (Last, First, Middle Initial) Kurt T. Budenbender D.O.			Dat	o of I	Receipt								
<b>D</b> .	Mailing Address 1850 N. Central Ave Ste 1600			_			D / Y	Y Y	Y					
	Valley Anes. Consultants, LTD				03	16		2013	_					
	City	State AZ	Zip Code				: C22889							
	Phoenix		85004	Am	ount o	of Each	Receipt th	is Period	3					
	FEC ID number of contributing federal political committee.	С				7		83	3.30					
	Name of Employer Valley Anesthesia Consultants, LTD	Occupation												
	Receipt For:	Anesthesio	-	_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) V		249.90											
C.	Full Name (Last, First, Middle Initial) Earl A. Bueno M.D.			Dat	e of I	Receipt								
	Mailing Address 64 Watertown Rd.				03	/ 29		2013	Y					
	City	State	Zip Code				: C22959							
	Middlebury	СТ	06762-1501	Am	ount o	of Each	Receipt th	nis Perioc	k					
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	Name of Employer	Occupation												
	Waterbury Anesthesiolgy Associates Receipt For:		logist, Physician	_										
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A.	Full Name (Last, First, Middle Initial) James P. Burdick M.D.	mes P. Burdick M.D.										
	Mailing Address 6349 Woodland Dr.				м м 03	/		D 02	/ Y		013	Y
	City	State	Zip Code		Trans	acti	ion II	D : C	227697	74		
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	Name of Employer AMAS	Occupation Anesthesio										
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В.	Full Name (Last, First, Middle Initial) Rebecca C. Burfeind M.D.			1	Date of	f Re	eceipt	t				
	Mailing Address 8338 Fontana				м м 03	/		D 30	/ Y		)13	Y
	City	State	Zip Code		Trans	acti	ion IE	) : C	229606			
	Prairie Village	rairie Village KS 66207									Period	
	FEC ID number of contributing federal political committee.	С					7		<b>y</b>	_	1000.	00
	Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiol										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
с.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph	D			Date of	f Re	eceipt	t				
	Mailing Address 569 Fruit Hill Ave				м м 03		D	D 14	/ Y		)13	Y
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Frederick W. Burgess M.D., Ph.D	rederick W. Burgess M.D., Ph.D										
Mailing Address 569 Fruit Hill Ave	State Zie Code	03 25 2013									
North Providence	State Zip Code RI 02911-2134	Transaction ID : C2294020 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С										
Name of Employer Providence VAMC	Occupation anesthesiologist										
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Full Name (Last, First, Middle Initial) B. Jesus Robert R. Calimlim M.D.	1	Date of Receipt									
Mailing Address 4583 Providence Rd.		03 20 2013									
City	State Zip Code	Transaction ID : C2293645									
Jamesville	NY 13078-9581	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	250.00									
Name of Employer Upstate Medical University	Occupation Anesthesiologist										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]									
Full Name (Last, First, Middle Initial) C. Vito A. Cancellaro M.D.	1	Date of Receipt									
Mailing Address 42 Fox Hunt Ln		03 13 / Y Y Y Y 2013									
City Greer	StateZip CodeSC29651-6848	Transaction ID : C2288360 Amount of Each Receipt this Period									
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GAPA Anesthesia	ANESTHESIOLOGIST										
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Α.	Full Name (Last, First, Middle Initial) Mark E Cannella M.D.				Date of	Re	eceip	ot							
	Mailing Address 165 Rosehill DR W			03 / D D / Y Y Y Y Y 23 2013											
	City	State FL	Zip Code 32312						229399						
	Tallahassee	ГЦ	32312	A	mount	t of	Eac	h Re	ceipt th	is P	eriod				
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	Name of Employer	Occupation	 												
	Anesthesiology Assoc of Tallahassee	Anesthesio	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
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В.	Full Name (Last, First, Middle Initial) Mark Carithers M.D.				Date of	Re	eceip	ot							
	Mailing Address 1007 Grove Rd # B				м м 03	/		D 13	/ Y		)13	Y			
	City	State	Zip Code	Transaction ID : C2288361											
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	Name of Employer Greenville Anesthesiology	Occupation ANESTHES													
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	Primary General Other (specify) ▼		500.00												
С.	Full Name (Last, First, Middle Initial) Richard Carithers M.D.				Date of	Re	eceip	t							
	Mailing Address 1007 Grove Rd., Suite B				м м 03			D 13		20	)13	Y			
	City Greenville	State SC	Zip Code 29605-4630						228836		Poriod				
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Stephen D. Carlson M.D., Ph.D Mailing Address 3030 Briarwood Dr				Date o		eceipt			~ ~	-
					03		01		2013		
	City Allegany	State NY	Zip Code 14706-9655					C22786 Receipt t		od	
	FEC ID number of contributing federal political committee.	С					,		2	250.0	0
	Name of Employer	Occupation									
	Southern Tier Anesthesiologists, PC Receipt For:	PHYSICIAN									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
	Full Name (Last, First, Middle Initial) Claire L. Chandler A.AC				Date o	f Bc	aceint				
D.	Mailing Address 1253 Citadel Dr NE				M M		D . [		Y	Y Y	
	City	State	Zip Code	-	03 Trans	acti	12 ion ID ·	C22871	2013 72		
	Atlanta	GA	30324					Receipt t		od	
	FEC ID number of contributing federal political committee.	С					7			83.3	0
	Name of Employer Emory Healthcare	Occupation									
	Receipt For:		ogist Assistant	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90								
<u> </u>	Full Name (Last, First, Middle Initial) Katherine A. Chang M.D.				Date o	of Re	eceipt				
	Mailing Address 831 Berkeley St.				03	/	D I I	Y / C	2013		1
	City	State	Zip Code		Trans	sact	ion ID :	C22882	88		
	Santa Monica	CA	90403	_	Amoun	t of	Each F	Receipt t	his Peri	od	
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NAME OF COMMITTEE (In Full)	=									
American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) <b>A.</b> John C. Chatelain M.D.			Date o	f Receipt						
Mailing Address 1319 S.9th St.			03	/ D D	) / Y	2013	Υ			
City	State	Zip Code		saction ID :	C228795					
Fargo	ND	58103-4105	Amoun	t of Each R	leceipt th	is Period				
FEC ID number of contributing federal political committee.	С				7	41	.60			
Name of Employer	Occupation	1								
Sanford Health	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		249.60	1							
Full Name (Last, First, Middle Initial) B. John C. Chatelain M.D.			Data a	f Dessint						
Mailing Address 1319 S.9th St.				f Receipt	/ Y	YY	Y			
			03	18		2013	·			
City	State	Zip Code		action ID :						
Fargo	ND	58103-4105	Amoun	t of Each R	leceipt th	is Period				
FEC ID number of contributing federal political committee.	С			7		41	.60			
Name of Employer Sanford Health	Occupation									
Receipt For:	Anesthesio	-								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)	L	249.60								
Full Name (Last, First, Middle Initial) <b>c.</b> <u>Tyler G. Church M.D.</u>			Date o	f Receipt						
Mailing Address 18678 E Ashridge Dr			03	/ D D	/ Y	2013	Y			
City	State	Zip Code	Trans	saction ID :	C229466					
Queen Creek	AZ	85242-3662	Amoun	t of Each R	leceipt th	is Period				
FEC ID number of contributing federal political committee.	С				7	500	.00			
Name of Employer	Occupation	1								
Self	ANESTHE	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		500.00								
SUBTOTAL of Receipts This Page (optional)					7	583.	20			
TOTAL This Period (last page this line numb	er only)			7						

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IT,			Use separate schedule(s)	(check only one)										
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for th		oose of	soliciting	contribu	tions					
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e										
 A.	Full Name (Last, First, Middle Initial) Nathan S. Clark M.D.			Date	of Re	ceipt								
	Mailing Address 22 Loch Loyal Ct				03 01 2013									
	City Penfield	State NY	Zip Code 14526-9567	Trai	nsacti	on ID : (	C227856 eceipt th							
	FEC ID number of contributing federal political committee.	С				9		250	0.00					
	Name of Employer University of Rochester Receipt For:	Occupation Anesthesiol	ogist											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
	Full Name (Last, First, Middle Initial) Melvin A. Cohen M.D.			Date	of Re	ceipt								
	Mailing Address 56 Pheasant Way			03		07	/ Y	у у 2013	Y					
	City Centerville	State MA	Zip Code 02632				C228829 eceipt th	<b>io</b> iis Period						
	FEC ID number of contributing federal political committee.	С				7		250	_					
	Name of Employer Cape Cod Anes. Assoc.	Occupation Anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) Norman A. Cohen M.D.			Date	of Re	ceipt								
	Mailing Address 0841 SW Gaines St # 504			03		03	/ Y	2013	Y					
	City Portland	State OR	Zip Code 97239-2976				C227699 eceipt th	<b>99</b> iis Period						
	FEC ID number of contributing federal political committee.	С				7	7	83	3.30					
	Name of Employer	Occupation												
	Oregon Health and Science Univ. Anes. Receipt For:	Associate P	Year-to-Date ▼	_										
	Primary General Other (specify) ▼	Aggregate	249.90											
s	UBTOTAL of Receipts This Page (optional)							583	.30					
т	OTAL This Period (last page this line number of	only)				,								

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	-	Use separate schedule(s)				(check only one)								
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page		11a		11b	11c	12						
Any information copied from such Reports and or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
American Society of Anesthes	siologists P	olitical Action Committ	ee											
Full Name (Last, First, Middle Initial) A. John A. Cooley M.D.			D	ate of	f Re	ceipt								
Mailing Address 48 Fox Hedge Rd				M M / D D / Y Y Y Y Y 03 14 2013										
City Saddle River	State NJ	Zip Code 07458-2706		Trans		ion ID :	C228848 Receipt th							
FEC ID number of contributing federal political committee.	C					7		83	.30					
Name of Employer North American Partners in Anes	Occupation Anesthesio													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	]											
Full Name (Last, First, Middle Initial) B. Clayton W. Cordell III, M.D.			D	ate of	f Re	ceipt								
Mailing Address 4435 Ridgeway Dr				м м 03	/	28		у у 2013	Y					
City Belden	State MS	Zip Code 38826-9760	Transaction ID : C2295828 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					1	,	500	.00					
Name of Employer Tupelo Anesthesia Group	Occupation Anesthesio													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]											
Full Name (Last, First, Middle Initial) C. Mary K. Craddock M.D.				ate of	f Re	ceint								
Mailing Address 5514 Western Ave.				м м 03		27		2013	Y					
City Chevy Chase	State MD	Zip Code 20815					C229569	<b>93</b> iis Period						
FEC ID number of contributing federal political committee.	С					1	,	250	0.00					
Name of Employer	Occupation	1												
SELF-EMPLOYED Receipt For:		SIOLOGIST	_											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]											
SUBTOTAL of Receipts This Page (optional).						7		833	.30					
TOTAL This Period (last page this line numb	er only)					,								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
ILWIZED RECEIPIS		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												
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	siologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) <b>A.</b> David A Cross M.D.			Date of Receipt									
Mailing Address Department of Anesthesiol 2401 South 31st Street	ogy		03		06 / Y	2013	Y					
City _Temple	State TX	Zip Code 76508		Transaction ID : C2281330 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					83.	.30					
Name of Employer Scott and White Healthcare	Occupation Physician	I										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	]									
Full Name (Last, First, Middle Initial) B. David K. Crumley M.D.			Date of	of Receipt	t							
Mailing Address 1550 Boyson Rd 1550 Boyson Rd.	Chata	Zip Code	03		27	2013	Y					
City Hiawatha	State IA				<b>D : C22957(</b> n Receipt th							
FEC ID number of contributing federal political committee.	С			,	,	250.	00					
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHES											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
Full Name (Last, First, Middle Initial) C. Jay D. Cunningham D.O.			Date of	of Receipt	t							
Mailing Address 18808 Saddle River Dr			03	M / D		2013	Y					
City Edmond	State OK	Zip Code 73012-4104			<b>D : C22884</b> n Receipt th							
FEC ID number of contributing federal political committee.	С					83	.30					
Name of Employer	Occupation	I										
Afiliiated Anesthesiologist Receipt For:	anesthesio	-										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.90	1									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb				7	7	416.	60					

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			Detailed Summary Page		<b>〈</b> 11a		11b	11c		12	
			, 5		13		14	15		16	17
			ay not be sold or used by any p ddress of any political committe								
	OMMITTEE (In Full)										
Americar	n Society of Anesthe	siologists P	olitical Action Committ	ee							
	ast, First, Middle Initial) Curling M.D.				Date of	f Re	ceipt				
Mailing Addre	ess 2727 Kirby Dr Apt 11D				м м 03	/	01		20 <sup>2</sup>	Y 12	Y
City		State	Zip Code			acti		: C227600		15	
Houston		ТХ	77098-1152				-	Receipt th		eriod	
FEC ID numb federal politic	per of contributing al committee.	С					7	7		83.	30
Name of Emp	oloyer	Occupation									
North Houstor	n Anesthesiologists	Anesthesio	ogist								
Receipt For:			Year-to-Date ▼								
Primary	General	33 - 3		11.							
Other (	specify) 🔻		249.90								
Full Name (La B. Sharon M	ast, First, Middle Initial)				Date of	f Ro	ceint				
	ess 1115 Huntington Ave				M		Delpt		v	V	V
Maining / Kare	TTIS Huntington Ave				03	<i>'</i>	27	· / ·	_201	3	Υ .
City		State	Zip Code			acti		C229523			
Nichols Hills		ОК	73116-6212					Receipt th		eriod	
FEC ID numb federal politic	per of contributing al committee.	С					7			83.3	30
Name of Emp	olover	Occupation		_							
Northwest And	,	anesthesiol									
Receipt For:			Year-to-Date ▼								
Primary	General	Aggregate		- L.							
Other (s	specify) ▼		749.90								
	ast, First, Middle Initial) J. Davis D.O.				Date of	f Re	ceipt				
Mailing Addre	ess 10 Sunflower Circle				м м 03	/	27		201		Y
City		State	Zip Code			acti		: C22956			
Lumberton		NJ	08048		Amoun	t of	Each F	Receipt th	nis Pe	eriod	
FEC ID numb	per of contributing									050	00
federal politic	al committee.	C					7	7	_	250.	00
Name of Emp	oloyer	Occupation									
Information R	equested	Anesthesio	logist								
Receipt For:		Aggregate	Year-to-Date ▼								
Primary			250.00	11.							
Other (	specify) 🔻		250.00								
					_	-				_	_
SUBTOTAL of	Receipts This Page (optiona	l)			L		7			416.6	30
										-	

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

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		ategory of the	<b>X</b> 1	1a		11b	11c	12				
		Detailed Summary Page				14	15	16	17			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold the name and address of any	l or used by any per political committee	erson for to solici	the p it con	ourp	oose of utions fr	soliciting om suc	g contrib h comm	outions iittee.			
American Society of Anesthes	ciologiste Political Ac	tion Committe	20									
American Society of Amestines	siologists Political Ac		ee									
Full Name (Last, First, Middle Initial) A. John E. Davis III III, M.D.			Da	te of	Re	ceipt						
Mailing Address 517 Merrimans Ln.			M - M / D - D / Y - Y - Y - Y 03 17 2013									
City	State Zip Code	)	Transaction ID : C2288999 Amount of Each Receipt this Period									
Winchester	VA 22601											
FEC ID number of contributing federal political committee.	C					7	7	2	50.00			
Name of Employer	Occupation											
Winchester Anesthesiologists Inc.	Anesthesiologist											
Receipt For:	Aggregate Year-to-Date	•										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) B. Kraig S. de Lanzac M.D.			Da	te of	Re	ceipt						
Mailing Address 12 Tara Pl			M	03	/	13	/ Y	2013	Y			
City	State Zip Code	)	Т	ransa	actio	on ID : (	2228796					
Metairie	LA 70002-15	559	Am	nount	of	Each Re	eceipt th	nis Perio	bd			
FEC ID number of contributing federal political committee.	C					7	7	٤	33.30			
Name of Employer Slidell Memorial Hospital	Occupation Physician											
Receipt For:	Aggregate Year-to-Date	•										
Primary General												
Other (specify)	, , ,	249.90										
Full Name (Last, First, Middle Initial) C. Abhijit Desai M.D.			Da	te of	Re	ceipt						
Mailing Address 74 Clairmont St			M	03	/	01	/ Y	2013	Y			
City	State Zip Code		Т	ransa	acti	on ID :	C22760	05				
Longmeadow	MA 01106-10	002	Am	nount	of	Each Re	eceipt th	nis Perio	bd			
FEC ID number of contributing federal political committee.	С					,			41.60			
Name of Employer	Occupation		-									
Milford Anesthesia Associates, Inc Ane	anesthesiologist											
Receipt For:	Aggregate Year-to-Date	▼										
Primary General		249.60										
Other (specify)		249.00										
SUBTOTAL of Receipts This Page (optional)						7	7	37	4.90			
TOTAL This Period (last page this line numb	er only)	••••••				7	- 7					

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Ary Information copied from such Reports and Statements may not be sold or used by any person for the jumpose of soliciting contributions from such committee.       13       14       15       15       16       17         NAME OF Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.       NAME OF COMMITTEE (in Full)       American Society of Anesthesiologists Political Action Committee         A. Abhijit Desai M.D.       Mailing Address 74 Clairmont St       Date of Receipt         City       State       Zp Code       Transaction ID : C2222511         Angregate Yacha Committee.       Occupation       Amount of Each Receipt         Miling Address 74 Clairmont St       Occupation       Ansothesiologist         Receipt For:       Occupation       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 3000 Casen St       City       State       Zp Code         Mailing Address 74 Byram Ridge Read       Occupation       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 74 Byram Ridge Read       City       State       Zp Code       Transaction ID : C222551         Name (Lest, First, Middle Initia)       E.       Latra 1. Dew M.D.       Date of Receipt       Transaction ID : C222650         Mailing Address 74 Byram Rid	ITEMIZED RECEIPTS		Detailed Summary Page		11b	11c	12							
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME CF COMMITTEE (in Full)         An Abhijit Desai M.D.         Mailing Address 74 Clairmont St         City       State         Longmeadow       MA         Name of Employer         General       Occupation         Primary       General         Path Name (Last. First, Middle Initial)         B. Laura I. Dew M.D.         Mailing Address 3000 Cason St         City       State         Pointer of contributing federal policical committee.         Name of Employer       Aggregate Year-to-Date ▼         Other (specify) ▼       State         FeD ID number of contributing federal policical committee.       C         Name of Employer       Aggregate Year-to-Date ▼         Other (specify) ▼       Occupation         Mailing Address 74 Byram Ridge Road       Aggregate Year-to-Date ▼         Pull Name (Last, First, Middle Initial)       Date of Receipt         B. Laura I. Dew M.D.       Aggregate Year-to-Date ▼         Pail Name (Last, First, Middle Initial)       C         City       State       Zip Code         Transaction ID : C22270598       Amount of Each Receipt His Period         FeC ID							-							
American Society of Anesthesiologists Political Action Committee         A. Abhijit Desai M.D.         Maling Address 74 Claimont St         Oity       State       Zp Code         Marcel Can Society of Anesthesiologist         PEC ID number of contributing tedrat political committee.       C         Name of Employer       Aggregate Year-to-Date ▼         Peter Number of contributing tedrat political committee.       C         Name of Employer       Aggregate Year-to-Date ▼         City       State       Zip Code         Milling Address 3009 Cason St       C         City       State       Zip Code         Houston Anesthesiology       Anesthesiologist         Receipt For:       Querystion         Receipt For:       C         Pull Name (Last, First, Middle Initial)       Date of Receipt for         State       Zip Code         Transaction ID: C2220558       Transaction ID: C22205786         Amount of Each Receipt firs Period       Balage         City       State       Zip Code         Transaction ID: C2220378       Transaction ID: C2220378         Amount of Each Receipt for:       Balage Zip Code         Pull Name (Last, First, Middle Initial)       Date of Receipt for         City The City Du	or for commercial purposes, other that	oorts and Statements man n using the name and a	ay not be sold or used by any p ddress of any political committe	erson for the e to solicit c	e purpose ontribution	of soliciting s from sucl	) contribu 1 commit	tions tee.						
✓       Full Name (Last, First, Middle Initial)         A. Abhilt Desai M.D.       Maling Address 74 Claimont St         City       State       Zip Code         Longmeadow       MA       Zip Code         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Miltord Anesthesia Associates, Inc Ane Receipt For:       Occupation       anset establisologist         B. Laura I. Dew M.D.       Aggregate Year-to-Date ▼       249.60         B. Laura I. Dew M.D.       TX       77005-3812         Gity       State       Zip Code         Mailing Address 3000 Casen St       C       C         City       State       Zip Code         Mailing Address 3000 Casen St       C       C         City       State       Zip Code         Mailing Address 7000 Casen St       C       C         City       State       Zip Code         Mailing Address 7000 Casen St       C       C         City       State       Zip Code         Receipt Houston Anesthesiology       Anesthesiologist       Amount of Each Receipt this Period         FeC ID number of contributing federal political committee.       C       John F Di Capua MD.         Mailing Address 74 Byra														
A. Abhijit Desai M.D.       Date of Receipt         Maling Address 74 Claimont St       00 2013         City       State       Zip Code         Longmeadow       MA       01006-1002         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Mitrof Anesthesia Associates, Inc Ane Receipt For:       Occupation       Aggregate Year-to-Date ▼         Printary       General       Occupation       C         Maling Address 3009 Casen St       00 20 2013       Transaction ID : C2276958         Maling Address 3009 Casen St       00 20 2013       Transaction ID : C2276958         Maling Address 3009 Casen St       00 20 2013       Transaction ID : C2276958         Maling Address 3009 Casen St       To 7005-3812       Transaction ID : C2276958         FeU Name (Last, First, Middle Initial)       Date of Receipt       Amount of Each Receipt this Period         Receipt For:       Primary       General       Occupation         Maling Address 74 Byram Ridge Road       Aggregate Year-to-Date ▼       Primary         Ctity       State       Zip Code       Transaction ID : C2276958         Amount of Each Receipt His Period       03 20 20 2013       Transaction ID : C2276958         Receipt For:       Aggregate Year-to-Date ▼ <th>American Society of And</th> <th>esthesiologists P</th> <th>olitical Action Committ</th> <th>ee</th> <th></th> <th></th> <th></th> <th></th>	American Society of And	esthesiologists P	olitical Action Committ	ee										
City       State       Zip Code         Langmeadow       MA       01106-1002         FEC. ID number of contributing       C         Iderat political committee       C         Millord Anesthesia Associates, Inc Ane       anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Cecupation         B. Laural I. Dew M.D.       Aggregate Year-to-Date ▼         Malling Address 3009 Cason St       C         City       State       Zip Code         Tx       77005-3812         FC:       Date of Receipt Interstree         Maling Address 74 Byram Ridge Road       C         City       Aggregate Year-to-Date ▼         Transaction D: C2270958       Amount of Each Receipt Interstree         Maing Address 74 Byram Ridge Road       C         City       Aggregate Year-to-Date ▼         Primary       General       249,90         Full Name (Last, First, Middle Initial)       C         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General       249,90         C. John F. Di Capua M.D.       Aggregate Year-to-Date ▼         Maling Address 74 Byram Ridge Road       C         City       State <th></th> <th>l)</th> <th></th> <th>Date</th> <th>of Receipt</th> <th></th> <th></th> <th></th>		l)		Date	of Receipt									
City       State       Zp Code       Transaction D: 22292511         Longmeadow       MA       01106-1002       Anount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       41.60         Name of Employer       Occupation       anesthesiologist         Hierd Anseciates, Inc Ane       anesthesiologist       Aggregate Year-to-Date ▼         B. Laura I. Dew M.D.       Aggregate Year-to-Date ▼       02       2013         B. Laura I. Dew M.D.       B. Laura I. Dew M.D.       Date of Receipt       03       02       2013         Maling Address 3009 Cason St       C       33.0       02       2013       Transaction D. C2276958         Name of Employer       Occupation       Tx       77005-3812       Parenaction D. C2276958       Amount of Each Receipt this Period         Full Name (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼       02       2013       Transaction D. C2276958         Amount of Each Receipt Tor:       Aggregate Year-to-Date ▼       243.90       C       03       22       2013       Transaction D: C2293736       Amount of Each Receipt Midel Initial)       C       John F. Di Capua M.D.	Mailing Address 74 Clairmont St			03										
FEC ID number of contributing federal political committee.       C         Name of Employer Mitord Anesthesia Associates, Inc Ane Primary Primary Cher (specify) ▼       Cocupation anesthesiologist Aggregate Year-to-Date ▼         B. Laura I, First, Middle Initial) B. Laura I, Dew M.D. Mailing Address 3009 Cason St City Houston FEC ID number of contributing federal political committee.       Date of Receipt 03 / 02 / 2013 Transaction ID : C2276958 Anount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Date of Receipt 03 / 02 / 2013 Transaction ID : C2276958 Anount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       State Zip Code TX 77005-3812       Date of Receipt 03 / 02 / 2013 Transaction ID : C22276958 Anount of Each Receipt this Period         Full Name (Last, First, Middle Initial) C. John F. Di Capua M.D. Mailing Address 7 Apram Ridge Road       Aggregate Year-to-Date ▼ 10000 City Armonk       Date of Receipt 03 / 02 / 2013 Transaction ID : C223736 Anount of Each Receipt this Period         Full Name (Last, First, Middle Initial) C. John F. Di Capua M.D. Mailing Address 7 Apram Ridge Road City Armonk       Date of Receipt 00000 Nesthesiology Aggregate Year-to-Date ▼ 249.90 249.90 Cocupation Anesthesiology Aggregate Year-to-Date ▼ 249.90 City Aggregate Year-to-Date ▼ 249.90 City Aggregate Year-to-Date ▼ 249.90 City Aggregate Year-to-Date ▼ 249.90 City	City	State	Zip Code											
federal political committee.       V       All 00         Name of Employer       Occupation       anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         B. Laura I. Dew M.D.       B. Laura I. Dew M.D.       Date of Receipt         Mailing Address 3009 Cason St       TX       77005-3812         City       State       ZIp Code         Houston       TX       77005-3812         Full Name (Last, First, Middle Initial)       C.       Occupation         Name of Employer       Occupation       Anount of Each Receipt Tis Period         FC:       Date of Receipt       State       Zip Code         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       State       Zip Code         Name of Employer       Occupation       Aggregate Year-to-Date ▼       State       Zip Code         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt       State       Zip Code         C.       John F. Di Capua M.D.       Jameshosiologist       Date of Receipt       State       Zip Code         N'Y       1050-1210       C.       Occupation       Amount of Each Receipt This Period       State       Zip Code         Neth Shore University Hospital Anesth	Longmeadow	MA	01106-1002	Amou	nt of Each	Receipt th	is Period							
Millord Anesthesia Associates, Inc Ane       anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Dther (specify)       Caneral         Dther (specify)       Caneral         Dther (specify)       Caneral         Difter (specify)       Caneral         Date of Receipt       Caneral         Date of Receipt       Caneral         City       State       Zip Code         TX       77005-3812         FEC ID number of contributing federal political committee.       C       83.30         Name of Employer       Occupation       Aggregate Year-to-Date ▼         Other (specify)       Qagregate Year-to-Date ▼       Caneral         Differ (specify)       Qagregate Year-to-Date ▼       Caneral         City       Aggregate Year-to-Date ▼       Caneral         Other (specify)       Caneral       Caneral       Caneral         City       State       Zip Code       Transaction ID : C22793736         Armonk       NY       10504-1210       Transaction ID : C2273736         Receipt For:       Caneral       Occupation       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Anoral       Aggregate Year-to-Date ▼         Name of Emplo	0	C					41	.60						
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Primary       General       Puggegate rear to bate ♥         249.60       City       249.60         B. Laura I. Dew M.D.       Mailing Address 3009 Cason St       Date of Receipt         City       State       Zip Code         Houston       TX       77005-3812         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Receipt For:       @       0 cocupation       Aggregate Year-to-Date ♥         Primary       General       Other (specify) ♥       Date of Receipt         City       State       Zip Code       #3.30         Name of Employer       Occupation       Aggregate Year-to-Date ♥       #3.30         Full Name (Last, First, Middle Initial)       C       John F. Di Capua M.D.       Date of Receipt         Mailing Address 74 Byram Ridge Road       City       State       Zip Code       #3.30         City       Name of Employer       Occupation       Anesthesiology       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       NY       10504-1210       Transaction ID : C2293736         Name of Employer       Aggregate Year-to-Date ♥       #3.30       #3.30       #3.30         Name of Employer       Aggre	Milford Anesthesia Associates, Inc A	ne anesthesiol	ogist											
Other (specify) ▼       249.60         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Laura I. Dew M.D.       02       2013         Mailing Address 3009 Cason St       02       2013         City       State       Zip Code         Houston       TX       77005-3812         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Receipt For:       Aggregate Year-to-Date ▼       249.90         Full Name (Last, First, Middle Initial)       C       John F. Di Capua M.D.         Mailing Address 74 Byram Ridge Road       NY       10504-1210         City       State       Zip Code Amonk       NY         Name of Employer       Occupation Anesthesiology       Transaction ID: C2239376         Amount of Each Receipt this Period       03       02       2013         City       State       Zip Code Amonk       NY       10504-1210         FEC ID number of contributing federal political committee.       C       83.30       Mount of Each Receipt this Period         Mailing Address 74 Byram Ridge Road       C       83.30       83.30       Mount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Anesthesiology <td></td> <td>Aggregate</td> <td>Year-to-Date ▼</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Aggregate	Year-to-Date ▼											
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City       State       Zip Code       Transaction ID : C2276958         Houston       TX       77005-3812       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.30         Name of Employer       Occupation       Anesthesiologist         Greater Houston Anesthesiology       Anesthesiologist       83.30         Receipt For:       Aggregate Year-to-Date ▼       249.90         Full Name (Last, First, Middle Initial)       C       John F. Di Capua M.D.         Mailing Address 74 Byram Ridge Road       C       210         City       State       Zip Code         Armonk       NY       10504-1210         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Ansethesiology       Aggregate Year-to-Date ▼         Primary       General       Occupation         North Shore University Hospital Anesth       Anesthesiology         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         Other (specify) ▼       Aggregate Year-to-Date ▼       83.30						D / Y	Y Y	Y						
Houston       TX       77005-3812       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Anesthesiologist         Receipt For:       Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       Pate of Receipt         Kalling Address 74 Byram Ridge Road       Zip Code       Transaction ID : C2293736         Amount of Each Receipt For:       Occupation       Amount of Each Receipt         Mailing Address 74 Byram Ridge Road       C       John F. Di Capua M.D.         Mailing Address 74 Byram Ridge Road       C       John F. Di Capua M.D.         Mailing Address 74 Byram Ridge Road       C       John F. Di Capua M.D.         Mailing Address 74 Byram Ridge Road       C       Amount of Each Receipt         City       State       Zip Code         Armonk       NY       10504-1210         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         North Shore University Hospital Anesth       Anesthesiology         Receipt For:       Aggregate Year-to-Date ▼       249.90         Primary       General       Z49.90 <td< td=""><td></td><td></td><td></td><td colspan="11">03 02 2013</td></td<>				03 02 2013										
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federal political committee.       C       83.30         Name of Employer Greater Houston Anesthesiology       Anesthesiologist         Receipt For: Aggregate Year-to-Date ▼         Other (specify) ▼       249.90         Full Name (Last, First, Middle Initial)       249.90         C. John F. Di Capua M.D.       Date of Receipt         Mailing Address 74 Byram Ridge Road       22         City Armonk       NY       10504-1210         FEC ID number of contributing federal political committee.       C         Name of Employer North Shore University Hospital Anesth Receipt For: Occupation Anesthesiology         Receipt For: Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Occupation Anesthesiology	Houston	TX	77005-3812	Amou	nt of Each	Receipt th	is Period							
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Armonk       NY       10504-1210       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.30         Name of Employer       Occupation       83.30         North Shore University Hospital Anesth       Anesthesiology       83.30         Receipt For:       Aggregate Year-to-Date ▼       249.90         Other (specify) ▼       249.90       249.90	City	State	Zip Code											
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federal political committee.     6     83.30       Name of Employer     Occupation       North Shore University Hospital Anesth     Anesthesiology       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     249.90	FEC ID number of contributing	0												
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ITEMIZED RECEIPTS		Detailed Summary Page				11b	1	1c	12	2 _			
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NAME OF COMMITTEE (In Full)	le alste D	alitical Action Ocean its											
American Society of Anesthesic	Diogists P		e										
Full Name (Last, First, Middle Initial) Andrew E. Dick M.D.			D	Date of Receipt									
Mailing Address 1345 South CR 150 West			03 27 2013										
City	State	Zip Code		Trans	acti	on ID	: C22	95692	2				
Brownstown	IN	47220	A	mount	of I	Each I	Recei	pt this	s Peri	od			
FEC ID number of contributing federal political committee.	С					7		7	2	50.0	0		
Name of Employer	Occupation												
Schneck Medical Center Anesthesiology	Anesthesio	logist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
Full Name (Last, First, Middle Initial) B. Christian Diez M.D.			D	ate of	Ree	ceipt							
Mailing Address 7915 SW 55 Avenue				м м 03	/	D 16		Y	y 2013				
City	State	Zip Code		Transa	actio	on ID :	: C22	88961	1				
Miami	FL	33143	A	mount	of I	Each I	Recei	pt this	s Peri	od			
FEC ID number of contributing federal political committee.	С					7		3		83.3	0		
Name of Employer University of Miami	Occupation Physician	I											
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		249.90											
Full Name (Last, First, Middle Initial) C. Renee Godbey Diskin M.D.				ate of	Ree	ceipt							
Mailing Address 102 Hawkins Lane				м м 03	/	D 04		Y	2013				
City	State	Zip Code		Trans									
St. Simons Island	GA	31522	A	mount	of I	Each I	Recei	pt this	s Peri	od			
FEC ID number of contributing federal political committee.	С					7		7	2	250.0	0		
Name of Employer	Occupation	1	-										
Information Requested	Anesthesio	logist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
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NAME OF COMMITTEE (In Full) American Society of Anesthe													
Full Name (Last, First, Middle Initial) A. Lauren H. Doar M.D.				Date of	Rec	eipt							
Mailing Address 1007 Grove Rd Ste B				M M 03	/	13	/ Y	2013	Y				
City Greenville	State SC	Zip Code 29605-4630	/	Transaction ID : C2288363           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			500.									
Name of Employer Greenville Anesthesiology, P.A.	Occupation ANESTHES	SIOLOGIST											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name (Last, First, Middle Initial) B. Rhett A. Dodge M.D.				Date of	Rec	eipt							
Mailing Address 1007 Grove Rd # B	01-1-	7: 0.4		03 13 2013 Transaction ID : C2288364									
City Greenville	State SC	State Zip Code SC 29605-4630						is Period	1				
FEC ID number of contributing federal political committee.	С			Anount				500	_				
Name of Employer Greenville Anesthesiology	Occupation ANESTHES												
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Full Name (Last, First, Middle Initial) C. Jennifer R. Dollar M.D.				Date of	Rec	eipt							
Mailing Address 869 Shades Crest Rd.				м м 03	/	02	/ Y	у у 2013	Y				
City Birmingham	State AL	Zip Code 35226					C22769	51 is Period	1				
FEC ID number of contributing federal political committee.	С			anoun	, ,		,	1000	_				
Name of Employer	Occupation	1											
Pediatric Anesthesia Assoc. Receipt For:	Anesthesio	•											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]										
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		by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anest	hesiologists Political Action Co	mmittee
A. Full Name (Last, First, Middle Initial) Donald D. Downs M.D. Mailing Address 7351 Oliver Woods Dr	SE	Date of Receipt 03 22 2013
City	State Zip Code	Transaction ID : C2293734
Grand Rapids	MI 49546-9707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Anesthesia Practice Consultants	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	249	9.90
Full Name (Last, First, Middle Initial) B. Nichole M. Doyle M.D.		Date of Receipt
Mailing Address 5820 Darnell St		03 18 2013
City	State Zip Code	Transaction ID : C2289779
Shawnee	KS 66216-4501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
AAKC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500	0.00
Full Name (Last, First, Middle Initial) C. Glenn M. Dragon M.D.		Date of Receipt
Mailing Address 4 Fawnwood Dr		M M / D D / Y Y Y Y 03 25 2013
City	State Zip Code	Transaction ID : C2294657
Voorhees	NJ 08043-3944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
South Jersey Anesthesia and Pain Phys	i Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Commi	ttee						
Α.	Full Name (Last, First, Middle Initial) Victor A. Dudzik M.D.				Date of	f Rec	eipt			
	Mailing Address 2616 Whitchurch Lane				м м 03	/	02	/ Y	ү ү 2013	Y
	City Naperville	State IL	Zip Code 60564					227696 eceipt th	<b>56</b> iis Period	b
	FEC ID number of contributing federal political committee.	С				. ,		- 7	100	0.00
	Name of Employer DuPage Valley Anesthesiologists	Occupation Anesthesio								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
	Full Name (Last, First, Middle Initial) David L. Dugan M.D.				Date of	f Rec	eipt			
	Mailing Address 14207 Independence Ct				03	/	08	/ Y	2013	Y
	City Basehor	State KS	Zip Code 66007-5203					228828 eceipt th	i <b>3</b> iis Period	d
	FEC ID number of contributing federal political committee.	С				,		- 7	250	0.00
:	Name of Employer St. John Hospital	Occupation Physician	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	Full Name (Last, First, Middle Initial) Jonathan A. Eash M.D.				Date of	f Rec	eipt			
	Mailing Address 3101 Robinhood Ln				03	1	D D D	/ Y	ү ү 2013	Y
	City South Bend	State IN	Zip Code 46614-2113					C229567 eceipt th	7 <b>4</b> is Period	d
	FEC ID number of contributing federal political committee.	С				,		- 7	50	0.00
İ	Name of Employer	Occupation	1							
	Mizhiara Anesth Care	ANESTHE	SIOLOGIST							
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>							
	Other (specify) ▼		500.00							
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$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action	Committe	e								
Α.	Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.				1	Date of	f Re	ceipt					
	Mailing Address 2399 Pine Hollow Dr.					м м 03	/	01	D / Y		013	Y	
	City	State	Zip Code			Trans	acti	ion ID :	C22759	98			
	East Lansing	MI	48823		_ /	Amount	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С						,		_	83.	.30	
	Name of Employer	Occupation											
	Ingham Regional Medical Center	Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General			· · · · · · ·									
	Other (specify)		9	249.90									
					_								
В.	Full Name (Last, First, Middle Initial) Jesse Epps M.D., Ph.D				1	Date of	f Re	ceipt					
	Mailing Address 2341 McCallie Ave., #402 Anesthesiologists Associated					м м 03	/	03		ү 20	)13	Y	
	City	State	Zip Code			Trans	acti	on ID :	C22769	98			
	Chattanooga	TN	37404-3231		_ /	Amount	t of	Each F	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С						,			83.	30	
	Name of Employer	Occupation											
	Anesthesiologists Associated	Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	00 0											
	Other (specify)		<u>, , , , , , , , , , , , , , , , , , , </u>	249.90									
C.	Full Name (Last, First, Middle Initial) Lawrence Epstein M.D.					Date of	f Re	ceipt					
	Mailing Address 1 Gustave L Levy PI Dept Ofar					м м 03	1	D 12			)13	Y	
	City	State	Zip Code			Trans	act	ion ID :	C22871	74			
	New York	NY	10029		/	Amount	t of	Each F	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С						,	5		83	.30	
	Name of Employer	Occupation											
	Mount Sinai School of Medicine	Physician A	nesthesiologist										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General			274 70									
	Other (specify)		g	374.70									
s	UBTOTAL of Receipts This Page (optional)			····· ►				7	- 7	-	249.	90	]

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	IMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
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	NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Commit	ee							
<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Epstein M.D. Mailing Address 1 Gustave L Levy PI Dept	Ofanesthe			Date c		eceipt	D /	Y = Y	Ý	Y
	City	State NY	Zip Code 10029					: C22889	990	013	
-	New York FEC ID number of contributing ederal political committee.	C	10029		Amour	nt of	Each	Receipt	:his F		.60
	Name of Employer Mount Sinai School of Medicine	Occupation Physician A	nesthesiologist								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.70	]							
<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory L. Erb M.D. Mailing Address 14905 W. 60th St				Date c	of Re	· ·			Y	
-	City	State	Zip Code		03			8 : C22867	20	013	Y
	Shawnee	KS	66216					Receipt 1		Period	
	FEC ID number of contributing iederal political committee.	С					7	7		500.	00
ſ	Name of Employer Nidwest Anesthesia Associates	Occupation Anesthesiol									
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
	Full Name (Last, First, Middle Initial) Cynthia C. Espanola M.D.				Date c	of Re	eceipt				
	Mailing Address 29 Deer Run Rd.				03	/	2			013	Y
	City Kingston	State MA	Zip Code 02364					: C22940 Receipt		Period	
	FEC ID number of contributing rederal political committee.	С					7			250	.00
	Name of Employer ANESTH ASSOC OF MA	Occupation ANESTHES	SIOLOGIST								
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
รเ	JBTOTAL of Receipts This Page (optional	)					7		+	791.	60

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anestl	nesiologists P	olitical Action Commit	ee
Full Name (Last, First, Middle Initial)         Luis Esparza M.D.         Mailing Address 2810 N Swan Rd Ste 1         City         Tucson         FEC ID number of contributing federal political committee.         Name of Employer         OLD PUEBLO ANESTH         Receipt For:         Primary       General         Other (specify) ▼	State AZ Occupation ANESTHES	Zip Code 85712-6300 SIOLOGIST Year-to-Date ▼ 255.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) J. M. Evans M.D. Mailing Address 1007 Grove Rd # B			Date of Receipt
City	State	Zip Code	Transaction ID : C2288366
Greenville	SC	29605-4630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Greenville Anesthesiology	ANESTHES		
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) V		500.00	]
Full Name (Last, First, Middle Initial) C. James M. Fay M.D.			Date of Receipt
Mailing Address 3803 104th St			03 12 2013
City	State	Zip Code	Transaction ID : C2287939
Lubbock	ТХ	79423-5737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
Northstar Anesthesia	Staff Anest	hesiologist	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
PrimaryGeneralOther (specify)		500.00	]
SUBTOTAL of Receipts This Page (optio	nal)		1085.00

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ILEWIZED RECEIPIS		for each category of the Detailed Summary Page		11a	$\vdash$	11b	11c	12	Г	
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ouress of any political committee	e 10 SC	MCIT CON	ונרוסנ	uions tr	om such	i comr	nittee	
American Society of Anesthesio	logists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. William Feaster M.D.				Date of	Red	ceipt				
Mailing Address 507 Ocean Avenue				м м 03	/	D D	/ Y	2013		1
City	State	Zip Code	_		actio		C228863		,	
Seal Beah	CA	90740	_	Amount	of E	Each Re	eceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	С					,			83.3	0
Name of Employer	Occupation									
Childrens Hospital Orange County	anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 249.90								
Full Name (Last, First, Middle Initial) B. Gerhard W. Flacke M.D.				Date of	Rec	point				
Mailing Address 3947 E Ina Rd				03	/	26	/ Y	2013		1
City	State	Zip Code			actio		229451			
Tucson	AZ	85718-1531		Amount	of E	Each Re	eceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.	С					,	- 7		83.30	0
Name of Employer	Occupation									
Old Pueblo Anesthesia	Physician A	nesthesiologist	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		, 249.90								
Full Name (Last, First, Middle Initial) C. Richard M. Flowerdew M.D.				Date of	Red	ceipt				
Mailing Address 38 Hedgerow Dr				м м 03	/	13	/ Y	2013		1
City	State	Zip Code		Trans	acti	on ID : (	C228796	62		
Falmouth	ME	04105-1407	_	Amount	of E	Each Re	eceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	С					,	7		83.3	0
Name of Employer	Occupation									
Spectrum Medical Group Receipt For:	Physician									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		249.90								
SUBTOTAL of Receipts This Page (optional)			•			y		2	49.90	)
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	DECEIDTO		Use separate schedule(s)	(c	heck on	nly or	ne)								
	) RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16		17			
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NAME OF	COMMITTEE (In Full)														
Americ	an Society of Anesthe	esiologists P	olitical Action Committe	ee											
	(Last, First, Middle Initial) A. Frame M.D.				Date o	of Re	eceipt								
Mailing Ad	dress 2300 N Edward St				03 / D D / Y Y Y Y 13 2013										
City Decatur		State IL	Zip Code 62526-4163					C22879		eriod	_				
	imber of contributing itical committee.	C					7			83.	30				
Name of E Decatur Me	Employer em Hosp Anes Dept	Occupation Physician	I.												
Receipt Fo	pr:	Aggregate	Year-to-Date ▼												
Othe	ary General or (specify)		249.90	1											
B. Wayne	(Last, First, Middle Initial) A. Fuller M.D.				Date of	of Re	eceipt								
	dress 1269 E. Giles Rd.		Zip Code		M 03	/	06	/ Y	20	ү 13	Y				
City		State					C22813								
Muskegon		MI	49445	_	Amour	nt of	Each R	leceipt th	nis P	eriod					
	imber of contributing itical committee.	C				_	7		_	83.3	30				
	Anes. of Muskegon	Occupation Anesthesiol													
Receipt Fo		Aggregate	Year-to-Date ▼ 249.90	]											
	(Last, First, Middle Initial) M. Gabriel M.D.				Date o	of Re	eceipt								
	dress 1007 Grove Rd., #B				M 03	И /	13	) / Y	ү 20	ү 13	Y				
City Greenville		State SC	Zip Code					C22883			_				
		30	29605		Amour	nt of	Each R	leceipt th	nis P	eriod	_	_			
	imber of contributing itical committee.	C			L		7			500.	00				
Name of E		Occupation													
Greenville Receipt Fo	Anes. Partnership Assoc.		SIOLOGIST												
Prima		Aggregate	Year-to-Date ▼ 500.00	1											
	of Receipts This Page (optiona	ı)	<u>, , , , , , , , , , , , , , , , , , , </u>				7			666.6	60				

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IТ	TEMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17			
	ny information copied from such Reports and for commercial purposes, other than using				or the		pose of	solicitin	g contrib	utions			
$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthes	siologists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Sarah Garber M.D.			[	Date o	f Re	eceipt						
	Mailing Address 2935 25th Ave W				м м 03	/	D D D 14	/ Y	2013	Y			
	City Seattle	State WA	Zip Code 98199-2811	4				C22886 eceipt tl	<b>23</b> his Period	d			
	FEC ID number of contributing federal political committee.	С					,			0.00			
	Name of Employer	Occupation											
	Physicians Anesthesia Service	Anesthesio	ogist										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General		250.00										
	Other (specify)		1 1 1										
B	Full Name (Last, First, Middle Initial) Charles J. Garrett M.D.	ż		ſ	Date o	f Re	eceint						
υ.	Mailing Address 1617 Kansas Ave			- '				/ Y	YY	Y			
					03	,	29		2013				
	City	State	Zip Code		Trans	sacti	on ID :	C22959					
	San Angelo	ТХ	76904-6834	A	Amoun	t of	Each R	eceipt tl	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					,	7	8;	3.30			
	Name of Employer Emory University Hospital Anesthesiolo	Occupation Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 249.90										
С.	Full Name (Last, First, Middle Initial) Marc A. Gattiker M.D.				Date o	f Re	eceipt						
	Mailing Address 5939 S. Moline Way				м м 03	/	15	/ Y	2013	Y			
	City	State	Zip Code		Trans	sact	ion ID :	C22980	87				
	Englewood	CO	80111	/	Amoun	t of	Each R	eceipt tl	nis Perio	d			
	FEC ID number of contributing federal political committee.	С					,		50	0.00			
	Name of Employer	Occupation											
	SO DENVER ANESTH	ANESTHE	SIOLOGIST										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00										
	Other (specify)		500.00										
⊢	UBTOTAL of Receipts This Page (optional)			- -			5	5	833	3.30			
1	<b>OTAL</b> This Period (last page this line numb	er only)	•••••••				7						

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e
Α.				Date of Receipt
	Mailing Address 19831 NE 19 Ave	State	Zip Code	03 11 2013 Transaction ID : C2288287
	North Miami Beach	FL	33179	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SHERIDAN HEALTHCARE		SIOLOGIST	_
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Steven J. Getz M.D.			Date of Receipt
2.	Mailing Address 109 Penn St			03 27 _2013 _
	City Greenville	State SC	Zip Code 29605-1104	Transaction ID : C2295694 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Palmetto Anesthesia Associates	Occupation ANESTHES	BIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Patrick Giam M.D.			Date of Receipt
	Mailing Address Greater Houston Anesthesiolog 2411 Fountain View, Suite 200			M M / D D / Y Y Y Y Y 03 04 2013
	City Houston	State TX	Zip Code 77057-4817	Transaction ID : C2277061           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.30
	Name of Employer	Occupation	1	
	Greater Houston Anesthesiology	Physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		249.90	
s	UBTOTAL of Receipts This Page (optional)			833.30
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			Detailed Summary Page		(11a		11b	11c		12	<u> </u>
An	y information copied from such Reports and	Statements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose of	15 soliciting		16 tributi	17 ons
	for commercial purposes, other than using th										
$\backslash$	NAME OF COMMITTEE (In Full)	ologiata D	alitical Action Committe	<b>~</b> ~							
	American Society of Anesthesi	ologists P		ee							
A.	Full Name (Last, First, Middle Initial) Mark A. Gilbert M.D.				Date of	f Re	eceipt				
	Mailing Address 2594 Bronco Ct				м м 03			р / Y	Y 20	у 13	Y
	City	State	Zip Code			act		C227697			
	West Linn	OR	97068-2203		Amoun	t of	Each F	Receipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7			500.	00
	Name of Employer	Occupation	1	$\neg$							
	Kaiser Permanente	physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Richard L. Glines M.D.	1			Date of	f Re	eceipt				
	Mailing Address 1250 E 3900 S Ste 30				м м 03	/	07	) / Y	y 201	ү  З	Y
	City	State	Zip Code					C228643			
	Salt Lake City	UT	84124-1354		Amoun	t of	Each F	Receipt thi	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7			300.	00
	Name of Employer St Marks Hospital	Occupation MD									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
c.	Full Name (Last, First, Middle Initial) David F. Gloyna M.D.				Date of	f Re	eceipt				
	Mailing Address 2401 S 31st 2401 South 31st				м м 03	/	D 14		y 201	ү 13	Y
	City Temple	State TX	Zip Code 76508-0001					C228847 Receipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7			100.	00
	Name of Employer	Occupation		$\neg$							
	Scott and White, Dept. of Anes.	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
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	EMIZED RECEIPTS		Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
$\Big)$	American Society of Anesthesio	logists P	olitical Action Commit	ttee							
Α.	Full Name (Last, First, Middle Initial) William K. Goglin Jr., M.D.				Date of	f Rec	ceipt				
	Mailing Address 721 Governor Morrison St Apt				м м 03	1	03	) / Y		)13	Y
	City	State	Zip Code		Trans	actio	on ID :	C227700	)5		
	Charlotte	NC	28211-4197		Amount	t of E	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,			500.	00
	Name of Employer	Occupation	1								
	Northeast Anesthesia	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
В.	Full Name (Last, First, Middle Initial) Adam D. Goldstein M.D.				Date of	f Rec	ceipt				
	Mailing Address 1 Hickory Ct				м м 03	/	01	) / Y		13	Y
	City	State	Zip Code		Trans	actic	on ID :	C227856	5		
	East Lyme	СТ	06333-1467		Amount	t of E	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,			250.	00
	Name of Employer NAPA Anesthesia	Occupation Anesthesiol									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		250.00								
С.	Full Name (Last, First, Middle Initial) Michael C. Gosney M.D.				Date of	f Rec	ceipt				
	Mailing Address 108 Chase Dr				м м 03	/	D 05			) 13	Y
	City Musele Sheele	State	Zip Code					C227913			
	Muscle Shoals	AL	35661		Amount	t of E	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,			83	.30
	Name of Employer	Occupation	1								
	Anesthesia Medical Consultants, LLC	Anesthesio	logy								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		240.00								
_	Other (specify)	L	249.90								
s	UBTOTAL of Receipts This Page (optional)			•			,			833.	30
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		Detailed Summary Page				11b	11c	12	<b>1</b> -7				
Any information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. John C. Green M.D.				Date of	Re	ceipt							
Mailing Address 1419 Heather Ln				03 21 Y Y Y Y Y Y									
City Webb City	State MO	Zip Code 64870-1255		Trans		ion ID :	C229812 Receipt th	27	1				
FEC ID number of contributing federal political committee.	С					7	7	25	0.00				
Name of Employer UMKC	Occupation Resident												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
Full Name (Last, First, Middle Initial) B. Melanie J. Guthrie A.AC, M.				Date of	Re	ceipt							
Mailing Address 2411 Holmes Street MG-200	01.1	7.0.1		м м 03	/	04		2013	Y				
City Kansas City	State MO	Zip Code 64108					C227705 Receipt th		ł				
FEC ID number of contributing federal political committee.	С					7			1.60				
Name of Employer University of Missouri - Kansas City	Occupation Anesthesiol	ogist Assistant											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60	]										
Full Name (Last, First, Middle Initial) C. Melanie J. Guthrie A.AC, M.				Date of	Re	ceipt							
Mailing Address 2411 Holmes Street MG-200				м м 03	1	D 14		ү ү 2013	Y				
City Kansas City	State MO	Zip Code 64108					C228847		ł				
FEC ID number of contributing federal political committee.	С					7			1.60				
Name of Employer	Occupation												
University of Missouri - Kansas City Receipt For:		logist Assistant	_										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60	1										
SUBTOTAL of Receipts This Page (optional)						7	7	333	3.20				

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sole the name and address of an	d or used by any p y political committe	person fo e to soli	13 r the cit cor	pur pur	14 pose of utions	15 f soliciting from suc	g contribu h commi	utions ttee.				
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Ac	ction Committ	ee										
Full Name (Last, First, Middle Initial)         A.         William L. Hamilton M.D.         Mailing Address PO Box 577000         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Intermountain Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State Zip Cod UT 84157-7 C Occupation PHYSICIAN Aggregate Year-to-Date	2000			/ sacti	27 ion ID :	C22956	nis Perioo	_				
<ul> <li>Full Name (Last, First, Middle Initial)</li> <li>Aaron Hammond D.O.</li> <li>Mailing Address 3390 N. Campbell Ave., S</li> <li>City</li> </ul>		Date of Receipt 03 / 06 / 2013 Transaction ID : C2281103											
Tucson         FEC ID number of contributing federal political committee.         Name of Employer         Southern Arizona Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	AZ 85719 C Occupation Anesthesiologist Aggregate Year-to-Date	249.90		mount	t of	Each F	Receipt th	nis Perioo	3.30				
Full Name (Last, First, Middle Initial)         Tork J. Harman M.D.         Mailing Address 1550 Boyson Road         City         Hiawatha         FEC ID number of contributing federal political committee.         Name of Employer         LCA, PC         Receipt For:         Primary       General         Other (specify) ▼	State Zip Cod IA 52233 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date				/ sact	13 ion ID :	C22883	nis Perioo	_				
SUBTOTAL of Receipts This Page (optional	)					7		833	3.30				

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171	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck only	y or	ne)						
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e									
A.	Full Name (Last, First, Middle Initial) Robert J. Harowitz M.D.			C	ate of	f Re	ceipt						
	Mailing Address 61 Covington Lane			L [	м м 03	/	25	/ Y	2013	Y			
	City Voorhees	State NJ	Zip Code 08043		Trans		ion ID :	C22946	69				
	FEC ID number of contributing federal political committee.	С			moun	l of		eceipt tr	nis Perioo 25	0.00			
	Name of Employer Information Requested Receipt For: Primary General	Occupation Anesthesiol Aggregate	ogist Year-to-Date ▼										
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)		250.00										
В.	Steven Hattamer M.D.				ate of	f Re	· ·						
	Mailing Address 8 Prospect St Nashua Anesthesia Partners		Zip Code		м м 03		02	/ Y	2013	Y			
	City Nashua	State NH		Transaction ID : C2276964 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			3.30			
	Name of Employer Nashua Anesthesia Partners	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90										
с.	Full Name (Last, First, Middle Initial) David A. Heaton M.D.				ate of	f Re	ceipt						
	Mailing Address 4694 N. Rocky Crest Place				м м	/	12	/ Y	2013	Y			
	City Tucson	State AZ	Zip Code 85750					C22871	60				
	FEC ID number of contributing federal political committee.	С			moun	t of	Each R	eceipt tr	nis Perioo 30	0.00			
	Name of Employer	Occupation											
	Southern Arizona Anesthesia Receipt For:	anesthesio	•										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00										
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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Actic	on Committe	e
Full Name (Last, First, Middle Initial) Robert E. Heflin M.D. Mailing Address 6 Fairview Hts			Date of Receipt
City Parkersburg	State Zip Code WV 26101-2918	<b>i</b>	03     25     2013       Transaction ID : C2294502       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer United Anesthesia Inc. Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	500.00	_
Full Name (Last, First, Middle Initial) Peter L. Hendricks M.D. Mailing Address 1590 Panorama Dr.			Date of Receipt
City Vestavia Hills FEC ID number of contributing federal political committee.	State Zip Code AL 35216		03     08     2013       Transaction ID : C2286700       Amount of Each Receipt this Period       83.30
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	249.90	_
Full Name (Last, First, Middle Initial) C. Andrew Herlich M.D. Mailing Address 116 Haverford Cir			Date of Receipt
City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer University of Pittsburgh School of Med	State Zip Code PA 15228-2380		03     02     2013       Transaction ID : C2276956       Amount of Each Receipt this Period       83.30
Receipt For: Primary General Other (specify) V	Aggregate Year-to-Date ▼	249.90	
SUBTOTAL of Receipts This Page (optional		····· ►	666.60
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17			Use separate schedule(s)	(cl	heck on	y or	ne)				
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib		ns
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Linda B. Hertzberg M.D.				Date o	f Re	ceipt				
	Mailing Address 6622 N. Forkner Ave.				м м 03	/	02	) / Y	2013		1
	City	State CA	Zip Code 93711	_				C22769			
	Fresno	CA	93711	_	Amoun	t of	Each R	leceipt th	nis Perio	bd	_
	FEC ID number of contributing federal political committee.	С					7	7		83.3	0
	Name of Employer	Occupation									
	Linda B Hertzberg MD Inc. Receipt For:	Physician									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		249.90								
	Full Name (Last, First, Middle Initial) Douglas J. Hirsch M.D.				Date o	f Do	agint				
ь.	Mailing Address 921 Gessner Rd.						13	/ Y	_ 2013	Y	1
	City	State	Zip Code			acti		C22885 <sup>,</sup>			
	Houston	ТХ	77024	_	Amoun	t of	Each R	leceipt th	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С					7	7	25	50.00	0
	Name of Employer SELF-EMPLOYED	Occupation									
	Receipt For:	ANESTHES		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
с.	Full Name (Last, First, Middle Initial) Richard M. Hofstra M.D.				Date o	f Re	ceipt				
	Mailing Address 29160 King Arthur Ct				03	/	12	) / Y	2013	Y	1
	City	State	Zip Code		Trans	sact	ion ID :	C22871	42		
	Westlake	OH	44145-6749	_	Amoun	t of	Each R	leceipt th	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С					а а		2	50.0	0
	Name of Employer	Occupation									
	Cleveland Clinic	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		250.00								
s	UBTOTAL of Receipts This Page (optional)						7		58	33.30	)
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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than using		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Comm	hittee								
A. Full Name (Last, First, Middle Initial) Mailing Address 1 Gustave L. Levy Place, B City	ox 1010 State Zip Code	Date of Receipt								
New York FEC ID number of contributing federal political committee.	NY 10029-6574	Amount of Each Receipt this Period								
Name of Employer Mount Sinai Medical Ctr Anes Dept Receipt For: Primary General Other (specify)	Occupation anesthesiologist Aggregate Year-to-Date ▼ 500.00									
Full Name (Last, First, Middle Initial) B. Stephanie D. Hollis M.D. Mailing Address 315 S Ocean Grande Dr Ur City	nit 103 State Zip Code	Date of Receipt								
Ponte Vedra Beach FEC ID number of contributing federal political committee.	htte Vedra Beach     FL     32082-6503       C ID number of contributing     C									
Name of Employer Information Requested Receipt For: Primary General Other (specify)	Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       250.00									
Full Name (Last, First, Middle Initial) C. Kevin M. Hook M.D. Mailing Address 7202 E 112th PI S City Bixby	State Zip Code OK 74008-2154	Date of Receipt 03 29 2013 Transaction ID : C2296037 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer Associated Anesthesiologists, Inc. Receipt For:	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1000.00	1000.00								
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb										

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PAGE 50 OF

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 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)         Timothy W. Houseman M.D.         Mailing Address PO Box 1025         City         Fairhope         FEC ID number of contributing federal political committee.         Name of Employer         Eastern Shore Anesthesia         Receipt For:         Primary       General         Other (specify)	State AL C Occupation anesthesiol Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Hayden R. Hughes M.D. Mailing Address 1941 21st Ave S City Birmingham FEC ID number of contributing federal political committee. Name of Employer	State AL C	Zip Code 35209-1345	Date of Receipt
University of Alabama Medical Center D Receipt For: Primary General Other (specify) v	physician       Aggregate	Year-to-Date ▼ 249.90	]
Full Name (Last, First, Middle Initial)         C.         Mailing Address PO Box 236         City         Stone Lake         FEC ID number of contributing federal political committee.         Name of Employer         EAU CLAIRE ANESTH         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 54876-0236 SIOLOGIST Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			666.60
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions	17						
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) <b>A.</b> Robert Impastato M.D.			Date of Receipt							
Mailing Address 19 Barrett Hill Rd.			M M / D D / Y Y Y Y Y 03 15 2013							
City	State	Zip Code	Transaction ID : C2288635							
Hopewell Junction	NY	12533	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.30							
Name of Employer	Occupation	1	_							
Vassar Brothers Hospital Anes. Dept.	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		249.90	]							
Full Name (Last, First, Middle Initial) B. Michael T Ingoglia M.D.			Data of Dessint							
B. MIChael I Ingoglia M.D. Mailing Address 1014 Sterling Ridge Dr			Date of Receipt							
			03 25 2013							
City	State NY	Zip Code	Transaction ID : C2294034							
Rensselaer		12144-8460	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.34							
Name of Employer Albany Medical Center	Occupation MD	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		, 250.02	]							
Full Name (Last, First, Middle Initial) C. Jeffrey S. Jacobs M.D.			Date of Receipt							
Mailing Address 11041 Pine Lodge Trail			03 05 2013							
City	State	Zip Code	Transaction ID : C2279128							
Davie	FL	33328	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.30							
Name of Employer	Occupation	1								
Cleveland Clinic Florida Receipt For:	Anesthesio	-								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		249.90								
SUBTOTAL of Receipts This Page (optional).			249.94							
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			Detailed Summary Page	2	< 11a 13		11b 14	11c		12	<b>1</b> -7				
An	y information copied from such Reports and S	statements ma	I ay not be sold or used by any p	erson	for the	pur	pose of	15 soliciting	g con	16 htributi	0ns				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit co	ntrib	outions	from such	ו con	nmitte	e.				
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee											
A.	Full Name (Last, First, Middle Initial) Aliraza G. Jaffer M.D.				Date o	of Re	eceipt								
	Mailing Address 5070 Brookdale Road				M M	/	13		20	13	Y				
	City	State	Zip Code		Tran	sacti	ion ID :	C228796	57						
	Bloomfield Hills	MI	48304	_	Amoun	t of	Each F	Receipt th	is Pe	əriod					
	FEC ID number of contributing federal political committee.	С					,			83.3	30				
	Name of Employer	Occupation													
	William Beaumont Hospital	Anesthesio	logist												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.90	1											
в.	Full Name (Last, First, Middle Initial) Clyatt W. James III, M.D.				Date o	of Re	eceipt								
	Mailing Address 1007 Grove Rd., #B				M M	/	DE	) / Ү	Y	Y	Y				
	Greenville Anesthesiology	Otata	Zin Onde	_	03		13		201	13					
	City Greenville	State SC	Zip Code 29605	Transaction ID : C2288370 Amount of Each Receipt this Period											
			23003	_	Amoun		Each	receipt in	IS PE	enoa	_				
	FEC ID number of contributing federal political committee.	С			L.		7	- 7	_	500.0	00				
	Name of Employer Greenville Anesthesiology	Occupation													
	Receipt For:	ANESTHES		_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		, 500.00												
с.	Full Name (Last, First, Middle Initial) Daniel J. Janik M.D.				Date o	f Re	eceipt								
	Mailing Address 15605 E Prentice Dr				м м 03	/	13		20 <sup>-</sup>	ү 13	Y				
	City Centennial	State CO	Zip Code 80015-4264	_				C22879							
	FEC ID number of contributing	_		$\neg$	Amoun	ιΟΤ	⊏acn F	Receipt th	IS PE	DOILE	_				
	federal political committee.	С			L.		7	7		83.	30				
	Name of Employer	Occupation	l												
	University of Colorado Denver	Anesthesio	logist												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		249.90												
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### SCHEDULE A (FEC Form 3X) \_\_\_ \_ \_ \_

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17	EMIZED RECEIPTS		(che	(check only one)									
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	y information copied from such Reports and S for commercial purposes, other than using the				or the		oose of	soliciting	g conti	ributic	ns		
$\overline{)}$	NAME OF COMMITTEE (In Full)	_											
$\big\rangle$	American Society of Anesthesia	ologists P	olitical Action Committe	ee									
A.	Full Name (Last, First, Middle Initial) J. Lawrence Jayne Jr., M.D.			[	Date of	Re	ceipt						
	Mailing Address 350 Blountville Highway Suite 207				03 / D D / Y Y Y Y 03 06 2013								
	City Bristol	State TN	Zip Code 37620					C22823 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С					7		1	000.0	0		
	Name of Employer	Occupation											
	Bristol Anesthesia Services, P.C.	Physician											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		1000.00										
в.	Full Name (Last, First, Middle Initial) William M. Jenkins J.D., M.B.			[	Date of	Re	ceipt						
	Mailing Address 3938 Blackstone Court				м м 03	/	21	) / Y	2013	Y Y 3	1		
	City	State	Zip Code				-	C24353					
	Hayward	CA	94542		Amount	t of	Each R	Receipt th	nis Per	iod	_		
	FEC ID number of contributing federal political committee.	С					9		2	250.0	0		
	Name of Employer William Jenkins, M.D.	Occupation physician											
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
с.	Full Name (Last, First, Middle Initial) Cynthia L. Jenson M.D.			[	Date of	Re	ceipt						
	Mailing Address 434 Main St.				м м 03	/	03		201:				
	City Waterville	State ME	Zip Code 04901-4118				-	C22769		i o -l			
	FEC ID number of contributing federal political committee.	C			4mount	t Of	⊨acn R	Receipt th	ils Per	iod 83.3	0		
	Name of Employer	Occupation		4				7					
	Anesthesia Associates of Lewiston	Physician											
	Receipt For:		Year-to-Date ▼										
	Primary General		249.90										
	Other (specify) 🔻		7 7										
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#### :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: SA11AI Transaction ID : C2435359

Was not originally reported due to an administrative accounting error.

Form/Schedule: Transaction ID:

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ITEMIZED RECEIPTS		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			erson for	the p	urpose								
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Brad N. Johnson D.O. Mailing Address 303 W Spring Meadows Ln City Dewitt FEC ID number of contributing	State MI	Zip Code 48820-7711		03 ansa	ction	02 ID : C	/ Y C227695 ecceipt th	nis Perio		]			
federal political committee.          Name of Employer         Lansing Anesthesiologist, P.C.         Receipt For:         □       Primary         □       General         Other (specify) ▼	Occupation Anesthesio				5								
Full Name (Last, First, Middle Initial)         Donald K. Jones M.D.         Mailing Address 2043 Alaqua Lakes Blvd.			M	e of F D3	Receip		/ Y	2013	Y	]			
City Longwood FEC ID number of contributing federal political committee.	number of contributing						228847	nis Perio	od 33.30				
Name of Employer JLR Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate												
Full Name (Last, First, Middle Initial) C. Gary P. Jones A.A.			Dat	e of F	Receip	ot							
Mailing Address       6410 Fannin St         Suite 480         City         Houston         FEC ID number of contributing         federal political committee.         Name of Employer         Case Western Reserve University         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Program Di Aggregate		T		ction		2228796	nis Perio					
SUBTOTAL of Receipts This Page (optional)					7		3	24	9.90	-			

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17			(check only one)											
11	EMIZED RECEIPTS			<b>X</b> 11a		11b	11c	12						
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)			: 10 5			ulions		Commu	lee.				
$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee										
A.	Full Name (Last, First, Middle Initial) Stacy L. Jones M.D.				Date of	Re	ceipt							
	Mailing Address 8700 Tallwood Dr				м м 03	/	13		2013	Y				
	City	State	Zip Code		Transaction ID : C2287974									
	Austin	ТХ	78759-7530	_	Amount	of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С				_	,	7	83	8.30				
	Name of Employer	Occupation												
	Capitol Anesthesiology Association	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		249.90											
	Full Name (Last, First, Middle Initial) Vida R. Kasuba M.D.				Date of	Po	opint							
<b>D</b> .	Mailing Address 1406 Elizabeth Ct					/	19		2013	Y				
	City	State	Zip Code	Transaction ID : C2292314										
	Coraopolis	PA	15108-8973				-	Receipt th						
	FEC ID number of contributing federal political committee.	С					7	7	250	.00				
	Name of Employer PITTSBURGH ANES ASSOC	Occupation ANESTHES												
	Receipt For:		Year-to-Date ▼	_										
	Primary General Other (specify) ▼	Aggregate	250.00											
<u> </u>	Full Name (Last, First, Middle Initial) Tripti Kataria M.D.				Date of	Re	ceipt							
	Mailing Address 130 S Canal St Apt 419				03	/	10		2013	Y				
	City Chicago	State IL	Zip Code 60606-3904	_				C22868						
			00000-0904	_	Amount	of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С			L	_	, ,	7	83	3.30				
	Name of Employer	Occupation												
	University of Chicago	Physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		249.90											
s	UBTOTAL of Receipts This Page (optional)			•					416	.60				
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check on	ly one)									
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Any information copied from such or for commercial purposes, othe	Reports and Statements marked and statements marked and a sing 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	contributi	ions						
NAME OF COMMITTEE (In F													
		olitical Action Committe	ee										
Full Name (Last, First, Middle William B. Kelly M.D.	Initial)		Date of Receipt										
Mailing Address 10809 Buckin	gham Pl												
City Powell	State OH	Zip Code 43065-8624		Transaction ID : C2287141 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C					1000.	00						
Name of Employer CAI	Occupation anesthesiol												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼	al	1000.00	]										
Full Name (Last, First, Middle B. Michael Kendrick M.D.	Initial)		Date c	of Receipt									
Mailing Address 1020 26th Str	eet South		M N 03	/ D 1	) / Y	у у 2013	Y						
City	State	Zip Code		saction ID :									
Birmingham	AL	35205	Amour	nt of Each F	Receipt thi	s Period							
FEC ID number of contributing federal political committee.	C					275.	00						
Name of Employer Michael Scott Kendrick, MD, PC	C Occupation Physician												
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 275.00	1										
Full Name (Last, First, Middle C. Byron T. Kennerly M.I			Date c	of Receipt									
Mailing Address 1007 Grove F	Rd., #B		03	/ D 13		ү ү 2013	Υ						
City	State SC	Zip Code	Tran	saction ID :	C228837	1							
Greenville		29605	Amour	nt of Each F	Receipt thi	s Period							
FEC ID number of contributing federal political committee.	C					500.	00						
Name of Employer	Occupation	I											
Greenville Anesthesiology	ANESTHE	SIOLOGIST											
Receipt For:		Year-to-Date ▼ 500.00	1										
Other (specify)		300.00											
SUBTOTAL of Receipts This Pa	ge (optional)				- 7	1775.(	00						

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check of	only o	ne)								
11 🗆		D RECEIPTS for each category of the Detailed Summary Page							12 16	17				
Any or fo	information copied from such Reports and or commercial purposes, other than using t	Statements ma he name and a	I ay not be sold or used by any pe Iddress of any political committee	erson for ti to solicit	ne pu contri	14 rpose of butions f	15 soliciting rom suc	g con	tributi	ons				
N N	AME OF COMMITTEE (In Full)													
<u>}</u>	American Society of Anesthes	iologists P	olitical Action Committe	ee										
	ull Name (Last, First, Middle Initial) James K. Kerr III, M.D.			Date of Receipt										
M	lailing Address 2165 Herschel St			M 0	M         /         D         /         Y									
	ity lacksonville	State FL	Zip Code 32204-3819	Transaction ID : C2295746 Amount of Each Receipt this Period										
	EC ID number of contributing oderal political committee.	С				7			83.3	34				
	ame of Employer lorth Florida anesthesia Consultants,	Occupation anesthesiol												
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		250.02											
<b>В</b> F	ull Name (Last, First, Middle Initial) Rubin Kesner D.O.			Date	of R	eceipt								
	lailing Address 35 Hearthstone Dr		Zip Code	0		13	/ Y	201	ү 13	Y				
	ity	Tra	nsac	tion ID :	C228794	45								
G	Sansevoort	NY	12831-2505	Amo	unt of	Each R	leceipt th	nis Pe	eriod					
	EC ID number of contributing ederal political committee.	С				7		_	83.3	30				
	ame of Employer nesthesia Group of Albany	Occupation Anesthesiol												
R	leceipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)	Primary General												
	ull Name (Last, First, Middle Initial) Eugene Kim M.D.			Date	of R	eceipt								
_	lailing Address 8 Welling Circle			м 0		13		201	ү 13	Y				
	ity Greenville	State SC	Zip Code				C22883							
		30	29607	Amo	unt of	Each R	leceipt th	nis Pe	eriod					
	EC ID number of contributing ederal political committee.	С				7			500.0	00				
N	ame of Employer	Occupation												
	Greenville Anesthesiology, P.A.	ANESTHE	SIOLOGIST	_										
R	leceipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
SUI	BTOTAL of Receipts This Page (optional)		••••••			5			666.6	64				

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ITEMIZED RECEIPTS		-	Use separate schedule(s)	(0	heck on	ly o	ne)	L				-		
11		D RECEIPTS for each category of the Detailed Summary Page						11c 15		12 16		17		
Ar	y 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	erso erso	13 n for the solicit co	pur pur	14 pose of putions f	solicitin	g co ch cc	ntributi	ions	17		
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,											
	American Society of Anesthe	siologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) John Kim M.D.			Date of Receipt										
	Mailing Address 1007 Grove Rd # B				03 13 2013									
	City Greenville	State SC	Zip Code 29605-4630	Transaction ID : C2288374           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					т			500.	00	]		
	Name of Employer Greenville Anesthesiology	Occupation physician -	anesthesiologist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		500.00											
в.	Full Name (Last, First, Middle Initial) Michael S. Kincaid M.D.				Date c	of Re	eceipt							
	Mailing Address 13029 NE 144th PI				03	/	22	/ Y		) 013	Y			
	City	State WA	Zip Code				ion ID :							
	Kirkland	VVA	98034-1305		Amour	nt of	Each R	eceipt ti	his F	'eriod				
	FEC ID number of contributing federal political committee.	С				_	7			100.0	00			
	Name of Employer Matrix Anesthesia - Evergreen Medical	Occupation Anesthesiol												
	Receipt For: Primary General Other (specify) ▼	t For: Aggregate Year-to-Date ▼ Primary General												
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael S. Klemm M.D.				Date c	of Re	eceipt							
	Mailing Address 683 Belvedere Dr				M 03	/	23	/ Y		) 013	Y			
	City Benicia	State CA	Zip Code 94510-3739				i <b>on ID :</b> Each R			Period				
	FEC ID number of contributing federal political committee.	С					, .		_	500.	00			
	Name of Employer	Occupation												
	The Permanente Medical Group	physician												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
s	UBTOTAL of Receipts This Page (optional)			 	<u> </u>	-	3	- y	-	1100.0	00	]		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(cl	heck on	ly or	e)						
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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. Richard Knox M.D.				Date o	f Re	ceipt						
Mailing Address 1007 Grove Rd # B				03 13 2013								
City Greenville	State SC	Zip Code 29605-4630	-				C22883 eceipt t		eriod			
FEC ID number of contributing federal political committee.	С					7			500.	00		
Name of Employer Greenville Anesthesiology	Occupation ANESTHES											
Receipt For:		Year-to-Date ▼	-									
Primary   General     Other (specify) ▼		500.00										
Full Name (Last, First, Middle Initial) B. Todd W. Knox M.D.				Date o	f Re	ceipt						
Mailing Address 2004 Maryknoll Place				03	/	31			)13	Y		
City	State	Zip Code		Trans	sacti	on ID :	C22960	66				
Springfield	IL	62704	_	Amoun	t of	Each R	eceipt t	his P	Period			
FEC ID number of contributing federal political committee.	С					7			1000.	00		
Name of Employer Associated Anesthesiologists of Spring	Occupation anesthesiol											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
Full Name (Last, First, Middle Initial) C. Robert L. Kogan M.D., Ph.D				Date o	f Re	ceipt						
Mailing Address 2106 Ari Ln				03	/	D D D			)13	Y		
City	State	Zip Code		Trans	sacti	on ID :	C22890	002				
Los Angeles	CA	90049-6818		Amoun	t of	Each R	eceipt t	his P	eriod			
FEC ID number of contributing federal political committee.	С			Γ.		7			250.	00		
Name of Employer	Occupation		$\neg$									
RLK Anesthesia Inc	Physician											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
SUBTOTAL of Receipts This Page (optional)		7 7 7				7			1750.(	00	]	

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17			Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c 15		2 6	17		
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin	g contr	ributio	ons		
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Po	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) David A. Kovach M.D. Mailing Address 858 Surrey Hill Ct.				Y	ſ							
	City Greenwood	State IN	Zip Code 46142		03     13     2013       Transaction ID : C2288526       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7	7		250.0	00		
	Name of Employer IU ANESTHESIA Receipt For:	Occupation PHYSICIAN											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
B.	Full Name (Last, First, Middle Initial) Joseph Koveleskie M.D.				Date o	f Re	eceipt						
	Mailing Address 5500 Prytania St # 435	Otata	Zin Oode		03	/	13		2013	ү ү 3			
	City New Orleans	State LA	Zip Code 70115-4237					C22879 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С					7	7		83.3	0		
	Name of Employer Ochsner Medical Center	Occupation physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90										
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark D. Krause M.D.				Date o	f Re	eceipt						
	Mailing Address 1439 N Mohawk St				03	/	13		2013				
	City Chicago	State IL	Zip Code 60610-1113					C22885 Receipt tl		riod			
	FEC ID number of contributing federal political committee.	С					,	,		250.0	00		
	Name of Employer	Occupation											
	Provident Hospital Department of Anest	Anesthesiol	ogist										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
$\vdash$	UBTOTAL of Receipts This Page (optional)			 - -	[		7 7 7			583.3	0		

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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		
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	logists Political Action Committee	9
Full Name (Last, First, Middle Initial)         Kenneth R. Kreisler M.D.         Mailing Address 6503 W. 132nd St.         City         Overland Park         FEC ID number of contributing federal political committee.         Name of Employer         Kansas University Med. Center Anesthes         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         KS       66209-3922         C       Occupation         Occupation       Cardiac Anesthesiologist         Aggregate Year-to-Date ▼       250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         David M. Krhovsky M.D.         Mailing Address 2248 Shawnee Dr SE         City         Grand Rapids         FEC ID number of contributing federal political committee.         Name of Employer         Anesthesia Practice Consultants         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MI     49506-5335       C     Occupation       Physician     Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Catherine M. Kuhn M.D.         Mailing Address       14 Kendall Drive         Duke University Medical School         City         Chapel Hill         FEC ID number of contributing         federal political committee.         Name of Employer         Duke University Medical School         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     27517-5644       C       Occupation       Associate Professor of Anesthsiology R       Aggregate Year-to-Date ▼       300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	433.30

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

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		Detailed Summary Page								11c 15		2 6	17	
	y information copied from such Reports and S for commercial purposes, other than using the									oliciting	cont	ributi	ons	
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action	Committe	e									
Α.	Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D. Mailing Address 2732 Muir Woods Dr., SE				_	Date o					Y	Y		
						03		D 1		/ Y	201		T	
	City Hampton Cove	State AL	Zip Code 35763							228900 ceipt th		riod		
	FEC ID number of contributing federal political committee.	С						y		7	_	175.0	00	
	Name of Employer													
	Alabama Anes. of Huntsville, LLC Receipt For:		_											
	Primary General Other (specify)	525.00												
в.	Full Name (Last, First, Middle Initial) John E. La Gorio M.D.					Date o	f Re	eceipt						
	Mailing Address 1543 Forest Park Rd	03 / D D / Y Y Y Y 03 16 2013 Transaction ID : C2288966												
	City Norton Shores	State MI	Zip Code 49441-4642		_									
	FEC ID number of contributing federal political committee.	С	101111012			Amoun		Each	Re	ceipt th	is Pei	83.3	30	
	Name of Employer Lakeshore Anesthesia	Occupation physician	I											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	249.90										
с.	Full Name (Last, First, Middle Initial) Stephen V. LaBarge M.D.					Date o	f Re	eceipt						
	Mailing Address 7551 William Penn Place					м м 03	/		D 8	/ Y	y 201		Y	
	City Indianapolis	State IN	Zip Code 46256							229602 ceipt th		riod		
	FEC ID number of contributing federal political committee.	С				Amoun		,	ne			500.0	00	
	Name of Employer	Occupation	I		_									
	ASSOC IN ANESTH Receipt For:	ANESTHES	SIOLOGIST											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	500.00										
s	UBTOTAL of Receipts This Page (optional)				.							758.3	0	
	OTAL This Period (last page this line number							-			_			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c		12						
		Detailed Summary Page		13		14	15		16	17					
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma sing the name and a	y not be sold or used by any p ddress of any political committee	erson f e to so	or the licit cor	purı ntrib	pose o outions	f solicitin from suc	g co :h cc	ntribu	tions ee.					
NAME OF COMMITTEE (In Full)		_													
American Society of Anest	hesiologists P	olitical Action Committ	ee												
Full Name (Last, First, Middle Initial) <b>A.</b> Stephen Lane M.D.				Date of	f Re	eceipt									
Mailing Address 1007 Grove Rd # B				03 13 2013											
City	State	Zip Code			acti		C22883		0.0						
Greenville	SC	29605-4630		Amount	t of	Each F	Receipt t	his F	Period						
FEC ID number of contributing federal political committee.	С					7			500	.00					
Name of Employer	Occupation														
Greenville Anesthesiology															
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		500.00													
Full Name (Last, First, Middle Initial) B. Stuart Lane M.D.				Date of	f Re	eceipt									
Mailing Address 1007 Grove Rd # B				м м 03	/	D 13			013	Y					
City	Zip Code			acti		C22883		10							
Greenville	SC	29605-4630					Receipt t		Period						
FEC ID number of contributing federal political committee.	С					, ,			500	.00					
Name of Employer Greenville Anesthesiology	Occupation ANESTHES	IOLOGIST													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		, 500.00													
Full Name (Last, First, Middle Initial) C. Mark P. Laughlin M.D.				Date of	f Re	eceipt									
Mailing Address 4159 West Gables Ct	NE			м м 03	/	09			у 013	Y					
City Grand Rapids	State MI	Zip Code 49525					<b>: C22868</b> Receipt tl		Period						
FEC ID number of contributing federal political committee.	С					,	,		250	.00					
Name of Employer	Occupation		_												
AMPC of Grand Rapids	Anesthesiol	ogist													
Receipt For:		Year-to-Date ▼													
Primary General															
Other (specify)		250.00													
SUBTOTAL of Receipts This Page (optic	nal)		<u> </u>			7			1250	.00					
TOTAL This Period (last page this line n	umber only)					,									

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17			Use separate schedule(s)	(ch	neck only	one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13	11		11c 15	12		17
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$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Thong D. Le M.D.				Date of	Receij	pt				
	Mailing Address 9940 Kapalua Ln				м м 03	/ [	27	Y	2013	Y	
	City Elk Grove	State CA	Zip Code 95624-5035	_	Trans		ID : C22			ł	
	FEC ID number of contributing federal political committee.	C				7		7	25	0.00	
	Name of Employer SAMGI	Occupation ANESTHES	IA RESIDENT								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) James H. Levine M.D.				Date of	Recei	ot				
	Mailing Address 4164 Cart Path Ct.				м м 03		18	Y	y y 2013	Y	
	City Terre Haute	State IN	Zip Code 47802	_			ID : C22		' <b>8</b> is Period	1	
	FEC ID number of contributing federal political committee.	С						וי דר		).00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES	IOLOGIST								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 250.00								
C.	Full Name (Last, First, Middle Initial) Michael C. Lewis M.D.				Date of	Receij	pt				
	Mailing Address 655 W 8th St Professor Chair Anesthesiology		7. 0. 1		03		05	Y	2013	Y	
	City Jacksonville	State FL	Zip Code 32209-6511				ID : C22 ch Rece		26 is Perioc	ł	
	FEC ID number of contributing federal political committee.	С						7		3.30	
	Name of Employer	Occupation									
	University of Florida College of Medic Receipt For:	Anesthesiol		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90								
s	UBTOTAL of Receipts This Page (optional)			•		- 7		7	583	3.30	
т	OTAL This Period (last page this line number o	nly)		•				7			

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Comr	nittee
Full Name (Last, First, Middle Initial)         J. Lance Lichtor M.D.         Mailing Address PO Box 4668 #8824         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         Yale University Department of Anesthes         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code NY 10163-4668 C Occupation Physician Aggregate Year-to-Date ▼ 249.60	Date of Receipt 03 05 2013 Transaction ID : C2279125 Amount of Each Receipt this Period 41.60
Full Name (Last, First, Middle Initial) J. Lance Lichtor M.D. Mailing Address PO Box 4668 #8824 City New York FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 10163-4668 C Occupation	Date of Receipt 03 Transaction ID : C2289023 Amount of Each Receipt this Period 41.60
Yale University Department of Anesthes Receipt For: Primary Other (specify) ▼	Physician       Aggregate Year-to-Date ▼       249.60	
Full Name (Last, First, Middle Initial) <b>Kristen L. Lienhart M.D.</b> Mailing Address 4301 W Markham St Lot : City	State Zip Code	Date of Receipt 03 / 04 / 2013 Transaction ID : C2277069
Little Rock FEC ID number of contributing federal political committee. Name of Employer UAMS Receipt For: Primary □ General Other (specify) ▼	AR  72205-7101    C    Occupation    anesthesiologist    Aggregate Year-to-Date ▼    250.02	Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (optiona	l)	166.54
TOTAL This Period (last page this line num	ber only)	

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115	EMIZED RECEIPTS		for each category of the				X 11a 11b 11c								
			Detailed Summary Page		13		14	15		12 16	17				
	y information copied from such Reports and for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
	American Society of Anesthes	iologists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Dennis M. Lindeborg M.D.				Date o	f Re	eceipt								
	Mailing Address 16 Little Pond				03 04 Y Y Y Y Y 03 04 2013										
	City	State	Zip Code					: C22819							
-	Laguna Niguel	CA	92677-1004	<u>'</u>	Amoun	t of	Each	Receipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	С					7	-		250.	00				
Ī	Name of Employer	Occupation	1												
	SELF-EMPOYED	ANESTHES	SIOLOGIST												
Ī	Receipt For:	Year-to-Date ▼													
	Primary General		050.00	11.											
	Other (specify)		250.00	4											
	Full Name (Last, First, Middle Initial) John E. Lindsey Jr., M.D.				Date o	f Re	eceipt								
	Mailing Address 2502 S. 186th Circle				M M	/	D	D / Y	Y	Y	Y				
					03		1:	3	20	13					
	City	State	Zip Code		Trans	sact	ion ID	: C22879	51						
-	Omaha	NE	68130	'	Amoun	t of	Each	Receipt th	his P	eriod					
	FEC ID number of contributing federal political committee.	С					7			83.	30				
	Name of Employer Orthopaedic Anesthesia Specialists	Occupation Anesthesiol													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80	]											
	Full Name (Last, First, Middle Initial) John E. Lindsey Jr., M.D.				Date o	f Re	eceipt								
	Mailing Address 2502 S. 186th Circle				м м 03	/	D 1		20	13	Y				
	City	State	Zip Code		Trans	sact	tion ID	: C22886	37						
-	Omaha	NE	68130	·	Amoun	t of	Each	Receipt tl	his Po	eriod					
	FEC ID number of contributing federal political committee.	С					,			83	.30				
į	Name of Employer	Occupation		_											
	Orthopaedic Anesthesia Specialists	Anesthesio	logist												
	Receipt For:		Year-to-Date ▼												
	Primary General	ggi oguto													
	Other (specify)		499.80												
Г									_	440	00				
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т	OTAL This Period (last page this line numbe		L		7										

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		Detailed Summary Page		<b>X</b> 11a		11b	110	; [	12						
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$\backslash$	NAME OF COMMITTEE (In Full)														
$\sum$	American Society of Anesthesic	ologists P	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Asa C. Lockhart M.D.				Date of	Re	ceipt								
	Mailing Address 2106 Kennebunk Ln.				M = M / D = D / Y = Y = Y = Y										
	City	State	Zip Code	03 04 2013 Transaction ID : C2277065											
	Tyler	ТХ	75703	_	Amount					Period					
	FEC ID number of contributing federal political committee.	С					7			83	.30				
	Name of Employer ETAA														
	Receipt For:	Year-to-Date ▼	_												
	Primary General Other (specify)	249.90													
В.	Full Name (Last, First, Middle Initial) Stephen P. Long M.D.	Date of Receipt													
	Mailing Address 1501 Maple Ave Ste 301				M M	/	DD		Y Y	Y	Y				
	Commonwealth Pain Specialis	sts, LLC State	Zip Code	_	03		19			013					
	Richmond	VA	23226-2553		Amount		on ID : Each E			Period					
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	Name of Employer Commonwealth Pain Specialists, LLC	Occupation Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		333.20												
С.	Full Name (Last, First, Middle Initial) Stephen P. Long M.D.				Date of	Re	ceipt								
	Mailing Address 1501 Maple Ave Ste 301 Commonwealth Pain Specialia	sts IIC			м м 03	/	25			013	Y				
	City	State	Zip Code			acti	ion ID :			_					
	Richmond	VA	23226-2553		Amount	of	Each F	Receip	t this I	Period					
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	American Society of Anesthesic	logists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Deborah A. Lowery M.D.				Date of	Re	ecei	ipt					
	Mailing Address 6258 Memorial Dr				03 13 2013								
	City	State	Zip Code		Trans	act	ion	ID : 0	222879	63			
	Dublin	OH	43017-8911	_	Amount	t of	Ead	ch Re	eceipt tl	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		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) ▼		249.90										
В.	Full Name (Last, First, Middle Initial)				Date of	Re	ecei	ipt					
	Mailing Address 1007 Grove Rd Ste B Greenville Anesthesiology				м м 03	1		13	/ Y	20	) 13	Y	
	City	State	Zip Code		Trans	acti	ion	ID : C	22884	85			
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	Univ of Alabama	Resident											
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	Other (specify)		500.00										
C.	Full Name (Last, First, Middle Initial) Steven Z. Lysak M.D.				Date of	Re	ecei	ipt					
	Mailing Address 1007 Grove Rd., #B				м м 03	/		13	/ Y		) 13	Y	
	City	State	Zip Code		Trans	act	tion	ID : 0	22884	86			
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Α.	Full Name (Last, First, Middle Initial) Anita K. Malhotra M.D.			I	Date o	f Re	eceip	ot				
	Mailing Address 1680 sherwood dr				м м 03	/	D	22	/ Y	Y 201		Y
	City	State	Zip Code		Trans	sacti	ion l	ID : C	229398	1		
	Hummelstown	PA	17036	/	Amoun	t of	Eac	h Rec	eipt th	is Pe	riod	
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	Name of Employer	Occupation	1									
	Penn State Hershey Medical Center Depa	Anesthesio	logist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Michael J. Manalo M.D.				Date o	f Re	eceip	ot				
	Mailing Address 6560 High Dr.				м м 03	/	D	13	/ Y	201	ү 3	Y
	City	State	Zip Code		Trans	acti	ion I	ID : C2	228850			
	Mission Hills	KS	66208	/	Amoun	t of	Eac	h Rec	eipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		7	Ξ	500.	00
	Name of Employer Midwest Anesthesia Associates	Occupation physician	I									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
С.	Full Name (Last, First, Middle Initial) Samuel D. Manalo M.D.				Date o	f Re	eceip	ot				
	Mailing Address 1328 Blairmoor Ct.				м м 03	/	D	D 01	/ Y	y 201		Y
	City	State	Zip Code		Trans	sact	ion	ID : C	227860	)1		_
	Grosse Pointe Woods	MI	48236-1023	/	Amoun	t of	Eac	h Rec	eipt th	is Pe	riod	
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	Receipt For:	Aggregate	Year-to-Date ▼									
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	Other (specify)		300.00									
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(cł	neck only	y on	e)			-		
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American Society of Anesthe	siologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial)				Data							
Mailing Address 1328 Blairmoor Ct.			_	Date of	_	ceipt			Y	V	
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Name of Employer	Occupation										
Information Requested	Anesthesio	ogist									
	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		300.00									
Full Name (Last, First, Middle Initial) B. Mark Mandabach M.D.				Date of	f Red	ceipt					
Mailing Address Dept of Anesthesiology				M M	/	DD	/ Y	Y	Y	Y	
619 S. 19th St., JT845	Stata	Zin Codo	_	03	۰.	13		201	13		
City Birmingham	State AL	Zip Code 35249-0001		Trans Amount			C228797		oriod		
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federal political committee.	С					9	- 7	_	83.3	34	
Name of Employer UAB Department of Anesthesiology	Occupation										
Receipt For:	Physician		_								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	ıĿ.								
Other (specify) ♥		, , , , , , , , , , , , , , , , , , , ,	4								
Full Name (Last, First, Middle Initial) C. Randy J. Marcel M.D.				Date of	f Red	ceipt					
Mailing Address 41 Dunrobin				м м 03	/	D D D 27	/ Y	20	13	Y	
City	State	Zip Code		Trans	acti	on ID :	C24362	85			
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Name of Employer	Occupation										
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Receipt For:	Aggregate	Year-to-Date ▼									
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Society of Anesthesic					ontric	outions	i trom s	ucn c	ommitt	ee
A.	Full Name (Last, First, Middle Initial) Scott S. Margolies M.D.				Date c	of Re	eceipt				
	Mailing Address 2535 Aberdeen Rd.				03	/	D 1			y y 2013	Y
	City Birmingham	State AL	Zip Code 35223					: C229 Receip		Period	
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	Name of Employer Southern Perioperative Services	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
в.	Full Name (Last, First, Middle Initial) Kurt W. Markgraf M.D.				Date o	of Re	eceipt				
	Mailing Address 3663 McKinley Ave				03	/	D 04		Y 2	2013	Y
	City Fort Myers	State FL	Zip Code 33901					: <b>C227</b> Receip		Period	
	FEC ID number of contributing federal political committee.	С					,			83.	.30
	Name of Employer Medical Anesthesia and Pain Management	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80	]							
с.	Full Name (Last, First, Middle Initial) Kurt W. Markgraf M.D.				Date o	of Re	eceipt				
	Mailing Address 3663 McKinley Ave				M N 03	/	D 1	D / 3		2013	Y
	City Fort Myers	State FL	Zip Code 33901					: <b>C228</b> Receip		Period	
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	Name of Employer	Occupation									
	Medical Anesthesia and Pain Management Receipt For:	Physician		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80								
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## SCHEDULE A (FEC Form 3X) \_ \_ \_ \_

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	/ one)	11c	12		
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Martin M.D.			Date of	Receipt			
Mailing Address Arkansas Childrens Hospita #1 Childrens Way, S-203			M M M	/ D D	/ Y	2013	Y
City Little Rock	State AR	Zip Code 72202-3591		action ID : of Each R			
FEC ID number of contributing federal political committee.	С					100	).00
Name of Employer University of Arkansas for Medical Sci	Occupation Anesthesio						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1				
Full Name (Last, First, Middle Initial) B. Mark D. Mathis M.D.			Date of	Receipt			
Mailing Address 1007 Grove Rd., #B			03	/ D D 13	/ Y	y y 2013	Y
City Greenville	State SC	Zip Code 29605	Trans Amount				
FEC ID number of contributing federal political committee.	С				7	500	.00
Name of Employer Greenville Anesthesiology	Occupation ANESTHES						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
Full Name (Last, First, Middle Initial) C. Scott W. Maxwell M.D.			Date of	Receipt			
Mailing Address 1316 NW 157th St			м м 03	/ D D 09	/ Y	2013	Y
City Edmond	State OK	Zip Code 73013		action ID : of Each R			
FEC ID number of contributing federal political committee.	С					500	0.00
Name of Employer	Occupation	l					
Affiliated Anesthesiologists, LLC	Anesthesio	logist	_				
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<u> </u>	NAME OF COMMITTEE (In Full)									
$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Anthony J. Mazzeo M.D.				Date of	Re	ceipt			
	Mailing Address 1115 N Honey Creek Pkwy				м м 03	/	10	У / Ү	ү ү 2013	Y
	City Wauwatosa	State WI	Zip Code 53213-3189					C228684 Receipt th	10	
	FEC ID number of contributing federal political committee.	С				U	,			).00
	Name of Employer Aurora Medical Group	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
в.	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 03	/	15		y y 2013	Y
	City Rochester	State MN	Zip Code 55906					C228863 Receipt th	3	
	FEC ID number of contributing federal political committee.	С					7			.30
	Name of Employer Mayo Clinic Anesthesiology	Occupation physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		249.90							
с.	Full Name (Last, First, Middle Initial) Joseph McIsaac III, M.D.				Date of	Re	ceipt			
	Mailing Address 99 East River Drive, 5th Floor				м м 03	/	08		y y 2013	Y
	City East Hartford	State CT	Zip Code 06108					C228647 Receipt th		
	FEC ID number of contributing federal political committee.	С				U	1			0.00
	Name of Employer	Occupation								
	Hartford Anes. Assoc., Inc. Receipt For:	Physician Aggregate	Year-to-Date ▼							
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$\sum$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Richard R. McNeer M.D.				Date o	f Re	eceipt					
	Mailing Address 18340 SW 122 St.				м м 03	/	30			)13	Y	
	City	State	Zip Code		Trans	sacti	ion ID :	C229605	52			
	Miami	FL	33196	_ /	Amoun	t of	Each F	Receipt th	is P	eriod		
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	Name of Employer	Occupation	I	-								
	University of Miami Dept of Anesthesio	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		249.90									
В.	Full Name (Last, First, Middle Initial) Vernon Merchant M.D.				Date o	f Re	eceipt					_
	Mailing Address 1007 Grove Rd # B				M M		D	D / Y	Y	Y	Y	
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	City	State	Zip Code				-	C228848				
	Greenville	SC	29605-4630		Amoun	t of	Each F	Receipt th	is P	eriod		
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	Name of Employer	Occupation	I									
	Greenville Anesthesiology	ANESTHES	GIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00									
	Other (specify)	L	500.00									
C.	Full Name (Last, First, Middle Initial) James R. Mesrobian M.D.				Date o	f Re	eceipt					
	Mailing Address 827 E Birch Ave				м м 03		D 02	2	20	13	Y	
	City Whitefish Bay	State WI	Zip Code 53217-5360	-				: C227696				
	Whitefish Bay	VVI	00217-000		Amoun	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,	7		83	.30	
	Name of Employer	Occupation										
	Aurora Medical Group	Anesthesio	logist									
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	e								
<b>A</b> .	Full Name (Last, First, Middle Initial) Brian G. Mills M.D.				Date of							
	Mailing Address 4105 W. 123rd St.				03	/	03	) / Y	2013			
	City Leawood	State KS	Zip Code 66209					C22770 Receipt t			-	
	FEC ID number of contributing federal political committee.	С					y	3	25	50.0	0	
	Name of Employer	Occupation										
	Shawnee Mission Hospital	Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial) Christopher G. Millson M.D.				Date of	f Re	ceipt					
	Mailing Address 2400 Wimbledon Dr				м м 03	/	15	/ Y	2013	Y		
	City Las Vegas	State NV	Zip Code 89107-2364					C22886 Receipt t	<b>34</b> his Peric	bd	_	
	FEC ID number of contributing federal political committee.	С					,		8	33.30	0	
	Name of Employer Desert Anesthesiologists	Occupation physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		249.90									
с.	Full Name (Last, First, Middle Initial) Mitchell F. Minana M.D.				Date of	f Re	ceipt					
	Mailing Address 1306 E Welden Dr				м м 03	/	27	) / Y	2013	Y	1	
	City Spokane	State WA	Zip Code 99223				-	C22956	-			
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	Primary General	Aggregate	Year-to-Date ▼									
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		13     14     15     16     17       person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Commi	ttee
Full Name (Last, First, Middle Initial)         Lawrence S. Minowitz M.D.         Mailing Address 26 Sherwood Ave.         City         Greenwich         FEC ID number of contributing federal political committee.         Name of Employer         self         Receipt For:         Primary       General         Other (specify)	State       Zip Code         CT       06831-3249         C       Occupation         anesthesiologist       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 03 01 2013 Transaction ID : C2278563 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         Lucas Mitchel M.D.         Mailing Address 465 W Sycamore Street         City         Zionsville         FEC ID number of contributing federal political committee.         Name of Employer         Indiana Univ SchL OF MED         Receipt For:         Primary       General         Other (specify)	State     Zip Code       IN     46077-9093       C       Occupation       ANESTHESIA RESIDENT       Aggregate Year-to-Date ▼       500,00	Date of Receipt 03 26 2013 Transaction ID : C2298139 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         C. Karen P. Mitchell M.D.         Mailing Address 3838 N Braeswood Blvd Ap         City         Houston         FEC ID number of contributing         federal political committee.         Name of Employer         Memorial Hermann Southwest Hospital         Receipt For:         Primary       General         Other (specify) ▼		Date of Receipt 03 27 2013 Transaction ID : C2295239 Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (optional)		1083.34
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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 or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
American Society of Anesthes	iologists P	olitical Action Committe	96
Full Name (Last, First, Middle Initial) Avery C. Mittman M.D. Mailing Address 12610 Prescott Ave.			Date of Receipt
City	State	Zip Code	03 04013 Transaction ID : C2281910
Tustin	CA	92782-1066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Information Requested	Occupation ANESTHES		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Richard C. Month M.D.			Date of Receipt
Mailing Address 2001 Hamilton St Apt 2307			03 12 2013
City Philadelphia	State PA	Zip Code 19130	Transaction ID : C2287173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer University of Pennsylvania Dept. of An	Occupation Anesthesiol		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	
Full Name (Last, First, Middle Initial) C. Barry Moody M.D.	1		Date of Receipt
Mailing Address 216 Marengo St., Suite F			M = M         /         D = D         /         Y = Y = Y = Y         Y         O3         05         2013         O3
City Florence	State AL	Zip Code 35630	Transaction ID : C2281102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Barry J. Moody, DMD, MD, PC	physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			833.30

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only o	ne)	L		
		for each category of the Detailed Summary Page	X 11a	a 🗌	11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for t		rpose of	soliciting	contribu	itions
NAME OF COMMITTEE (In Full)								
American Society of Anesthe	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) <b>A.</b> James Moore M.D.			Date	of R	eceipt			
Mailing Address Ronald Reagan UCLA Me			М			/ Y	Y Y	Y
757 Westwood Plaza, Suit City	e 3325 State	Zip Code	0 		04 tion ID : (	C227706	2013 2	
Los Angeles	CA	90095-7403			Each Re			
FEC ID number of contributing federal political committee.	C				7	7	83	3.30
Name of Employer	Occupation							
Department of Anesthesiology	Physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		249.90						
Full Name (Last, First, Middle Initial)								
B. George A. Moresea M.D.					eceipt			
Mailing Address 1232 Ashwood Rd				м / З	30	/ Y	2013	Y
City	State	Zip Code			tion ID : (	C229604		
Akron	OH	44312-5800			Each Re		-	l
FEC ID number of contributing federal political committee.	С				7	7	83	9.30
Name of Employer	Occupation		_					
Stark County Anesthesia, Inc.	anesthesiol	ogist						
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		, 249.90						
Full Name (Last, First, Middle Initial) C. Caroline Morris M.D.			Date	of R	eceipt			
Mailing Address 2797 Fox Creek Dr.				3	29	/ Y	2013	Y
City	State	Zip Code			tion ID :	C229598		
Germantown	TN	38138	Amo	unt of	Each Re	eceipt th	is Period	l
FEC ID number of contributing federal political committee.	С				7		83	3.30
Name of Employer	Occupation		_					
Medical Anesthesia Group	Physician							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		249.90						
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl					7	7	249	.90

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TEMIZED RECEIPTS			Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
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	y information copied from such Reports and a for commercial purposes, other than using th										
$\setminus$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesi	ologists P	olitical Action Commit	tee							
Α.	Full Name (Last, First, Middle Initial) Dennis W. Morris M.D.				Date of	Re	ceipt				
	Mailing Address 6330 E. 116th St.				м м 03	/	24	/ 0		013	Y
	City	State	Zip Code			acti		C2294			_
	Tulsa	OK	74137		Amount	of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7			500	.00
	Name of Employer	Occupation	1								
	AAI Receipt For:	physician	Versite Det								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Jason E. Morris M.D.	1			Date of	Re	ceipt				
	Mailing Address 2797 Fox Creek Dr.				м м 03	/	29		y y	013	Y
	City	State	Zip Code			acti		C2295			
	Germantown	TN	38138-5723		Amount	of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7	,		83	.30
	Name of Employer Medical Anesthesia Group	Occupation Physician	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		249.90	]							
С.	Full Name (Last, First, Middle Initial) Robert R. Morrison M.D.	l			Date of	Re	ceipt				
	Mailing Address 5801 Spinnaker Pointe				м м 03	/	D 07			013	Y
	City Parkville	State MO	Zip Code 64152-6102		Trans Amount			: C2282 Receipt		Period	
	FEC ID number of contributing federal political committee.	С					1			250	.00
	Name of Employer	Occupation	1								
	Ad Vivum Anesthesiology, P.C.	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		750.00	]							
s	UBTOTAL of Receipts This Page (optional)				_	_	7	J		833.	30
Т	OTAL This Period (last page this line number	only)					7				

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			Detailed Summary Page		11a	_	11b	-	11c	$\mid$	12 16	17
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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit co	ontrik	oution	ns fi	rom such	1 CO	mmitte	e.
$\backslash$	NAME OF COMMITTEE (In Full)	la alata D										
	American Society of Anesthesiol	logists P	olitical Action Committe	e								
^	Full Name (Last, First, Middle Initial)				Det	4 5						
Α.	Sunita Motiani M.D. Mailing Address 4291 White Birch Dr.			-	Date o		· ·			_		¥.
	Walling Address 4291 While Dirch Dr.				03	/		02	/ Y	_ 2(	013	Y
	City	State	Zip Code			sact			C227697			
	Lisle	IL	60532	_	Amour	nt of	Each	h R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7			_	250.	00
	Name of Employer	Occupation		-								
	Dupage Valley Anesthesiologists	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Jarod R. Motley M.D.				Date o	of Re	eceip	t				
	Mailing Address 1007 Grove Rd Ste B				M	/	D	D	/ Y	Y	Y	Y
	Greenville Anesthesiology, P.A		Z're Orelle	_	03			13			013	_
	City Greenville	State SC	Zip Code 29605-4630	-					C228848		Deried	
			20000 4000		Amour		Eaci		eceipt th	IS P	enoa	_
	FEC ID number of contributing federal political committee.	С			L.		7		7	_	500.	00
	Name of Employer	Occupation										
	Greenville Anesthesiology, P.A.	ANESTHES	BIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
			, , , , , , , , , , , , , , , , , , , ,	_								
C.	Full Name (Last, First, Middle Initial) Thomas J. Mukkada M.D.				Date o	of Re	eceipt	t				
	Mailing Address 41 Woodshire Dr				03	/		19	/ Y		)13	Y
	City	State	Zip Code		Tran	sact	tion I	D :	C229367	78		
	Ottumwa	IA	52501-1357	-	Amour	nt of	Each	h R	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7			_	250.	00
	Name of Employer	Occupation										
	Ottumwa Anes	ANESTHE	SIOLOGIST									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
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s	UBTOTAL of Receipts This Page (optional)		······				7			_	1000.0	00
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	ED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ on	e)		-		
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	nation copied from such Reports and S mercial purposes, other than using the									ibutio	
	OF COMMITTEE (In Full)										
	rican Society of Anesthesic	ologists P	olitical Action Committe	ee							
	me (Last, First, Middle Initial) e M. Munnings M.D.				Date of	Re	ceipt				
Mailing	Address 1564 NE Quayside Terrace D	13			м – м 03	/	31	/ Y	y 2013		1
City		State	Zip Code			acti	on ID : (	C229607		<b>,</b>	
Miami	Shores	FL	33138-2209	_	Amount	of	Each Re	eceipt th	is Peri	iod	
	number of contributing political committee.	С					7	7	2	250.0	0
Name o	of Employer	Occupation									
	Community Hospital	Anesthesiol	ogist								
Receipt	For: rimary General	Aggregate	Year-to-Date ▼								
	ther (specify) $\checkmark$		250.00								
	me (Last, First, Middle Initial) Murray M.D.				Date of	Re	ceipt				
	Address 1924 Alcoa Highway, Box U-1 Department of Anesthesia				м м 03	1	18	/ Y	2013		
City		State TN	Zip Code				on ID : (				
Knoxvil			37920	_	Amount	of	Each Re	eceipt th	is Peri	IOD	
federal	number of contributing political committee.	С					7	7		83.3	0
	of Employer ity Anesthesiologists	Occupation									
Receipt	, ,	Anesthesiol	year-to-Date ▼	_							
	rimary General	Ayyreyale									
0	ther (specify) ▼		249.90								
	me (Last, First, Middle Initial) ert F. Murray III, M.D.				Date of	Re	ceipt				
Mailing	Address 19 Elm Park Blvd.				м м 03	/	D D D 13	/ Y	2013		1
City	at D'due	State	Zip Code		Trans	acti	on ID : (	C228797	71		
	nt Ridge	MI	48069-1106	-	Amount	of	Each Re	eceipt th	is Peri	iod	_
federal	number of contributing political committee.	С					7			83.3	0
	of Employer	Occupation									
William Receipt	Beaumont Hospital	Physician		_							
	rimary General	Aggregate	Year-to-Date ▼								
0	ther (specify)		249.90								
SUBTOT	AL of Receipts This Page (optional)		•	•			7	- 1	4	16.60	)
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ITEMIZED RECEIPTS		Use separate schedule(s)	(c	heck on	ly on	e)					
		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16		17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements mage and a	l ay not be sold or used by any pe ddress of any political committee	erson to s	for the	purp	oose of	solicitin	ig coi ch co	ntribut	ions	17
NAME OF COMMITTEE (In Full)											
American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Scott D. Murtha M.D.				Date o	of Re	ceipt					
Mailing Address 216 Bever Ln., S.E.				03	/	27			013	Y	
City Cedar Rapids	State IA	Zip Code 52403-3280	_				C22956 eceipt t		Period		
FEC ID number of contributing federal political committee.	С					7			250.	00	
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHES										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		250.00									
Full Name (Last, First, Middle Initial) B. Jobin Nash M.D.				Date o	of Re	ceipt					
Mailing Address 200 East Avenue #1304				03	/	D D D 26			)13	Y	
City	State	Zip Code					C22945				
Rochester	NY	14604	_	Amoun	nt of	Each R	eceipt t	his F	Period		_
FEC ID number of contributing federal political committee.	С				_	7			100.	00	
Name of Employer	Occupation										
Medcenter One	Anesthesio	ogist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
Full Name (Last, First, Middle Initial) C. Michael J. Need M.D.				Date o	of Re	ceipt					
Mailing Address 7632 Timber Springs Dr.				03	/	13			)13	Y	
City	State	Zip Code		Trans	sacti	on ID :	C22879	953			
Fishers	IN	46038	-	Amoun	nt of	Each R	eceipt t	his F	Period		
FEC ID number of contributing federal political committee.	С					7	7		83.	30	
Name of Employer	Occupation		$\neg$								
Southeast Anesthesiologists	Anesthesio	logist									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.90									
SUBTOTAL of Receipts This Page (optional)		7 7 7				7	5		433.3	30	

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

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	-	Use separate schedule(s)	(check onl	y one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the	purpose of	soliciting	contribut	tions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Mihail P. Nikolov M.D.			Date of	Receipt			
Mailing Address 1421 Forest Ave			03	/ D D 29	/ Y	2013	Y
City River Forest	State IL	Zip Code 60305-1001		action ID : t of Each R		1	
FEC ID number of contributing federal political committee.	С					250.	.00
Name of Employer Alexian Brothers Medical Center Anes. Receipt For:	Occupation Physician						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) B. Edward A. Norman M.D.			Date of	Receipt			
Mailing Address 1040 Skye Ln			03	/ D D 29	/ Y	y y 2013	Y
City Palm Harbor	State FL	Zip Code 34683-1455		action ID : t of Each R			
FEC ID number of contributing federal political committee.	С					250.	.00
Name of Employer EmCare	Occupation Anesthesiol						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) C. Todd E. Novak M.D.			Date of	Receipt			
Mailing Address 1700 N. Bissell Street			03	/ D D 02	/ Y	у 2013	Y
City Chicago	State IL	Zip Code 60614		action ID : t of Each R			
FEC ID number of contributing federal political committee.	C					250	.00
Name of Employer	Occupation						
Midwest Anesthesia Associates Receipt For: Primary General Other (specify) ▼	Anesthesio Aggregate	Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)						750.	00
TOTAL This Period (last page this line numb							

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check on X 11a 13	ly one)	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the	purpose o	of solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Po	blitical Action Committe	e				
Full Name (Last, First, Middle Initial) A. James D. Nowakowski M.D. Mailing Address 13726 Clarksville Pike City Highland FEC ID number of contributing federal political committee. Name of Employer ARIZONA HEART ANESTHESIA, P.L.L.C. Receipt For: Primary General	State MD C Occupation anesthesiolo Aggregate	Zip Code 20777 gist r/ear-to-Date ▼	03 Trans	of Receipt	3 : C22818	nis Perioc	
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) B. Michael P. O'Neil M.D. Mailing Address 6180 Masters Blvd City	State	Zip Code	03	13	3	2013	Y
Billings FEC ID number of contributing federal political committee.	МТ	59106-1036		saction ID		nis Perioc	d 0.00
Name of Employer Information Requested Receipt For: Primary General Other (specify)	Occupation Anesthesiolo Aggregate	ogist Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial)         Richard J. Oeser M.D.         Mailing Address 1007 Grove Rd Ste B			Date o	of Receipt		2013	Y
City Greenville FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTH Receipt For: Primary General Other (specify)	State SC C Occupation ANESTHES Aggregate	Zip Code 29605-4630 IOLOGIST Year-to-Date ▼ 500.00		saction ID		nis Perioc	0.00
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			Detailed Summary Page		×	11a 13	$\vdash$	11b 14		11c 15		12 16	17
	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 Comm	ittee									
Α.	Full Name (Last, First, Middle Initial) Oluwatosin Oladipupo M.D. Mailing Address 1836 S Shores Dr				D	ate o		· ·	ot D	/ Y	Y	Y	Y
	City Decatur	State IL	Zip Code 62521-5529							<b>C229398</b> eceipt th	86	013	
	FEC ID number of contributing federal political committee.	С				inoun		7		,		125	00
	Name of Employer Associated Anes. of Decatur Receipt For:	Occupation Anesthesiol	ogist										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00										
B.	Full Name (Last, First, Middle Initial) Harry T. Pall M.D. Mailing Address 603 E Lake St				D	ate o			ot	/ Y	Y	Y	Y
	City Petoskey	State MI	Zip Code 49770-2522							<b>2229568</b> eceipt th	38	13	
	FEC ID number of contributing federal political committee.	C				inoun		,		,		250.	00
	Name of Employer NO ANES PROVIDERS	Occupation ANESTHES											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
c.	Full Name (Last, First, Middle Initial) Parag Pandya M.D.				D	ate o	f Re	eceip	ot				
	Mailing Address 210 Royal Vw	01-1-1	7. 0.1		l	м м 03		D	23	/ Y	20	)13	Y
	City Pittsford	State NY	Zip Code 14534-9633		A					C229398 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	С			[			7		- 7		83	.30
	Name of Employer	Occupation Staff Anest											
	Geneva General Hospital Anesthesiology Receipt For: Primary General		Year-to-Date ▼										
	Other (specify)		249.90										
s	UBTOTAL of Receipts This Page (optional)				l			7				458.	30
т	OTAL This Period (last page this line number of	only)			l			,		7			

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			Use separate schedule(s)	(check	c only	one	e)				
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	y information copied from such Reports and St for commercial purposes, other than using the			erson for	the p	ourpo	ose of	soliciting	g contrib		าร
$\overline{)}$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists Po	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) John L. Pappas M.D.			Da	te of	Rec	eipt				
	Mailing Address 294 Barden Rd			M	03	/	D D	/ Y	2013	Y	1
	City	State	Zip Code	т		actio		C228717			
	Bloomfield Hills	MI	48304-2711	Am	nount	of E	ach R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				,			8	3.30	
	Name of Employer	Occupation									
	William Beaumont Hospital Troy	Anesthesio		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		249.90								
D	Full Name (Last, First, Middle Initial) Harry G. Parr D.O.			Da	te of	Poo	oint				
р.	Mailing Address 4725 Tully Rd.						eihr	/ Y	Y Y	Y	1
	City	State	Zip Code		03		15		2013		
	Bloomfield Hills	MI	48302					C228863 eceipt th		d	
	FEC ID number of contributing federal political committee.	С				,				3.30	
	Name of Employer	Occupation		_							
	South Oakland Anesthesia Associates Receipt For:	Physician		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		249.90								
c.	Full Name (Last, First, Middle Initial) William J. Pekarske M.D.			Da	te of	Rec	eipt				
	Mailing Address 1281 E. Calle De La Cabra			M	03	/	D D 09	/ Y	2013	Y	1
	City	State	Zip Code	Т		actio		C22868			
	Tucson	AZ	85718	Am	nount	of E	ach R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				,			ξ	33.30	)
	Name of Employer	Occupation									
	Southern Arizona Anesthesia Services Receipt For:	Anesthesiol	•	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	249.90								
s	UBTOTAL of Receipts This Page (optional)					,			24	9.90	
т	OTAL This Period (last page this line number of	only)						- 7			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c		2	
Ar	ny information copied from such Reports and	Statements ma	ay not be sold or used by any n	erson	13 for the	pu	14 rpose o	15 of soliciting		6 ributi	17 ions
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Feyce M. Peralta M.D.				Date o	f R	eceipt				
	Mailing Address 251 E Huron St # F5-704				03		/ D 13		y 201		Y
	City Chicago	State IL	Zip Code 60611-2908					: C22879			
			00011-2900		Amoun	it of	f Each	Receipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С			L		7			83.	30
	Name of Employer	Occupation	l								
	Northwestern Memorial Hospital	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		249.90	11.							
			g g g	11.							
в.	Full Name (Last, First, Middle Initial) Beverly J. Perez D.O.				Date o	of R	eceipt				
	Mailing Address 5553 Dunn Hill Dr				м м 03	1	/ D 12		2013	ү 3	Y
	City	State	Zip Code		Trans	sac	tion ID	: C228793	37		
	Fort Worth	ТХ	76137-5397	_	Amoun	t of	f Each	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7		2	250.	00
	Name of Employer	Occupation	l								
	UT Southwestern Medical Center	Anesthesilo	gist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
с.	Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D.				Date o	f R	eceipt				
	Mailing Address 278 Round Swamp Rd				03		03		2013	ү 3	Y
	City	State	Zip Code		Trans	sac	tion ID	: C22769	80		
	Melville	NY	11747-1903	_	Amoun	t of	f Each	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,			83.	.34
	Name of Employer	Occupation	l	$\neg$							
	NORTH AMERICAN PARTNERS ANESTHES		SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		249.88	1							
	Other (specify)		243.00								
s	UBTOTAL of Receipts This Page (optional)			•		l	7		2	416.6	64

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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to so	olicit	con	trib	utions	from suc	h con	nmitte	ee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologiete D	olitical Action Committe	مد										
^	Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D.				Data	cf	Pa	ooint						
Α.	Mailing Address 278 Round Swamp Rd			-	Date		не /	Ceipt		V	Y	V		
					0		Ĺ	26		20				
	City Melville	State NY	Zip Code 11747-1903	_					C22945					
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	Name of Employer	Occupation	I											
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	Full Name (Last, First, Middle Initial)													
В.	John D. Peterson D.O.			_	Date									
	Mailing Address 1508 N. Coach House Rd			M M / D D / Y Y Y Y 03 06 2013										
	City	State	Zip Code	Transaction ID : C2281893										
	Wichita	KS	67235	Amount of Each Receipt this Period										
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	Name of Employer	Occupation	I											
	Anesthesia Consulting Services	Anesthesio	ogist											
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	Other (specify)		500.00											
_	Full Name (Last, First, Middle Initial)						_							
C.	Gail A. Petters M.D. Mailing Address 460-A Gibbs Ave.			_			Re	ceipt			Y	X		
					M 0		<i>'</i>	D 18		201				
	City	State RI	Zip Code 02840-3327						C22921			_		
	Newport	N	02640-3327	_	Amo	unt	of	Each F	Receipt tl	his Pe	əriod			
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$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Mark C. Phillips M.D. Mailing Address 619 19th St S				Date of	Re						
		State	Zip Code		03		L	13	/ Y	20	013	Y
	City Birmingham	AL	35249						228795 ceipt th		eriod	
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	Full Name (Last, First, Middle Initial) Gail P. Pirie M.D., Ph.D				Date of	Re			_			
	Mailing Address 3939 J St Ste 310				03	/	D	27	/ Y	20	13	Y
	City Sacramento	State CA	Zip Code 95819-3666						229569 ceipt th		eriod	
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C.	Full Name (Last, First, Middle Initial) Jeffrey Plagenhoef M.D.				Date of	Re	eceip	ot				
	Mailing Address 1118 Ross Clark Circle, Suite Anesthesia Consultants Medic	al Gro			м м 03	/	D	р 15	/ Y		ү 13	Y
	City Dothan	State AL	Zip Code 36301						228862 ceipt th		eriod	
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Arry Information copied from such Reports and Statements may not be sold or used by any perion for the purpose of ableiing committee to solicit contributions from such committee.       113       14       16       16       10         NAME OF commercial purposes, other than using the name and address of any policial committee to solicit contributions from such committee.       NAME OF COMMITTEE (in Full)       American Society of Anesthesiologists Political Action Committee         A. Roma C. Polce M.D.       Maing Address 3032 Red Arrow Dr.       Date of Receipt         City       State       Zip Code       Tamasetion ID: C2288955         Las Vegas       NV       8913-1303       Parameticin ID: C228895         PEC ID number of contributing federal political committee.       Occupation       Aggregate Year-to-Date ▼       Date of Receipt         Pull Name (Last, Frist, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt       Bate of Receipt         B. Paul Pomerantz M.B.A.       Maing Address 150 Nothwest Hwy       Aggregate Year-to-Date ▼       Date of Receipt         Maing Address 1055 Dunker Hwy       State       Zip Code       Aggregate Year-to-Date ▼       Date of Receipt         Maing Address 1055 Dunker Hwy       State       Zip Code       Aggregate Year-to-Date ▼       Date of Receipt         Maing Address 1055 Dunker Dr       Ccoupling       Aggregate Year-to-Date ▼       Date of Receipt <th></th> <th></th> <th></th> <th>Detailed Summary Page</th> <th></th> <th>11a</th> <th></th> <th>11b</th> <th>11c</th> <th></th> <th>12</th> <th></th>				Detailed Summary Page		11a		11b	11c		12	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.         NAME CF COMMITTEE (in Full)         American Society of Anesthesiologists Political Action Committee         Fall Name (Last, First, Middle Initia)         A. Roma C. Polce M.D.         Mailing Address 3082 Red Arrow Dr.         City       State         Las Vegats       NV         By The Commercial purposes, other than using the name and address of any political committee         City       State         Las Vegats       NV         Arrow of Contributing       C         Idear of Contributing       C         Receipt FOR:       Aggregate Vear-to-Date ▼         Other (specify) ↓       General         Other (specify) ↓       C         B. Paul Pomeranz M.B.A.       Mailing Address 520 Northwest Hwy         American Society of Anesthesiologists       City         Receipt For:       Aggregate Year-to-Date ▼         Park Ridge       C         Name (Last, First, Middle Initia)       C         C. Johnathan L. Pregify MLD.       Obter (specify) ↓         Mailing Address 1056 Durieer Dr       Occupation         City       State       Zip Code         City and the Anesthesiologi	Δ	v information conied from such Departs and O	tatomonto m	w not be cold or used by error		-			-			17
American Society of Anesthesiologists Political Action Committee         Arrerican Society of Anesthesiologists Political Action Committee         Arrerican Society of Anesthesiologists 2002         Mailing Address 3082 Rod Arrow Dr.         City       State         Las Vegas       NV         By 135-1303         FEC ID number of contributing tedral political committee.         Pointer Newada         Recoipt For:         Pointerant ZM BA.         Mailing Address 500 Northwest Hwy         Arrentican Society of Anesthesiologist         Recoipt For:         Paul Name (Last, First, Middle Initial)         B. Paul Pomerant ZM BA.         Mailing Address 500 Northwest Hwy         Arrentican Society of Anesthesiologist         City       State         Zip Code         Paul Name (Last, First, Middle Initial)         B. Paul Pomerant ZM BA.         Mailing Address 1000 (State City)         City       State         Primary       General         Other (specify) Tor:       City         Primary       General         Other (specify) Tor:       Groupstion         Recoipt For:       Groupstion         Primary       General         Other (speci	or	for commercial purposes, other than using the	name and a	ddress of any political committe	erson i e to so	licit co	purpo ntribu	ose of itions f	rom such	cor co	mmitt	ee.
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FEC ID number of contributing federal political committee.       C       1000.00         Name of Employer American Society of Anesthesiologists       Occupation CEO       1000.00         Receipt For: Primary Ceneral Other (specify) ▼       Aggregate Year-to-Date ▼       1000.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction 10 : C2276002         Mailing Address 10556 Dunleer Dr       C       Mailing Address 10556 Dunleer Dr       Mailing Address 10556 Dunleer Dr         City       State       Zip Code       Transaction 10 : C2276002         Los Angeles       C       90064-4318       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Physician         Name of Employer       Occupation       Physician       83.30         Receipt For:       Aggregate Year-to-Date ▼       83.30         Primary       General       249.90       249.90											eriod	
American Society of Anesthesiologists       CEO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       1000.00         Full Name (Last, First, Middle Initial)       0         C. Johnathan L. Pregler M.D.       Date of Receipt         Mailing Address 10556 Dunleer Dr       01 / 2013         City       State       Zip Code         Los Angeles       CA       90064-4318         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         UCLA Dept of Anesthesiology       Physician         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       249.90		•	С									00
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			y not be sold or used by any pe		for the p	purp	ose of	soliciting	contribu	
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		ologists Po	olitical Action Committe	ee						
Full Name (Last, Fi A. Matthew D. Price					Date of	Rec	ceipt			
Mailing Address 50	791 Chesapeake Dr.					/		/ Y		Y
City Novi		State MI	Zip Code 48374-2552		Transa		on ID :		'9	
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Name of Employer South Oakland Ane	sthesia Associates PC	Occupation Anesthesiol	ogist							
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Full Name (Last, Fi B. Richard C. Prie	elipp M.D., M.B.				Date of	Red	ceipt			
	0 Delaware St SE Mmc 294		Zip Code		03	/	04		2013	Y
City Minneapolis		State MN	Zip Code 55455				-			
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Name of Employer University of Minnes	ota	Occupation Anesthesiol	ogist							
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Full Name (Last, Fi C. Mark C. Pruitt					Date of	Red	ceipt			
Mailing Address 10	007 Grove Rd # B					/		/ Y		Y
City Greenville		State SC	Zip Code 29605-4630							
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Name of Employer		Occupation								
Greenville Anesthes	siology, P.A.	ANESTHES	GIOLOGIST	_						
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	for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big/$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Steven Pusker M.D.			[	Date of	Re	ceipt				
	Mailing Address 1007 Grove Rd # B				м м 03	1	13	) / Y		) 13	Y
	City Greenville	State SC	Zip Code 29605-4630				-	C228849	-		
		30	29003-4030	_	Amount	: of	Each F	Receipt th	nis P	eriod	_
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	Other (specify) ▼		500.00								
В.	Full Name (Last, First, Middle Initial) Nathan M. Rachman M.D.				Date of	Re	ceipt				
-	Mailing Address 1241 Killarney Dr				M M	/	DE	) / Y	Y	Y	Y
	City	State	Zip Code	_	03		18			13	
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	federal political committee.	С					7	T	-	41.	60
	Name of Employer Halifax Medical Center	Occupation Anesthesiol									
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	Primary General Other (specify) ▼		208.14								
с.	Full Name (Last, First, Middle Initial) Nathan M. Rachman M.D.				Date of	Re	ceipt				
	Mailing Address 1241 Killarney Dr				м м 03	1	26			)13	Y
	City	State	Zip Code					C229451			
	Ormond Beach	FL	32174-2828	A	Amount	of	Each F	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,			41	.67
	Name of Employer	Occupation									
	Halifax Medical Center	Anesthesiol	logist								
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	y information copied from such Reports and St for commercial purposes, other than using the		ay not be sold or used by any pe		the p				
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	American Society of Anesthesio	logists P	olitical Action Committe	e					
Α.	Full Name (Last, First, Middle Initial) Jonathan S. Radin M.D.			Dat	e of I	Receipt			
	Mailing Address 12720 Frank Dr S				™	/ D		2013	Y
	City Seminole	State FL	Zip Code 33776-1726				: C22879 Receipt tl		d
	FEC ID number of contributing federal political committee.	С				7	7		0.00
	Name of Employer	Occupation		-					
	Bay Area Anesthesia	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		, 250.00						
в.	Full Name (Last, First, Middle Initial) Owen R. Rahman M.D.			Dat	e of I	Receipt			
	Mailing Address 4580 Island Reef Dr				∆3	/ D		y y 2013	Y
	City	State	Zip Code				: C22819		
	Wellington	FL	33449-8394	Am	ount	of Each	Receipt t	nis Perioo	ł
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	Name of Employer Sheridan Healthcare	Occupation							
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	Primary General	Aggregate	Year-to-Date ▼						
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с.	Full Name (Last, First, Middle Initial) Alvin J. Ralston M.D.			Dat	e of I	Receipt			
	Mailing Address 2411 Fountain View Dr Ste 200				М	/ D		YY	Y
	Greater Houston Anesthesiolog	<u>gy</u> State	Zip Code		03 ansa	04 Ction ID	4 :C22770	2013	_
	Houston	ТХ	77057-4832				Receipt t		t
	FEC ID number of contributing federal political committee.	С				7	7	8	3.30
	Name of Employer	Occupation							
	Greater Houston Anesthesiology	Anesthesio	logist						
	Receipt For:	Aggregate	Year-to-Date ▼						
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$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Stephanie L. Randall M.D.				Date of	Recei	ot				
	Mailing Address 6911 Van Dorn St Ste 2				м м 03	/ [	12	Y	ү ү 2013	Y	
	City Lincoln	State NE	Zip Code 68506-6801				ID : C22 ch Rece		1 is Perioc	1	
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	Name of Employer Associated Anesthesiologists, PC Receipt For:	Occupation Anesthesiol	-								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Sripad P. Rao M.D.				Date of	Recei	ot				
	Mailing Address 1504 Bay Rd Apt 3307	Otata	Zin Onda		03	/	05	Y	2013	Y	
	City Miami Beach	State FL	Zip Code 33139-3281				ID:C22 ch Rece		1 is Perioc	1	
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	Name of Employer Ryder Trauma Center Anesthesiology	Occupation Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 249.90								
c.	Full Name (Last, First, Middle Initial) John P. Rask M.D.				Date of	Recei	ot				
	Mailing Address 756 Fairway Rd., NW				м м 03	/ [	13	/ Y	2013	Y	
	City Albuquerque	State NM	Zip Code 87107-5719				ID : C22		<b>′5</b> is Perioc	1	
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	Name of Employer	Occupation									
	University of New Mexico School of Med Receipt For:	Anesthesiol	ogist Year-to-Date ▼	_							
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	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
	Full Name (Last, First, Middle Initial) Diane Reynolds M.D.				Date of	Receip	pt					
N	Aailing Address 501 20th St Ste 606				м м 03	/ 0	10	/ Y		12		
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	Knoxville	TN	37916-1863		Amount					eriod		
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	ull Name (Last, First, Middle Initial) Jalil Riazi M.D.				Date of	Receip	pt					
Ν	Aailing Address 33851 Montanas Del Mar				м м 03	/ 0	28	/ Y	ү 201	ү 3		
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5	San Juan Capistrano	CA	92675-5217		Amount	of Ead	ch Red	ceipt this	s Pe	eriod		
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	lame of Employer CPMG	Occupation										
_		ANESTHES	IOLOGIST									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
С	Full Name (Last, First, Middle Initial) Gary M. Richman M.D.				Date of	Receip	pt					
Ν	Nailing Address 19109 Streamside Ct.				м м 03	/ [	25	/ Y	201	у З		
	City	State	Zip Code					229467	-			
_	Boca Raton	FL	33498-6230	_	Amount	of Ead	ch Red	ceipt this	s Pe	eriod		
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N	Name of Employer	Occupation										
	Orthopedic Center of Palm Beach County	Anesthesio	ogist									
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$\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Don G. Richter M.D.				Date of	Red	ceipt					
	Mailing Address 15135 Stearns Pl				м м 03	/	18	/ Y		013	Y	
	City Shawnee Mission	State KS	Zip Code 66221-9503					C22905	14			
	FEC ID number of contributing federal political committee.	С					,			250.	00	
	Name of Employer	Occupation										
	Midwest Anesthesia, Assoc Receipt For:	1 ,	nesthesiologist	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
B.	Full Name (Last, First, Middle Initial) Joseph M. Rifici A.AC				Date of	Red	ceipt					
	Mailing Address Lakeside ANES 2532 LKS500 11100 Euclid Ave.	7			M M	/	D D D 15	/ Y		)13	Y	
	City	State OH	Zip Code					C228864				
	Cleveland	ОП	44106-1716	_	Amount	of	Each R	eceipt th	nis P	eriod	_	
	FEC ID number of contributing federal political committee.	C			L		, .		_	83.3	30	
	Name of Employer Univ Hosp of Cleveland Case Med Ctr	Occupation	ogist Assistant									
	Receipt For:	1	Year-to-Date ▼	_								
	Primary General Other (specify) ▼	Aggregate	249.90									
С.	Full Name (Last, First, Middle Initial) Edwin A. Risi Jr., M.D.				Date of	Red	ceipt					
	Mailing Address 19543 SW 39th St				м м 03	/	08	/ Y		)13	Y	
	City	State FL	Zip Code					C22866				
	Miramar	FL.	33029-2734	_	Amount	of	Each R	eceipt th	nis P	'eriod	_	
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	Name of Employer	Occupation										
	North Shore Anesthesiology Partners L	Anesthesio	ogist									
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Daniel Rivera M.D.				Date o	f Re	eceipt				
	Mailing Address 18810 Canoe Brk				м м 03	/	30		2013		
	City San Antonio	State TX	Zip Code 78258					C22960 Receipt th		bd	
	FEC ID number of contributing federal political committee.	С					7	7	1(	00.00	
	Name of Employer Clinical Colleagues, Inc	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name (Last, First, Middle Initial) Charles R. Roberson M.D.				Date o	f Re	eceipt				
	Mailing Address 125 Sunset Ln				м м 03	/	13		2013	Y	
	City Temple	State TX	Zip Code 76502-6885					C22883		, d	
	FEC ID number of contributing federal political committee.	С			Amoun		,	Receipt th		50.00	
	Name of Employer SCOTT & WHITE CLINIC	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
C.	Full Name (Last, First, Middle Initial) Kevin W. Roberts M.D.				Date o	f Re	eceipt				
	Mailing Address 240 Walnut Ln.				м м 03	/	05		2013	Y	
	City Slingerlands	State NY	Zip Code 12159					C22790		bd	
	FEC ID number of contributing federal political committee.	С					7			83.34	
	Name of Employer	Occupation	I								
	Albany Medical Center Hospital	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
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NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial)         A.       Charles M. Robertson M.D.         Mailing Address       660 South Euclid Ave         Campus Box 8054 - Anes         City         Saint Louis         FEC ID number of contributing         federal political committee.         Name of Employer         Washington University         Receipt For:         Primary       General         Other (specify)	State MO C Occupation Physician	Zip Code 63110 Year-to-Date ▼ 249.90	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Elliott B. Robertson M.D.         Mailing Address 112 Shoreline Dr         City         Madison         FEC ID number of contributing federal political committee.         Name of Employer         Univ of MS Med Ctr         Receipt For:         Primary       General         Other (specify)	State MS C Occupation Resident Aggregate	Zip Code 39110-6828 Year-to-Date ▼ 250.00	Date of Receipt 03 / 10 / 2013 Transaction ID : C2286839 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         C. Edward S. Robinson M.D.         Mailing Address 417 E 37th St         City         Kansas City         FEC ID number of contributing federal political committee.         Name of Employer         AAKC         Receipt For:         Primary       General         Other (specify) ▼	State MO C Occupation Anesthesio Aggregate	Zip Code 64109-2604	Date of Receipt 03 13 2013 Transaction ID : C2287947 Amount of Each Receipt this Period 75.00
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Commit	tee						
A. M F f f	Full Name (Last, First, Middle Initial)         Leopoldo V. Rodriguez M.D.         Mailing Address 21050 NE 38th Ave Apt 305         City         Aventura         FEC ID number of contributing         ederal political committee.         Name of Employer         Sheridan Healthcare Inc         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation Anesthesiol Aggregate				/ actio	07	/ Y C228295 eccipt th	is Period	
B   F f f  A	Full Name (Last, First, Middle Initial)         Scott T. Roethle M.D.         Mailing Address 5005 W 131 Terr         Dity         Leawood         FEC ID number of contributing         ederal political committee.         Name of Employer         VAKC         Receipt For:         Primary       General         Other (specify)	State KS C Occupation MDA Aggregate	Zip Code 66209 Year-to-Date ▼ 249.90			/ actic	04	/ Y C227706 eccipt th	is Period	3.30
C M G F f f	Full Name (Last, First, Middle Initial)       Lynn M. Rogers M.D.       Mailing Address 11104 Kuertzmill Dr.       City       Cincinnati       FEC ID number of contributing       ederal political committee.       Name of Employer       Bethesda Hospital       Receipt For:       Primary       General       Other (specify)	State OH C Occupation physician Aggregate	Zip Code 45249 Year-to-Date ▼ 250.00			/ actio	04 on ID :	C227701	iis Perioo	
su	BTOTAL of Receipts This Page (optional)						,	- 7	416	5.60
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Α.					Date of	Ree	ceipt				
	Mailing Address Dept. of Anesthesiology				M M	/	DD	) / Ү		Y	Y
	Doan Hall N411 City	State	Zip Code	_	03		15			013	
	Columbus	OH	43210	-				C228864		oriod	
	FEC ID number of contributing federal political committee.	C						leceipt th	IS F	83.	.30
	Name of Employer	Occupation	I								
	Wexner Medical Center Receipt For:	Physician		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		249.90	4							
в.	Full Name (Last, First, Middle Initial) Frank A. Rosinia M.D.				Date of	Red	ceipt				
	Mailing Address 23 Idlewood PI				м м 03	/	05	/ Y		13	Y
	City	State	Zip Code			actio	_	C227913		10	
	River Ridge	LA	70123-1525		Amount	of	Each R	leceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	50.	00
	Name of Employer	Occupation	1								
	Tulane University School of Medicine	Chairman, I	Department of Anesthesiology								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		233.30								
с.	Full Name (Last, First, Middle Initial) Theodore E. Rothman M.D.				Date of	Re	ceipt				
	Mailing Address 10 Wildflower Ct				м м 03	/	13	) / Y		)13	Y
	City	State	Zip Code		Trans	acti	on ID :	C228849	<del>)</del> 2		
	Greenville	SC	29615-5544		Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	500	.00
	Name of Employer	Occupation	1								
	Greenville Anesthesiology, PA	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11.							
	Other (specify)		500.00	4							
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	NAME OF COMMITTEE (In Full) American Society of Anesthesiol						-uuUII5	nom such			
Α.	Full Name (Last, First, Middle Initial) Joanna Runkle M.D. Mailing Address 774 South Easy Street				Date of		eceipt		Y		W.
	City	State	Zip Code		03 Trans		14 ion ID :	C229368	2013		Ŷ
	Sebastian	FL	32958					Receipt th		od	
	FEC ID number of contributing federal political committee.	С					g		2	250.0	00
	Name of Employer	Occupation Anesthesiol									
	Sebastian River Anesthesiology Receipt For:			_							
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00								
B.	Full Name (Last, First, Middle Initial) Gregory D. Rypel M.D.				Date of	Re	ceipt				
	Mailing Address 13565 W. Maple Ridge Rd.				M M 03		19		2013		Y
	City	State	Zip Code			acti		C229368			_
	New Berlin	WI	53151-6980		Amount	t of	Each F	Receipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					ŋ		5	00.0	00
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
C.	Full Name (Last, First, Middle Initial) Steven W. Samoya M.D.				Date of	Re	ceipt				
	Mailing Address 532 Forest Ct Suite B				м м 03	1	D 13		2013		Y
	City	State SC	Zip Code					C228849			
	Greer	30	29651		Amount	t of	Each F	Receipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					7		5	500.0	00
	Name of Employer	Occupation									
	Vanderbilt Univ. Med. Ctr., Div of Ped Receipt For:		nesthesiologist	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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	American Society of Anesthesic	plogists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) David J. Samuels M.D.				Date of	f Re	eceipt				
	Mailing Address 5121 San Jose				м м 03	/	11		2 2	013	Y
	City	State	Zip Code		Trans	act	ion ID :	C22882	285		
	Tampa	FL	33629		Amount	t of	Each R	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,			250	.00
	Name of Employer	Occupation									
	David J Samuels MDPA	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General		250.00	11							
	Other (specify)		230.00	4							
в.	Full Name (Last, First, Middle Initial) Mahesh P. Sardesai M.D.				Date of	f Re	eceipt				
	Mailing Address 1304 Fairstead Lane				M M	/	DD		Y Y	Y	Y
					03	J.	12	_ L	20	013	
	City	State	Zip Code					C22871			
	Pittsburgh	PA	15217	_	Amount	t of	Each R	Receipt t	his F	<sup>•</sup> eriod	
	FEC ID number of contributing	С								83.	34
	federal political committee.	•				-	7	- 7	-		
	Name of Employer	Occupation									
	UPMC Shadyside	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		400.00	11							
	Other (specify)		499.92	4							
	Full Name (Last, First, Middle Initial)										
C.	Mahesh P. Sardesai M.D.			_	Date of	f Re	eceipt				
	Mailing Address 1304 Fairstead Lane				03	1	18			013	Y
	City	State	Zip Code			act		C22890			
	Pittsburgh	PA	15217		Amount	t of	Each R	Receipt t	this F	Period	
	FEC ID number of contributing federal political committee.	С					7			83	.30
	Name of Employer	Occupation		_							
	UPMC Shadyside	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11							
	Other (specify)		499.92	4							
5	UBTOTAL of Receipts This Page (optional)						-			416.	64
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Po	plitical Action Committe	ee
Full Name (Last, First, Middle Initial) A. Joseph A. Scaniffe M.D.			Date of Receipt
Mailing Address 11 Glenmore Dr			03 19 2013
City Farmington	State CT	Zip Code 06032-1430	Transaction ID : C2293546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		
MILFORD ANES ASSOC	ANESTHES	IOLOGIST	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) B. John J. Schram D.O.			Date of Receipt
Mailing Address 18179 N. Fruitport Rd.	01-1-1-	7. 0.1	03 / D D / Y Y Y Y 03 08 2013
City Spring Lake	State MI	Zip Code 49456-2802	Transaction ID : C2286798
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Lakeshore Anesthesia Services, Muskego	Occupation anesthesiolo	ogist	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 250.00	
Full Name (Last, First, Middle Initial) C. Greg Schroeder M.D.			Date of Receipt
Mailing Address 2813 S. Saint Francis Lane			03 25 2013
City Sioux Falls	State SD	Zip Code 57103	Transaction ID : C2294018
	00	37103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Anesthesiology Associates, Inc. Receipt For:	Physician		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

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			Detailed Summary Page		11a 13	_	11b 14	11c 15	╞	12 16	1	7
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Daniel L. Schweissinger M.B.,B.Ch.				Date of	Re	ceipt					
	Mailing Address 741 La Goleta Way		7.0.1		м м 03		12		20	013	Y	
	City Sacramento	State CA	Zip Code 95864-5219					C228719 Receipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					<b>7</b>	7	_	250		
	Name of Employer Kaiser Permanente: Dept of Anesthesio	Occupation Anesthesio										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
B.	Full Name (Last, First, Middle Initial) Douglas T. Sedlacek M.D.				Date of	Re	ceipt					
	Mailing Address 2250 Country Club Pkwy SE				м м 03	/	D D D 27	/ Y		)13	Y	
	City Cedar Rapids	State IA	Zip Code 52403-1639	4				C229570 leceipt thi		'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	250	00	]
	Name of Employer LINN COUNTY ANESTH	Occupation ANESTHES										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
C.	Full Name (Last, First, Middle Initial) Aryeh Shander M.D., FCCM				Date of	Re	ceipt					
	Mailing Address 10 Myrtle Ave				м м 03	/	02	) / Y		)13	Y	
	City Demarest	State NJ	Zip Code 07627-2222	A				C227696 leceipt thi		eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	250	.00	]
	Name of Employer	Occupation										
	Englewood Hospital and Medical Center Receipt For:	Anesthesio		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
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or	for commercial purposes, other than using the	name and a	ddress of any poli	itical committee	e to so	licit cor	ntrib	utions	from suc	n co	mmitte	ee.	
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	American Society of Anesthesiol	ogists P	olitical Action		e								
Α.	Full Name (Last, First, Middle Initial) Fred E. Shapiro D.O.				[	Date of	Re	ceipt					
	Mailing Address Department of Anesthesiology					M M	/	DI	D / Y	Y	Y	Y	
	330 Brookline Ave # F-407 City	State	Zip Code		41	03	١.	01			013		
	Boston	MA	02215-5400					-	C227599	-	Poriod		
	FEC ID number of contributing federal political committee.	С				Amount	. 01			15 F	83.	.30	
	Name of Employer	Occupation			_								
	Harvard Medical School	Assistant P	rofessor of Anesthe	esia									
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R	Full Name (Last, First, Middle Initial) John C. Shearer M.D.					Date of	Ro	ceint					
υ.	Mailing Address 23 Ridge Dr.						110	D	D / Y	Y	Y	Y	
						03		29		20	013		
	City	State	Zip Code						C229603				
	Birmingham	AL	35213		_ /	Amount	of	Each F	Receipt th	is P	eriod		_
	FEC ID number of contributing federal political committee.	С					_	,	7	_	500.	00	
	Name of Employer	Occupation											
	Ambulatory anesthesia	physician											
	Receipt For:	Aggregate	Year-to-Date ▼		_								
	Other (specify) ▼		, ,	500.00									
C.	Full Name (Last, First, Middle Initial) Paul W. Sheeran M.D.					Date of	Re	ceipt					
	Mailing Address 7433 Terrace St					м м 03	/	26			)13	Y	
	City	State	Zip Code			Trans	acti	ion ID :	C22952	22			
	Kansas City	MO	64114		/	Amount	of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						7	7	_	1000	.00	
	Name of Employer	Occupation											
	Anesthesia Associates of Kansas City	Anesthesio	ogist										
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		л т	1000.00									
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Harry C. Sherman Jr., M.D.			C	ate o	f Re	eceipt					
	Mailing Address 1007 Grove Rd., #B				м м 03	1	13		2013		r i i	
	City Greenville	State SC	Zip Code 29605					<b>C22884</b> Receipt t		iod		
	FEC ID number of contributing federal political committee.	С					7		Ę	500.0	00	]
	Name of Employer	Occupation										
	Greenville Anesthesiology	Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Saadia Sherwani M.D.				ate o	f Re	eceipt					
	Mailing Address 500 W Superior St Unit 1103			1	м м 03	1	24		2013	Y 1 3		
	City Chicago	State IL	Zip Code 60654-8138					<b>C22940</b> Receipt t		iod		
	FEC ID number of contributing federal political committee.	С					7		5	500.0	0	]
	Name of Employer Northwestern Medical Faculty Foundatio	Occupation Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		500.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Karen S. Sibert M.D.				ate o	f Re	eceipt					
	Mailing Address 4146 Sunnyslope Ave.			] [	м м 03	/	D 05		2013	Y Y Y 3	ŕ	
	City Sherman Oaks	State CA	Zip Code 91423					: C22790				
	FEC ID number of contributing		91423	A	moun	t of	Each I	Receipt t	his Peri	iod	_	i.
	federal political committee.	С					7	- 7		83.3	34	1
	Name of Employer	Occupation										
	Cedars-Sinai Medical Center Anes. Dept Receipt For:	Anesthesiol	•	_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		333.28									
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e						
A.	Full Name (Last, First, Middle Initial) John D. Simmons M.D.			D	ate of	f Re	ceipt			
	Mailing Address 19750 Avondale Dr.				м м 03	1	D D D 14	/ Y	2013	Y
	City Brookfield	State WI	Zip Code 53045-3775				i <b>on ID :</b> Each R			d
	FEC ID number of contributing federal political committee.	С					7	7	50	0.00
	Name of Employer	Occupation								
	self employed	Anesthesio		_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.						
	Other (specify) ▼		500.00							
в.	Full Name (Last, First, Middle Initial) Michael B. Simon M.D.			D	ate of	f Re	ceipt			
	Mailing Address 35 Gellatly Dr	State	Zip Code	46	м м 03	/	05	/ Y	2013	Y
	Wappingers Falls	NY	12590				on ID : ( Fach B		24 nis Period	d
	FEC ID number of contributing federal political committee.	С					7	, 1		3.30
	Name of Employer NAPA	Occupation Physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		249.90							
с.	Full Name (Last, First, Middle Initial) Parvinder Singh M.D.			D	ate of	f Re	ceipt			
	Mailing Address 2011 Oaks Pl.				м м 03	/	D D D 04	/ Y	ү ү 2013	Y
	City Arcadia	State CA	Zip Code 91006				ion ID :			
	FEC ID number of contributing federal political committee.	С			moun	t of	Each R	eceipt tr	nis Perioo 25	0.00
	Name of Employer	Occupation		-						
	Self	PHYSICIAN	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00							
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American Society of Anesthesic	ologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Parvinder Singh M.D.			[	Date of	Rece	eipt			
Mailing Address 2011 Oaks Pl.				м м 03	/	D D D	/ Y	ууу 2013	Y
City Arcadia	State CA	Zip Code 91006					C229813	4	
FEC ID number of contributing		01000		Amount	of E	ach Re	eceipt th	is Period	_
federal political committee.	С				. 7		7	225	.00
Name of Employer	Occupation								
Self Receipt For:	PHYSICIAN								
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		475.00	4						
Full Name (Last, First, Middle Initial) B. Jonathan H. Slonin M.D., M.B.				Date of	Rece	eipt			
Mailing Address 134 SE Via Verona				M M M	/	03	/ Y	2013	Y
City	State	Zip Code			actio		227700		
Port Saint Lucie	FL	34984	A	mount	of E	ach Re	eceipt thi	is Period	
FEC ID number of contributing federal political committee.	С						- 7	83	.30
Name of Employer TeamHealth	Occupation								
Receipt For:	Anesthesio	-							
Primary General	Ayyreyale	Year-to-Date ▼	1.						
Other (specify)	L	249.90	4						
Full Name (Last, First, Middle Initial) C. Robert H. Small M.D.				Date of	Rece	eipt			
Mailing Address 410 W 10th Ave				M M	/	D D	/ Y	Y Y	Y
Dept of Anes - N411 Doan Ha		Zin Oada	41	03	Ļ	13		2013	
City Columbus	State OH	Zip Code 43210					C228795	is Period	
FEC ID number of contributing federal political committee.	С		ĺ		,		, j		3.30
Name of Employer	Occupation	I							
The Ohio State University	Physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		249.90	]						
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$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Alan W. Smith M.D.				Date of	Re	ceipt			
	Mailing Address 13 Afton Ave.				M M	/		/ Y	9049	Y
	City	State	Zip Code		03 Trans	acti	13 on ID :	C228849	2013 6	
	Greenville	SC	29601	_	Amount	of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		500	.00
	Name of Employer	Occupation								
	Greenville Anmesthesiology, PA	ANESTHES	IOLOGIST							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
D	Full Name (Last, First, Middle Initial) Blair Smith M.D.				Date of	Po	coint			
υ.	Mailing Address 1046 Lake Colony Ln				03	/	08	/ Y	2013	Y
	City	State	Zip Code			acti		C228670		
	Vestavia	AL	35242		Amount	of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	7	83	.30
	Name of Employer UAB	Occupation								
	Receipt For:	Anesthesiol	-							
	Primary General	Aggregate	Year-to-Date ▼	1						
	Other (specify)	L	249.90	4						
с.	Full Name (Last, First, Middle Initial) Revonna J. Smith D.O.				Date of	Re	ceipt			
	Mailing Address 104 Pawley's Plantation	Ct.			03	/	06	/ Y	ү ү 2013	Y
	City Xenia	State OH	Zip Code 45385	-				C228625		
	FEC ID number of contributing				Amount	OT	Each R	eceipt th	is Period	_
	federal political committee.	С			L.		7	7	250	.00
	Name of Employer	Occupation ANESTHES								
	MONT-GREEN ANES Receipt For:		Year-to-Date ▼							
	Primary General	Ayyreyale		11						
	Other (specify)		250.00							
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Po	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Trevor K. Smith M.D.				Date o	f Re	eceipt				
	Mailing Address 12 Belfrey Dr.				м м 03	1	13	Y 7	201:		
	City Greer	State SC	Zip Code 29650					C22884 Receipt t	97		
	FEC ID number of contributing federal political committee.	С					,		Ę	500.0	0
	Name of Employer	Occupation									
	Greenville Anesthesiology Receipt For:	ANESTHES		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Steven T. Solby D.O.				Date o	f Re	eceipt				
	Mailing Address 3407 Lake Creek Trl				03	/	25	/ Y	2013	Y Y	7
	City	State	Zip Code					C22946	74		
	Mansfield	ТХ	76063-5490	_	Amoun	t of	Each R	leceipt t	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	C					7		2	250.0	0
	Name of Employer Arlington Division-Pinnacle Anesthesia	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) v		, 250.00								
С.	Full Name (Last, First, Middle Initial) Michael J. Souter M.B.,Ch.B.				Date o	f Re	eceipt				
	Mailing Address 325 9th Ave, Box 359724				м м 03	/	13	) / Y	2013		
	City Seattle	State WA	Zip Code 98104-2499					C22879			
	FEC ID number of contributing federal political committee.	С			Amoun	tor	Each H	Receipt t	nis Peri	83.3	80
	Name of Employer	Occupation		_							
	Harborview Medical Center	Anesthesiol	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 249.90								
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Rosemarie Spillane M.D. Mailing Address 2707 Henderson Mountain Re	d.			Date of	_	eceipt	/ Y		013	Y
	City Jasper	State GA	Zip Code 30143		Trans		ion ID :	C228860 eceipt th	)2		
	FEC ID number of contributing federal political committee.	С					,		_	250	.00
	Name of Employer Self-Employed	Occupation ANESTHES	SIOLOGIST								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
В.	Full Name (Last, First, Middle Initial) Brett M. Sprtel M.D.				Date of	Re	eceipt				
	Mailing Address 11934 Crossing Deer Ct	State	Zip Code		<sup>M</sup> M	/	09		20	)13	Y
	Roscommon	MI	48653-7538					C228680 eceipt th		Period	
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	Name of Employer Mercy Hospital Grayling Dept of Anesth	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	]							
с.	Full Name (Last, First, Middle Initial) James Stangl M.D.				Date of	Re	eceipt				
	Mailing Address 314 Martin Luther King Jr Wa	ay # 30			м м 03	1	D D 14	/ Y		) 13	Y
	City Tacoma	State WA	Zip Code 98405-4250					C228847 eceipt th		Period	_
	FEC ID number of contributing federal political committee.	C					л. I.		_	83	.30
	Name of Employer	Occupation	1								
	Tacoma Anesthesia Associates	Anesthesio	logist								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	ck only	y or	ne)			
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NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) <b>A.</b> Erica Stein M.D.				Date of	Re	ceipt			
Mailing Address 410 W 10th Ave., Anes. D N411 Doan Hall	ept.			м м	/	05	/ Y	2013	Y
City Columbus	State OH	Zip Code 43210-1240					C227912 eceipt th	29	d
FEC ID number of contributing federal political committee.	С					5	7	8	3.30
Name of Employer ohio state university	Occupation physician	1							
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Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D.				Date of	Re	ceipt			
Mailing Address 18 Harbor Hill Dr	01-1-	7. 0.4		м м 03	/	06	/ Y	2013	Y
City Lloyd Harbor	State NY	Zip Code 11743-1031	A				C228133 eceipt th		d
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Name of Employer NAPA	Occupation Physician	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	]						
Full Name (Last, First, Middle Initial) C. Steven P. Stein M.D.				Date of	Re	ceipt			
Mailing Address 18 Harbor Hill Dr				м м 03	/	06	/ Y	2013	Y
City Lloyd Harbor	State NY	Zip Code 11743-1031	A				C228133 eceipt th		d
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$\overline{)}$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthe	siologists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) John H. Stephenson M.D.				Date of	f Re	eceipt					
	Mailing Address 5671 Peachtree Dunwoody	/ Road			M M	/	D	D	/ Y		Y	Y
	Suite 530	State	Zip Code	-	03			)2	00700		013	
	Atlanta	GA	30342						<b>22769</b> ceipt th		Period	
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	Name of Employer	Occupation										
	Physician Specialists in Anesthesia, P	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		499.80	1								
в.	Full Name (Last, First, Middle Initial) John H. Stephenson M.D.				Date of	f Re	eceipt					
	Mailing Address 5671 Peachtree Dunwoody Suite 530	Road			м м 03	/	1	D 4	/ Y		) 13	Y
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	Atlanta	GA	30342	/	Amoun	t of	Each	Re	ceipt th	nis P	'eriod	
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	Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80	]								
с.	Full Name (Last, First, Middle Initial) Ronald E. Stevens M.D.				Date of	f Re	eceipt					
	Mailing Address P.O. Box 2899				м м 03	/		D 29	/ Y		) 13	Y
	City	State WY	Zip Code						22961			
	Cheyenne	VV 1	82003	_ /	Amoun	t of	Each	Re	ceipt th	າis F	'eriod	
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	Name of Employer	Occupation										
	HIGH PLAINS	PHYSICIAN	١									
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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 usin	and Statements may not be sold or used by any p ng the name and address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Samuel T. Stewart A.AC Mailing Address 3615 Lester Court SW		Date of Receipt
City	State Zip Code	03 04 2013
Lilburn	GA 30247	Transaction ID : C2281909 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emory University	Occupation Anesthesia Assistant	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify) ▼	250.00	1
Full Name (Last, First, Middle Initial) B. Glen J. Strange Jr., M.D.		Date of Receipt
Mailing Address 5166 Colleton Way		03 29 2013
City Brentwood	StateZip CodeTN37027	Transaction ID : C2295983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AMG	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) C. Erin A Sullivan M.D., M.D.		Date of Receipt
Mailing Address Dept of Anes PUH C-22 200 Lothrop St.		M M / D D / Y Y Y Y Y 03 03 2013
City Pittsburgh	State Zip Code PA 15213-2536	Transaction ID : C2277002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.30
Name of Employer	Occupation	—
UPP Department of Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	249.90	1
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11			for each category of the Detailed Summary Page		X 11a		1b 4	11c 15	12	Г	17
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$\square$	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Christopher R. Swayze M.D.				Date o	f Rece	eipt				
	Mailing Address 2245 Houston Antioch Rd				03	/	D D	/ Y	у у 2013	Y	1
	City Lexington	State KY	Zip Code 40516-9512					<b>222885</b> eceipt th	<b>09</b> nis Perio	d	_
	FEC ID number of contributing federal political committee.	С							25	50.00	0
	Name of Employer self	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
В.	Full Name (Last, First, Middle Initial) Steven L. Sween M.D.				Date o	f Rece	eipt				
	Mailing Address 240 Marchand Ct NW				м м 03	/	D = D 07	/ Y	2013	Y	
	City	State	Zip Code					228295			
	Atlanta	GA	30328-2055	_	Amoun	t of Ea	ach Re	ceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С							8	3.30	)
	Name of Employer	Occupation									
	Physician Specialists in Anesthesia	Physician A	nesthesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
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<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas H. Swygert M.D.				Date o	f Rece	eipt				
	Mailing Address 7014 Prestonshire Ln.				м м 03	/	13	/ Y	2013	Y	
	City Dallas	State TX	Zip Code 75225-1742					C22879			
			15225-1142		Amoun	t of Ea	ach Re	ceipt th	nis Perio	d	_
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	Name of Employer	Occupation									
	Pinnacle Anesthesia Consultants Receipt For:	Physician									
	Primary General	Aggregate	Year-to-Date ▼								
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$\Big\rangle$	American Society of Anesthesi	ologists P	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Samuel E. Talsma M.D.				Date of	Re	ceipt								
	Mailing Address 2110 Dorset Rd.				м м 03	/	07	) / Y		013	Y				
	City	State	Zip Code	Transaction ID : C2282944 Amount of Each Receipt this Period											
	Ann Arbor	MI	48104	_	Amount	of	Each R	Receipt th	is P	'eriod					
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	Name of Employer	Occupation physician													
	anesthesia assoc of ann arbor Receipt For:			_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		249.90												
в.	Full Name (Last, First, Middle Initial) Donald R. Tatum Jr., M.D.	1			Date of	Re	ceipt								
	Mailing Address 770 Brookwood Walke				м м 03	/	27	) / Y	2C	)13	Y				
	City	State	Zip Code			acti		C229523							
	Bloomfield Hills	MI	48304					Receipt th		'eriod					
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	Name of Employer	Occupation													
	South Oakland Anesthesia Associates	Anesthesiol	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.02												
с.	Full Name (Last, First, Middle Initial) Jefferson B. Taylor M.D.				Date of	Re	ceipt								
	Mailing Address 3171 Green Valley Rd. Box	#411			м – м 03	/	08			)13	Y				
	City	State	Zip Code		Trans	acti	ion ID :	C228828	36						
	Birmingham	AL	35243	_	Amount	of	Each R	Receipt th	is P	'eriod					
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	Name of Employer	Occupation		_											
	Anesthesia Resource Management, Inc.	Anesthesio	logist												
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	American Society of Anesthesic	logists P	olitical Action Committe	ee												
Α.	Full Name (Last, First, Middle Initial) Christopher J. Teggatz M.D.				Date o	f Re	eceip	t								
	Mailing Address 2905 Old Orchard Road NE				м м 03	/		25	/ Y	ү 2(	)13	Y				
	City	State	Zip Code	Transaction ID : C2294503												
	Cedar Rapids	IA	52402	Amount of Each Receipt this Period												
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	Name of Employer	Occupation														
	Linn County Anesthesiologists	Anesthesio	ogist													
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	Other (specify) ▼		500.00													
в.	Full Name (Last, First, Middle Initial) Bijo J. Thomas M.D.				Date o	f Re	eceip	t								
	Mailing Address 214 Rolling Hills Dr.				03	/		D 10	/ Y	ү 20	13	Y				
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	Wexford	PA	15090						eceipt thi		eriod					
	FEC ID number of contributing federal political committee.	С					7	_		_	500.	00				
	Name of Employer Ohio Valley General Hospital	Occupation Anesthesiol														
	Receipt For:		Year-to-Date ▼													
	Other (specify)		500.00													
<u></u> с.	Full Name (Last, First, Middle Initial) Kyle Thompson M.D.				Date o	f Re	eceip	t								
	Mailing Address 333 W Hampden Ave #600				м м 03	/	D	30	/ Y		13	Y				
	City	State	Zip Code		Trans	sact	tion I	D : (	C229605	6						
	Englewood	CO	80110	_	Amoun	t of	Eac	h Re	eceipt thi	s P	eriod					
	FEC ID number of contributing federal political committee.	С					7	_			83	.34				
	Name of Employer	Occupation														
	South Denver Anesthesiologists, P.C.	Anesthesio	logist													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
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$\setminus$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	IOIOGISTS P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Paul D. Thompson M.D.				Date of	Re	ceipt				
	Mailing Address 2101 Snow Rd				м м 03	/	18	/ Y		013	Y
	City	State	Zip Code		Trans	acti	on ID :	C22890	14		
	Orlando	FL	32814-6556		Amount	of	Each R	eceipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	,		500.	.00
	Name of Employer	Occupation									
	JLR MEDICAL GROUP	Anesthesio	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Robert W. Thomsen M.D.				Date of	Re	ceipt				
	Mailing Address 157 Brandon Rd				м м 03	/	29	/ Y		)13	Y
	City	State	Zip Code		Trans	acti	on ID :	C22960			
	Baltimore	MD	21212-1128		Amount	of	Each R	eceipt tl	nis P	'eriod	
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	Name of Employer	Occupation	I								
	Johns Hopkins University School of Med	Director of 0	Clinical Operations								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00	11							
C.	Full Name (Last, First, Middle Initial) Michael J. Tomlin M.D.				Date of	Re	ceipt				
	Mailing Address 13111 Penneagle Dr				м м 03	/	D D 01	/ Y		) 13	Y
	City	State	Zip Code		Trans	acti	ion ID :	C22786	03		
	Carmel	IN	46033-9122		Amount	of	Each R	eceipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,	,		250	.00
	Name of Employer	Occupation									
	NORTHSIDE ANES SER	ANESTHE	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
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	ts and Statements may not be sold or used by any pusing the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anes	thesiologists Political Action Commit	iee
Full Name (Last, First, Middle Initial)           Beth Ann A. Traylor M.D.           Mailing Address 5303 James Ct		Date of Receipt
City	State Zip Code	03 01 2013 Transaction ID : C2278602
Carmel	IN 46033-9158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) B. Christopher A. Troianos M.D.		Date of Receipt
Mailing Address 427 Heights Dr		03 05 2013
City Gibsonia	StateZip CodePA15044-6032	Transaction ID : C2279122 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Allegheny Health Network	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	]
Full Name (Last, First, Middle Initial) C. Craig A. Troop M.D.		Date of Receipt
Mailing Address 4701 Augusta Dr		03 18 2013
City Frisco	StateZip CodeTX75034-6839	Transaction ID : C2292175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Pinnacle Anesthesia Consultant	ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
	number only)	583.30

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
	rts and Statements may not be sold or used by any p using the name and address of any political committe	
NAME OF COMMITTEE (In Full) American Society of Anes	sthesiologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Rebecca Twersky M.D., M.P. Mailing Address 450 Clarkson Ave Bo City Brooklyn FEC ID number of contributing	State Zip Code NY 11203-2012	Date of Receipt
federal political committee.          Name of Employer         SUNY Downstate Medical Center         Receipt For:         □       Primary         □       General         ○       Other (specify) ▼	C Occupation Physician Aggregate Year-to-Date ▼ 249.90	
B. Full Name (Last, First, Middle Initial) Gary F. Tzeng M.D. Mailing Address 582 S Rex Blvd	State Zip Code	Date of Receipt
Elmhurst FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Transaction ID : C2288989         Amount of Each Receipt this Period         83.30
DVA Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	]
Full Name (Last, First, Middle Initial) Mathew R. Van Vleck M.D. Mailing Address 1755 Lincolnshire Dr		Date of Receipt
City Rochester Hills FEC ID number of contributing federal political committee. Name of Employer SOAA Receipt For: ☐ Primary ☐ General Other (specify) ▼	State     Zip Code       MI     48309       C       Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       300.00	Transaction ID : C2289029         Amount of Each Receipt this Period         100.00
SUBTOTAL of Receipts This Page (op	tional)	266.60
TOTAL This Period (last page this line	number only)	•

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		Detailed Summary Page	X	11a		11b	11c		12	
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		ay not be sold or used by any p ddress of any political committee								
American Society of	f Anesthesiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle <b>A.</b> David Varlotta D.O.	e Initial)			ate of	Re	ceipt				
Mailing Address 1303 Baysho	ore Blvd.			м м 03	/	05	/ Y		) 13	Y
City	State	Zip Code		Trans	acti	on ID : (	C22791	32		
Tampa	FL	33606-2911	A	mount	of	Each Re	eceipt th	is P	eriod	
FEC ID number of contributir federal political committee.	ng C					,	- 7	_	83.	30
Name of Employer	Occupation									
Greater Florida Anesthesiolog	jists anesthesiol	ogist	_							
Receipt For:		Year-to-Date ▼								
Other (specify)		416.50								
Full Name (Last, First, Middle B. David Varlotta D.O.	e Initial)			ate of	Re	ceipt				
Mailing Address 1303 Baysho	ore Blvd.			м м 03	/	16	/ Y	Y 20	ү 13	Y
City	State	Zip Code		Transa	acti	on ID : C	228896			
Tampa	FL	33606-2911	A	mount	of	Each Re	eceipt th	nis P	eriod	
FEC ID number of contributir federal political committee.	C					,	- 1	_	83.	30
Name of Employer Greater Florida Anesthesiolog	ists Occupation									
Receipt For:		Year-to-Date ▼								
Other (specify) ▼	ra	, 416.50								
Full Name (Last, First, Middle C. Hector Vila Jr., M.D.	e Initial)		D	ate of	Re	ceipt				
Mailing Address 4304 W Aze	ele St			м м 03	/	D D 14	/ Y	20	ү 13	Y
City Tampa	State FL	Zip Code 33609-3824				i <b>on ID : (</b> Each Re			eriod	
FEC ID number of contributir federal political committee.	ng C					7		_	83.	30
Name of Employer	Occupation									
Hector Vila Jr MD PA	Anesthesio	logist								
Receipt For:		Year-to-Date ▼								
Primary Gene			11							
Other (specify) <b>v</b>		249.90								
SUBTOTAL of Receipts This P	age (optional)					,			249.9	90
TOTAL This Period (last page	this line number only)					,	,			

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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 a or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committe	<b>€</b>
Full Name (Last, First, Middle Initial)         J. Michael Vollers M.D.         Mailing Address       1 Childrens Way         Slot 203, S-319         City         Little Rock	State Zip Code AR 72202-3510	Date of Receipt 03 13 2013 Transaction ID : C2287950 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer University of Arkansas for Medical Sci Receipt For: ☐ Primary  General Other (specify) ▼	C Occupation Professor of Anesthesiology Aggregate Year-to-Date ▼ 249.90	83.30
Full Name (Last, First, Middle Initial) B. Gennadiy Voronov M.D. Mailing Address 2272 Dehne Rd		Date of Receipt
City Northbrook FEC ID number of contributing federal political committee.	State Zip Code IL 60062-6080	03     27     2013       Transaction ID : C2296025       Amount of Each Receipt this Period       250.00
Name of Employer John H. Stroger, Jr. Hospital of Cook Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	 
Full Name (Last, First, Middle Initial) C. Craig R. Wagner D.O. Mailing Address 811 Wayside Ln.		Date of Receipt 03 25 2013
City Haddonfield FEC ID number of contributing federal political committee. Name of Employer south jersey anesthesia and pain physi Receipt For:	State     Zip Code       NJ     08033-1047       C       Occupation       anesthesiologist       Aggregate Year-to-Date ▼       250.00	Transaction ID : C2294666         Amount of Each Receipt this Period         250.00
SUBTOTAL of Receipts This Page (optional)	•	583.30
TOTAL This Period (last page this line number	r only)	

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports an	d Statements m		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 Committe	ee
Full Name (Last, First, Middle Initial) A. Lance W. Wagner M.D.			Date of Receipt
Mailing Address 150 55th St			03 15 2013
City Brooklyn	State NY	Zip Code 11220-2559	Transaction ID : C2288632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Lutheran Medical Center	Occupatior Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) B. Benjamin H. Walker M.D.			Date of Receipt
Mailing Address 2009 Country Ridge Cir.		7.0.1	03 01 / Y Y Y Y 03 01 2013
City	State AL	Zip Code 35243-4306	Transaction ID : C2278604
Birmingham FEC ID number of contributing federal political committee.	C	33243-4300	Amount of Each Receipt this Period
Name of Employer SPS, PC	Occupation MD	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) C. Harper R. Ward M.D.			Date of Receipt
Mailing Address 2300 Belleview Ter			03 16 / Y Y Y Y Y 03 16 2013
City Oklahoma City	State OK	Zip Code 73112-7741	Transaction ID : C2288971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Harper R Ward MD PLLC Receipt For:	Attending		_
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]
SUBTOTAL of Receipts This Page (optional)	)		850.00

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17			Use separate schedule(s)	(check only one)										
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12					
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)	name and a	duress of any political committee	9 10 S	Olicit con	ann	utions	rom sucr	1 commu	ee.				
$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee										
A.	Full Name (Last, First, Middle Initial) William P. Ware D.O.				Date of	Re	ceipt							
	Mailing Address 9849 Wynchase Cir				M M	/	19	) / Ү	ү ү 2013	Y				
	City	State	Zip Code		Transa	acti		C229367						
	Montgomery	AL	36117-5185	_	Amount	of	Each F	leceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7		500	.00				
	Name of Employer	Occupation												
	Ambulatory Anesthesia Assoc	ANESTHES	IOLOGIST											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.00											
	Full Name (Last, First, Middle Initial)				Date of	Po	opint							
ь.	Mailing Address 10527 Emerald Chase Dr				M M	/	D		2013	Y				
	City	State	Zip Code	03 04 2013 Transaction ID : C2277058										
	Orlando	FL	32836-5862					leceipt th						
	FEC ID number of contributing federal political committee.	С					7		83	.30				
	Name of Employer	Occupation												
	JLR Medical Group	Anesthesiol	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		333.20											
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 10527 Emerald Chase Dr				м м 03	/	30		2013	Y				
	City	State FL	Zip Code					C229604						
	Orlando	FL	32836-5862		Amount	of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					y		83	.30				
	Name of Employer	Occupation												
	JLR Medical Group	Anesthesiol	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		333.20											
s	UBTOTAL of Receipts This Page (optional)			•			7		666	60				
т	OTAL This Period (last page this line number of	only)	•	- ►			7							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	F	11c 15	12		17
Any information copied from such Reports or for commercial purposes, other than usin				for the		pose c		oliciting	g contr	ributio	ons
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Alan Weiss M.D.				Date o	f Re	eceipt					
Mailing Address 960 Royal Arms Dr	State	Zip Code		03		D 12		/ Y	201	3	Y
Girard	OH	44420	_	Amoun				228717 ceipt th		riod	
FEC ID number of contributing federal political committee.	C					,		7		83.3	30
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiol										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.80	]								
Full Name (Last, First, Middle Initial) B. Alan Weiss M.D.				Date o	f Re	eceipt					
Mailing Address 960 Royal Arms Dr				M M	/	- 1	D 5	/ Y	2013	3	Y
City Girard	State OH	Zip Code 44420		Trans Amoun				<b>228863</b> ceipt th		riod	
FEC ID number of contributing federal political committee.	C					,		7		83.3	30
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiol										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80									
Full Name (Last, First, Middle Initial) C. Gregory L. Whitaker D.O.				Date o	f Re	eceipt					
Mailing Address 1228 E Baltimore Dr				м 03	/	D 03	D 3	/ Y	2013	3	Y
City El Paso	State TX	Zip Code 79902-2121		Tran: Amoun				<b>22769</b> ceipt th		riod	
FEC ID number of contributing federal political committee.	С					,	_			83.3	30
Name of Employer	Occupation										
Self Receipt For:	Physician		_								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	]								
SUBTOTAL of Receipts This Page (option	al)		•					-	2	249.9	0
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	EMIZED RECEIPIS		Detailed Summary Page							12		
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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 Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) John S. Whittington M.D.				Date of	f Re	ceipt					
	Mailing Address 23 Circle Dr NE				м м 03	/	27	D / Y		) 13	Y	
	City	State	Zip Code		Trans	acti	on ID :	C229524	0			
	Albuquerque	NM	87122-2109	/	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer	Occupation	l	-								
	Anes. Assoc. of New Mexico, P.C.	Anesthesiol	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
В.	Full Name (Last, First, Middle Initial) Randall D. Wilhoit M.D.				Date of	f Re	ceipt					
	Mailing Address 1007 Grove Rd., #B				м м 03	/	13			13	Y	
	City	State	Zip Code			acti		C228849				
	Greenville	SC	29605	/	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					9			500.	00	
	Name of Employer Greenville Anesthesiology, PA	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		, 500.00									
C.	Full Name (Last, First, Middle Initial) Gisele C. Wilke M.D.				Date of	f Re	ceipt					
	Mailing Address 6839 S Canton Ave				м м 03	/	25			) 13	Y	
	City	State OK	Zip Code	-				C229450				
	Tulsa	UN	74136-3402	_ /	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,	7		1000	.00	
	Name of Employer	Occupation	1									
	Associated Anesthesiologists	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		1000.00									
	Other (specify)		1000.00									
s	UBTOTAL of Receipts This Page (optional)		•	-			5	3		1750.	00	
Т	OTAL This Period (last page this line number of	only)	•				7				_	

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NAME OF COMMITTE	EE (In Full)										
American Socie	ety of Anesthesio	logists Po	blitical Action Committe	ee							
Full Name (Last, First, A. Patrick Williams M					Date o	of Re	eceipt				
Mailing Address 1007	Grove Rd # B				03	/	13			013	Y
City		State	Zip Code		Trans	sact	ion ID :	C22885	01		
Greenville		SC	29605-4630		Amoun	t of	Each F	Receipt th	nis P	'eriod	
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Name of Employer		Occupation									
Greenville Anesthesiol	ogy,P.A.	ANESTHES	IOLOGIST								
Receipt For:		Aggregate '	Year-to-Date ▼								
Primary	General	00 0		11.							
Other (specify)	•		500.00								
Full Name (Last, First, B. David J. Wlody M					Date o	of Re	ceipt				
Mailing Address 210 V				-	M		D		v	V	V
	v. 10711131., Apt. 00				03		02		20	)13	
City		State	Zip Code			sacti		C22769			
New York		NY	10025					Receipt th		eriod	
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Name of Employer		Occupation		_							
SUNY-Downstate Medi	cal Center	Physician									
Receipt For:		Aggregate '	Year-to-Date ▼								
Primary	General	, iggi oguto		11.							
Other (specify)	•		249.90								
Full Name (Last, First, C. Granville B. Wo					Date o	of Re	eceipt				
Mailing Address 3749	Lynnfield Dr				03	/	D 10			)13	Y
City		State	Zip Code		Trans	sact	ion ID :	C22868			
Virginia Beach		VA	23452-4721		Amoun	t of	Each F	Receipt th	nis P	'eriod	
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Name of Employer		Occupation		_							
Sentara Norfolk Gener	al Hospital	Physician									
Receipt For:			Veer to Date T	$\neg$							
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Other (specify)			249.90								
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17		
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	solicitin	g contrib	utions			
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Α.					Date of	Re	ceipt						
	Mailing Address 1007 Grove Rd # B				м м 03	1	D D D 13	/ Y	2013	Y			
	City Greenville	State SC	Zip Code 29605-4630					C22885 eceipt th	<b>03</b> his Perio	d			
	FEC ID number of contributing federal political committee.	С					7			0.00			
	Name of Employer	Occupation											
	Greenville Anesthesiology Receipt For:	ANESTHES		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
В.	Full Name (Last, First, Middle Initial) Kamala A. Wright M.D.				Date of	Re	ceipt						
	Mailing Address 7878 Underwood Rdg				M M 03	1	12	/ Y	2013	Y			
	City	State MI	Zip Code 49686-1679				-	C22871					
	Traverse City           FEC ID number of contributing           federal political committee.	С	49000-1079		Amoun	tof	Each R	eceipt ti	his Perio 25	d 0.00			
	Name of Employer Traverse Anesthesia Associates	Occupation											
	Receipt For:		ogist chronic pain	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u> </u>	Full Name (Last, First, Middle Initial) Inho Yoon M.D.				Date of	Re	ceipt						
	Mailing Address 1007 Grove Rd # B Greenville Anesthesiology				м м 03	/	D D D	/ Y	2013	Y			
	City	State SC	Zip Code 29605-4630					C22885					
	Greenville FEC ID number of contributing federal political committee.	C	29605-4630		Amount	t of	Each R	eceipt tl	his Perio 50	d 0.00			
	Name of Employer	Occupation		-									
	Greenville Anesthesiology	ANESTHES	BIOLOGIST										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		111	-	11c 15		12 16	17
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	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Michael P. Zygmunt M.D. Mailing Address 1S413 Chase Ave	State	Zip Code		Date o	/		27	/ Y	20	013	Ŷ
	Lombard	IL	60148-5066						ceipt t		'eriod	
	FEC ID number of contributing federal political committee.	С					7			_	250	.00
	Name of Employer ELMHURST ANESTH	Occupation PHYSICIAN										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial)				Date o	of Re	eceip	pt				
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	City	State	Zip Code		Amoun	it of	Ead	ch Re	ceipt t	his P	eriod	
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	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V									
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	f Re	eceip	pt				
	Mailing Address				M	/		D D	/ Y	Y	Y	Y
	City	State	Zip Code		Amoun	it of	Ead	ch Re	ceipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	С					7			_		
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼									
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>			3		- 7		250.	00
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S	CHEDULE B (FEC Form 3X)		F	OR	LIN	ΕN	UMBE	R:			PAG	E 132	OF 151		
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k or	nly c	one)	 ,—							
		Detailed Summary Page		×	21 27		22	a  -	23 28b	24		25 29	26 30b		
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$\backslash$	NAME OF COMMITTEE (In Full)		_		• • •										
	American Society of Anesthesiolog	jists Political Action	Con	۱m	itte	e									
<u>/</u>	Full Name (Last, First, Middle Initial)														
Α.	First Data						Date	of D	isburs	ement					
	Mailing Address P.O. Box 6600						0		/ D	31	Y	2013	Y		
	City				Tra	nsac	tion IF	D : D144	941						
	Hagerstown Purpose of Disbursement				ma	11540			541						
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	Candidate Name		Cat T	ego ÿpe					7		,	315	1.90		
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А.	HELLERHIGHWATER PAC									D		Y	Y Y	Y		
	Mailing Address PO BOX 37062							03			3		2013			
	City S Las Vegas	State NV	Zip Code 89137					Trans	sacti	ion ID	: D1449	06				
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	2013 Contribution Candidate Name			(	011	_		Amoun	t of	Each	Disburs	emen	nt this	Period		
				Cat T	ego ype					7			5000	0.00		
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D	Full Name (Last, First, Middle Initial)							Data	4 D:							
р.	JASON SMITH FOR CONGRESS							Date o		D		V	Y Y	V		
	Mailing Address PO Box 1324							03	Í		20		2013	T		
	City S Cape Girardeau	State MO	Zip Code 63702-1324					Trans	sacti	ion ID	: D1449	28				
	Purpose of Disbursement 2014 Special Primary Contribution				011			Amoun	t of	Each	Disburs	emen	nt this	Period		
	Candidate Name			Cat	eao	orv/	11	<u> </u>		-			500			
	Mr. Jason Smith				ype				-	7	7	_	500	).00		
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	State: MO District: 08	Other (spe	ecify) <b>▼</b> Special													
_	Full Name (Last, First, Middle Initial)							Date o	f Did	burec	mont					
0.	JET PAC								_	D		Y	Y Y	Y		
	Mailing Address PO BOX 2385							03		2			2013			
	,	State IL	Zip Code 61350					Trans	sacti	ion ID	: D1449	27	27			
	Ottawa Purpose of Disbursement		01330	-		_										
	2013 Contribution Candidate Name			Cat		ory/		Amoun	t of	Each	Disburs	emen	nt this 5000			
	Office Sought: House Disburser	nent For:	2014		уре	;	-	<u> </u>	-	7						
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SCHEDULE B	(FEC Form 3X)			=			UMBER:			PA	GE 134	OF 151
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American So	ciety of Anesthesiolog	gists Po	litical Action	Com	nmi	ttee						
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A. LEAD YOUR	NATION NOW PAC	(LYNN	PAC)				Date of		urser		YY	
Mailing Address P.C	D. BOX 1872						03	Í	26		2013	
City TOPEKA		State KS	Zip Code 66601				Trans	actior	ו ID :	D14494	0	
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Candidate Name				1.1	egory	v/	, inour			Sisburser		
					ype		<u> </u>			7	25	500.00
Office Sought:	House Disburser Senate President	ment For: Primary Other (spe	General									
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B. MARC VEAS	EY CONGRESSION	AL CAM	IPAIGN CON	лміл	ГТЕ	E	Date of					
Mailing Address PC	D BOX 50084						03	/	06		2013	
City Fort Worth		State TX	Zip Code 76105				Trans	action	n ID :	: D14488	8	
Purpose of Disburse 2014 Primary Cont				C	011		Amoun	t of Ea	ach [	Disburser	nent thi	s Period
Candidate Name					egory	y/					25	500.00
Mr. Marc Allis	5	ment For:	2014	Ту	уре		_	7	_	7		
		Primary Other (spe	General									
State: TX D	District: 33	、 I	<i>37</i> <b>•</b>									
Full Name (Last, Fin	rst, Middle Initial) NTHAL FOR CONGR	RESS					Date of	f Disbu	urser	nent		
Mailing Address 63	80 WILSHIRE BLVD., #1612						03	/	20		2013	
City LOS ANGELES		State CA	Zip Code 90048				Trans	action	n ID :	: D14492	9	
Purpose of Disburse 2014 Primary Conti												
Candidate Name					)11		Amoun	t of Ea	ach [	Disburser	nent thi	s Period
Rep. Alan Lo					egory ype	y/					10	00.00
Office Sought:	Senate President	ment For: Primary Other (spe	General									
State: CA [	District: 47											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 135 OF 151
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
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Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)			Data of Distance
A. ALLYSON SCHWARTZ FOR CO	NGRESS		Date of Disbursement
Mailing Address P.O. Box 2232			03 / D D / Y Y Y Y 20 2013
City	State Zip Code		Transaction ID : D144910
Jenkintown Purpose of Disbursement	PA 19046		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Allyson Y. Schwartz		Туре	1000.00
	ment For: 2014		
Senate X	Primary General Other (specify)		
State: PA District: 13			
Full Name (Last, First, Middle Initial)			
B. ANDY BARR FOR CONGRESS,	NC.		Date of Disbursement
·			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 2059			03 27 2013
City LEXINGTON	State Zip Code KY 40588		Transaction ID : D144932
Purpose of Disbursement	40566		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Andy Andy Barr		Туре	2300.00
	ment For: 2014 Primary General		
President	Primary General Other (specify) ▼		
State: KY District: 06			
Full Name (Last, First, Middle Initial)			
C. ANDY HARRIS FOR CONGRESS	5		Date of Disbursement
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Mailing Address PO Box 1527			03 20 2013
City	State Zip Code		T () ID D(())()
Annapolis	MD 21404		Transaction ID : D144914
Purpose of Disbursement 2014 Primary Contribution		014	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Andy Harris		Category/ Type	5000.00
	ment For: 2014	- 76-	
Senate	Primary General		
President	Other (specify)		
State: MD District: 01			
			8500.00
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	American Society of Anesthesiolog	gists Po	litical Action	Com	nmi	ittee							
	Full Name (Last, First, Middle Initial) ANN WAGNER FOR CONGRESS	2					Date o	f Dis	burse	ement			
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	Mailing Address PO BOX 50						03		1	3	2	2013	
	City BALLWIN	State MO	Zip Code 63022				Trans	acti	on ID	: D144	907		
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	Rep. Ann Wagner				egor ype	'y/	L.		,			5000	0.00
	Office Sought: X House Disburse	ment For:	2014										
	President	Primary Other (and	General										
	State: MO District: 02	Other (spe	ecity)										
	Full Name (Last, First, Middle Initial)												
В.	PEOPLE FOR BEN						Date o	f Dis	burse	ement			
	Meiling Address DO Day 01100						м м 03	/		D /		y y 2013	Y
	Mailing Address PO Box 31129						03		2	.0		2013	
	Santa Fe	State NM	Zip Code 87594				Trans	sacti	on ID	: D144	922		
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	Rep. Ben Ray Lujan				ype	y,		_	,			1000	0.00
		ment For:											
	President	Primary Other (spe	General										
	State: NM District: 03		····)/ •										
	Full Name (Last, First, Middle Initial)												
C.	BILL CASSIDY FOR CONGRESS						Date o	t Dis					
	Mailing Address 8550 United Plaza Blvd.						03	/	2			2013	Y
	5	State	Zip Code				Trans	sacti	on ID	: D144	913		
	Baton Rouge Purpose of Disbursement	LA	70809	_	_	_							
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	Rep. Bill Cassidy			1	ype				7				
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	American Society of Anesthesiolog	jists Pol	litical Action	Corr	۱m	hitt	ee								
Α.	BILL OWENS FOR CONGRESS							Date o			_	_			
	Mailing Address PO Box 1575							03	/	1				013	Y
	City Plattsburgh	State NY	Zip Code 12901					Trans	acti	on ID	: D14	4489	6		
	Purpose of Disbursement 2014 Primary Contribution			C	011			Amoun	t of	Each	Disb	ursei	ment	t this	Period
	Candidate Name Rep. Bill Owens			Cate T	ego ype					,		7	i.	250	0.00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	General												
	State:     NY     District:     21       Full Name (Last, First, Middle Initial)							Date o	f Die	huroo	mont				
р.	PASCRELL FOR CONGRESS								_		D	/	( Y	Y	Y
	Mailing Address P.O. Box 640							03	ĺ		0	Ľ		013	
	Totowa	State NJ	Zip Code 07511					Trans	sacti	on ID	: D1	4491	1		
	Purpose of Disbursement 2014 Primary Contribution Candidate Name			(	011			Amoun	t of	Each	Disb	urse	ment	t this	Period
	Rep. Bill Pascrell Jr.			Cate T	ego ype				_	, .		_		150	0.00
	Office Sought: X House Disburser	ment For: Primary Other (spe	General		<u> </u>					,					
с.	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH							Date o	f Dis	burse	ment	:			
	Mailing Address P. O. Box 7292							03	/	D 1	D 3	/ ]		013	Y
	City CHICAGO	State IL	Zip Code 60680					Trans	sacti	on ID	: D1	4489	92		
	Purpose of Disbursement 2014 Primary Contribution			C	)11			Amoun	t of	Each	Disb	ursei	ment	t this	Period
	Candidate Name Rep. Bobby L. Rush			Cate T	ego ype					,		,		250	0.00
	Office Sought: House Disburser Senate President State: IL District: 01	ment For: Primary Other (spe	General												
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А.	FRIENDS OF CHERI BUSTOS						Date o	r Dis					
	Mailing Address P.O. BOX 77						03	1	D 1	3	Ŷ	2013	Y
	5	State	Zip Code				Trans	acti	on ID	) · D14	4901		
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	Rep. Cheri Bustos				ype				7		7	500	0.00
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	Senate X President	Primary Other (sp	General										
	State: IL District: 17		cony) v										
	Full Name (Last, First, Middle Initial)												
Β.	COLLINS FOR CONGRESS						Date of	f Dis	sburse	ement			
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	Mailing Address PO BOX 386						03		(	06		2013	_
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	Rep. Chris Collins				ype				7	_	7	200	00.00
		ment For:	-										
	Senate X President	Primary Other (on	General										
	State: NY District: 27	Other (sp	ecity) 🗸										
_	Full Name (Last, First, Middle Initial)												
C.	BENISHEK FOR CONGRESS						Date o	f Dis					
	Mailing Address 802 Pentoga Trail						03	1		3	Y	2013	- Y
	City	State	Zip Code				Trans	acti	ion ID	) · D1/	14800		
	Crystal Falls Purpose of Disbursement	MI	49920				mane				1000		
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	Candidate Name					m ( )	Amoun	τοτ	Each	DISDU	irseme	ent this	Period
	Rep. Dan Benishek			Cate T	ype							200	0.00
	Office Sought: K House Disburser	ment For:	2014						,		)		
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$ \rangle$	American Society of Anesthesiolog	jists Pol	itical Action	Com	nmit	ttee						
<u> </u>	Full Name (Last, First, Middle Initial)											
А.	DAVE CAMP FOR CONGRESS						Date of	t Disl				
	Mailing Address 5915 Eastman Avenue						03	/	1:		2013	Y
	5	State	Zip Code				Trans	actio	on ID	: D144894	4	
	Midland Purpose of Disbursement	MI	48640									
	2014 Primary Contribution			0	11		Amount	t of E	Each	Disbursen	nent this	Period
	Candidate Name				egory	//					500	0.00
	Rep. Dave Camp	and Fam		T	уре			-	,	7	500	0.00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	General									
	State: MI District: 04		<i>37</i> <b>•</b>									
в.	Full Name (Last, First, Middle Initial) FRIENDS OF ELIZABETH ESTY						Date of	f Disl	burse	ment		
	Mailing Address PO BOX 61						03	/	D 1:		ү ү 2013	Y
	CHESHIRE	State CT	Zip Code 06410				Trans	sactio	on ID	: D14490	4	
	Purpose of Disbursement 2014 Convention Contribution			C	)11	11	Amount	t of E	Each	Disbursen	nent this	Period
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	Rep. Elizabeth Esty				ype			_	7	7	500	0.00
	Senate	ment For: Primary Other (spe	General									
_	Full Name (Last, First, Middle Initial)		Convention									
C.	WALDEN FOR CONGRESS						Date of	f Disl	burse		YY	Y
	Mailing Address PO BOX 1091						03		20	D	2013	
	City Store S	State OR	Zip Code 97031				Trans	actio	on ID	: D14491	7	
	Purpose of Disbursement	OK	97031	_	_							
	2014 Primary Contribution			0	11		Amount	t of E	Each	Disbursen	nent this	Period
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	Rep. Greg Walden           Office Sought:         V         House         Disburser	ment For:	2014	T	ype			-	7	7		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 140 OF 151
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NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial) A. CONGRESSMAN WAXMAN CAN	IPAIGN COMMITTE	E	Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612			03 13 2013
City Los Angeles	StateZip CodeCA90048		Transaction ID : D144890
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Henry A. Waxman		Category/ Type	5000.00
Senate President	ement For: 2014 Primary General Other (specify) ▼		
State:         CA         District:         30           Full Name (Last, First, Middle Initial)           B. TEXANS FOR HENRY CUELLAR (C)	CONGRESSIONAL CA	MPAIGN	Date of Disbursement
Mailing Address 1519 Washington Street			03 06 2013
City Laredo	StateZip CodeTX78042		Transaction ID : D144885
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
	ement For: 2014 Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial)	ONGRESSIONAL CA	MPAIGN	Date of Disbursement
Mailing Address 1519 Washington Street			03 / D D / Y Y Y Y 13 / 2013
City Laredo	StateZip CodeTX78042		Transaction ID : D144909
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name Rep. Henry Cuellar		Category/ Type	1500.00
Office Sought: House Disburs Senate President State: TX District: 28	ement For: 2014 Primary General Other (specify) ▼		
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SCHED	JLE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 141 OF 151
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	DF COMMITTEE (In Full)			
Amer	ican Society of Anesthesiolog	gists Political Action	Committee	
-	ne (Last, First, Middle Initial)	4		Date of Disbursement
- HUFF	MAN FOR CONGRESS 201	4		
Mailing A	Address P.O. BOX 151563			03 27 2013
City		State Zip Code		Transaction ID : D144933
SAN RA	FAEL of Disbursement	CA 94915		
	rimary Contribution		011	Amount of Each Disbursement this Period
	te Name		Category/	1000.00
	Jared Huffman		Туре	1000.00
Office Se	ought: X House Disburser Senate X President	ment For: 2014 Primary General Other (specify) ▼		
State:	CA District: 02			
	ne (Last, First, Middle Initial)			
B. MAII	HESON FOR CONGRESS			Date of Disbursement
Mailing A	Address P.O. BOX 521048			03 / D D / Y Y Y Y 20 2013
City SALT LA	AKE CITY	State Zip Code UT 84152		Transaction ID : D144918
Purpose	of Disbursement rimary Contribution		011	Amount of Each Disbursement this Period
Candidat	te Name		Category/	
	Jim Matheson		Type	2500.00
Office So State:		ment For: 2014 Primary General Other (specify)		
	ne (Last, First, Middle Initial)			
	NDS FOR JIM MCDERMOTT	Г		Date of Disbursement
Mailing A	Address PO BOX 21786			03 20 2013
City SEATTL		StateZip CodeWA98111		Transaction ID : D144925
	of Disbursement rimary Contribution		011	Amount of Each Disbursement this Period
Candidat	te Name		Category/	Amount of Each Disbursement this Period
	Jim McDermott		Type	1500.00
Office Se	Senate President	ment For: 2014 Primary General Other (specify) ▼		
State:	WA District: 07			
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Α.	CASTRO FOR CONGRESS						Date o	f Dis	burse		Y Y	V
	Mailing Address PO BOX 544						03	Í	1		2013	
	City	State	Zip Code				Trans	acti	on ID	: D14490	0	
	SAN ANTONIO	ТХ	78292				Trans	acin		. 014490	0	
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	Rep. Joaquin Castro				/pe	, 			7	7	10	00.00
	Office Sought: House Disburser Senate President State: TX District: 20	nent For: 2 Primary Other (spe	General									
_	Full Name (Last, First, Middle Initial)											
В.	FRIENDS OF JOE HECK						Date o	f Dis				
	Mailing Address PO Box 750114						03	/	0		2013	Y
	City S Las Vegas	State NV	Zip Code 89136				Trans	sacti	on ID	: D14488	86	
	Purpose of Disbursement 2014 Primary Contribution			0	11		Amoun	t of l	Each	Disburse	ment this	s Period
	Candidate Name			Cate	aon	v/						
	Rep. Joe Heck				/pe	<i>y,</i>		-	,		40	00.00
		nent For: Primary Other (spe	General									
<u>с</u> .	Full Name (Last, First, Middle Initial)						Date o	f Dis	burse	ment		
	Mailing Address PO BOX 775						м м 03	/	D 1;		2013	Y
		<b>.</b>										
	Unionville	State PA	Zip Code 19375				Trans	sacti	on ID	: D14489	)1	
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	Candidate Name			Cate	aor	v/	, ano an		Luon	Diobarool		
	Rep. Joe Pitts				/pe	<i>.</i>		_	,	7	20	00.00
	Office Sought: House Disburser Senate President State: PA District: 16	nent For: 2 Primary Other (spe	General									
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	American Society of Anesthesiolog	jists Po	litical Action	Com	nmi	ittee									
Δ	Full Name (Last, First, Middle Initial)						Г	)ate o	f Die	shure	am	ont			
А.	JOHN LEWIS FOR CONGRESS									D				Y	V
	Mailing Address P.O. BOX 2323							03	ĺ		3			013	
	City S ATLANTA	State GA	Zip Code 30301					Trans	sacti	ion ID	):	D14489	)7		
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	Candidate Name			Cate		rv/									
	Rep. John Lewis				ype	y/				7	_			5000	0.00
	Office Sought: X House Disburser Senate President	nent For: Primary Other (sp	General												
	State: GA District: 05														
B.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRE	ESS					_	ate o		_		ent			
	Mailing Address PO Box 3314							03	/	D	13			013	Y
	Oregon City	State OR	Zip Code 97045					Trans	sact	ion IE	):	D14491	2		
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	Rep. Kurt Schrader	mant Far		Ţ	ype		J.	-	-	7	-	- 7	-	1300	5.00
		nent For: Primary Other (spe	General												
_	State: OR District: 05														
C.	Full Name (Last, First, Middle Initial) MARK POCAN FOR CONGRESS						_	ate o				ent			
	Mailing Address 309 N BALDWIN ST						l	03	<i>'</i>	2	20			013	Y
	City S MADISON	State WI	Zip Code 53703					Trans	sact	ion IE	):	D14492	24		
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	Rep. Mark Pocan				ype		I.			7	_			1500	).00
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$\mathbb{N}$	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesiolog	gists Po	litical Action	Corr	۱m	itte	e								
Α.	Full Name (Last, First, Middle Initial) SALMON FOR CONGRESS							Date o	f Dis	sburse	əm	ent			
	Mailing Address PO BOX 1290							03	/	2	20	/		013	Y
	City MESA	State AZ	Zip Code 85211					Trans	acti	ion ID	):	D1449	26		
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	Candidate Name Rep. Matt Salmon			Cate	ego ype					,				150	0.00
	Office Sought:     House     Disburse       Senate     President     X	ment For: Primary Other (spe	General												
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υ.								M M		D	D	_		012	Y
	Mailing Address PO Box 581	Chata	Zie Oada					03			20			2013	
	City Brighton Purpose of Disbursement	State MI	Zip Code 48116					Trans	sact	ion ID	):	D1449	08		
	2014 Primary Contribution Candidate Name			C	)11			Amoun	t of	Each	D	isburse	emen	t this	Period
	Rep. Mike Rogers			Cate T	ego ype					,		,		500	0.00
		ment For: Primary Other (spe	General												
<u>с</u> .	Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS							Date o	f Dis	sburse	əm	ent			
	Mailing Address 2222 E. Cedar Ave.							03	/		20	1		013	Y
	City Flagstaff	State AZ	Zip Code 86004					Trans	sact	ion ID	):	D1449	21		
	Purpose of Disbursement 2014 Primary Contribution			0	)11			Amoun	t of	Each	D	isburse	emen	t this	Period
	Candidate Name Rep. Paul Gosar			Cate	ego ype									100	0.00
	Office Sought: House Disburse Senate President State: AZ District: 04	ment For: Primary Other (spe	General							,		,			
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																
	American Society of Anesthesiolog	jists Po	litical Action	Com	nm	ittee	Э										
Α.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS						Date of Disbursement										
	Mailing Address PO Box U																
	City S Marietta				Transaction ID : D144893												
	Purpose of Disbursement 2012 Primary Contribution			0	11		Amount of Each Disbursement this Period										
	Candidate Name Rep. Phil Gingrey			Cate Ty	egoi ype		2000.00										
		nent For: Primary Other (spe	General														
_	State:     GA     District:     11       Full Name (Last, First, Middle Initial)																
в.	RANDY HULTGREN FOR CONGR		Date of Disbursement														
	Mailing Address PO Box 39	Box 39						03 27 2013									
	Batavia	State IL	Zip Code 60510		Transaction ID : D144934												
	Purpose of Disbursement 2014 Primary Contribution			C	)11		Amount of Each Disbursement this Period										
	Candidate Name			Cate			1000.00										
	Senate X	nent For: Primary Other (spe	General		ype					7							
	State: IL District: 14																
C.	Full Name (Last, First, Middle Initial) HUDSON FOR CONGRESS						Date of Disbursement										
	Mailing Address PO BOX 5053							03	Í		20			013			
	CONCORD	State NC	Zip Code 28027					Trans	acti	on ID	):	D1449	23				
	Purpose of Disbursement 2014 Primary Contribution			0	11			Amount	t of	Each	Di	isburse	emen	t this	Period		
	Candidate Name Rep. Richard Hudson			Cate Ty	egoi ype		5000.00										
	Office Sought: House Disburser Senate President State: NC District: 08	Senate President Primary General Other (specify) ▼															
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	American Society of Anesthesiolog	ists Po	litical Action	Com	nmi	ittee	•											
~	Full Name (Last, First, Middle Initial)				( D:-													
А.	RON BARBER FOR CONGRESS						L	Date of	r Dis			11		V	V			
	Mailing Address PO BOX 57715			03 / D D / Y Y Y Y 2013														
	City STUCSON	State AZ	Zip Code 85732				Transaction ID : D144903											
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	2014 Primary Contribution Candidate Name			1.00	)11		Amount of Each Disbursement this Period											
	Rep. Ron Barber			Cate	egor ype		2500.00											
		nent For:	2014		700					7								
	Senate X	Primary	General															
	President	Other (sp	ecify) 🔻															
_	State: AZ District: 02																	
в.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMIT	TEE					[	Date of	f Dis	burse	emer	nt						
				M M	/	D		/	Y	Y	Y							
	Mailing Address 205 5TH AVENUE SOUTH				03 20 2013													
	LA CROSSE	State WI	Zip Code 54601		Transaction ID : D144920													
	Purpose of Disbursement 2014 Primary Contribution			011		Amount of Each Disbursement this Period												
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	Rep. Ron Kind			'y/	1000.00													
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		Primary	General															
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	Mailing Address 555 Capitol Mall, Suite 1425							03		2	0		20	515				
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	Sacramento Purpose of Disbursement	CA	95814	_	_	_												
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	Candidate Name			Cat										2500	00	1		
	Rep. Sam Farr			Т	ype					7	_	- 7		2000	.00			
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	State: CA District: 17		<i>.,</i> ,															
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$\left[ \right]$	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesiolog	jists Political Ac	ction C	Committee											
Α.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR	SENATE			Date of Disbursement 03 Transaction ID : D144902										
	Mailing Address P.O. Box 11519														
	Charleston	State Zip Code WV 25339	e												
	Purpose of Disbursement 2014 Primary Contribution			011	Amount of Each Disbursement this Period 1000.00										
	Candidate Name Rep. Shelley Moore Capito			Category/ Type											
		ment For: 2014 Primary Ger Other (specify) ▼	neral	Туре											
	State: WV District: 00														
В.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS				Date of Disbursement										
	Mailing Address 700 13th Street, NW				03 20 2013										
	Washington	State Zip Code DC 20005	Э		Transaction ID : D144916 Amount of Each Disbursement this Period 5000.00										
	Purpose of Disbursement 2014 Primary Contribution Candidate Name			011											
	Rep. Steny H. Hoyer			Category/ Type											
	Office Sought: House Disburser	nent For: 2014 Primary Ger Other (specify) ▼	neral	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement										
	Mailing Address P.O. BOX 8867				03 / D D / Y Y Y Y 20 2013										
	ROLLING MEADOWS	State Zip Code IL 60008	Э		Transaction ID : D144930										
	Purpose of Disbursement 2014 Primary Contribution			011	Amount of Each Disbursement this Period										
	Candidate Name Rep. Tammy Duckworth			Category/ Type	2500.00										
	Office Sought: House Disburser Senate President State: IL District: 08	nent For: 2014 Primary ☐ Ger Other (specify) ▼	neral												
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$\left  \right $	NAME OF COMMITTEE (In Full)																
	American Society of Anesthesiolog	gists Polit	tical Action	Com	mi	ittee	e 										
Α.	Full Name (Last, First, Middle Initial) TIM SCOTT FOR CONGRESS		Date of Disbursement														
	Mailing Address 1405 ASHLEY RIVER ROAD			03 / D D / Y Y Y Y 03 13 2013													
	City																
	CHARLESTON				Transaction ID : D144898												
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	Candidate Name			Cate	nor	·v/											
	Rep. Tim Scott				/pe	y'		L		7		- 7		250	0.00		
	Senate President	ment For: 2 Primary Other (spec	General														
	State: SC District: 00																
В.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS					Date of Disbursement											
	Mailing Address P.O. Box 425				03 29 2013								Y				
	Roswell	State GA	Transaction ID : D145125														
	Purpose of Disbursement 2014 Primary Contribution				Amount of Each Disbursement this Period												
	Candidate Name			Cate	gor	·y/	2000.00										
	Rep. Tom Price			Ту	/pe			<u> </u>	-	7		7		200	0.00		
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_	Full Name (Last, First, Middle Initial)							Date o	f Dic	burec	mon	+					
0.	CLAY JR. FOR CONGRESS													V	V		
	Mailing Address P.O. BOX 4544					03 / D D / Y Y Y Y 20 2013									Ŷ		
	City ST. LOUIS	State MO	Zip Code 63108					Trans	sacti	ion ID	: D1	449 <sup>-</sup>	15				
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	2014 Primary Contribution Candidate Name		Amount of Each Disbursement this Period														
	Rep. William Lacy Clay			Cate Ty	/pe	<i>y</i> ,	1500.00										
	Office Sought: House Disbursed Senate President State: MO District: 01	ment For: 2 Primary Other (spec	General														
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$\square$	NAME OF COMMITTEE (In Full)																	
	American Society of Anesthesiolog	gists Po	litical Action	Corr	nmi	ittee												
Δ.	Full Name (Last, First, Middle Initial)	OB CORKER FOR SENATE 2012																
	BOB CORRERTOR SENATE 201		Date of Disbursement															
	Mailing Address 1910 21ST AVENUE SOUTH						03 13 2013											
	City NASHVILLE	State TN	Zip Code 37212				Tra	nsact	tion IE	D : D1448	95							
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	Sen. Bob Corker				ype	y/			7			5000	.00					
	Office Sought: House Disburse Senate President	ment For: Primary Other (sp	General															
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В.	Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 201	2					Date of Disbursement											
	Mailing Address 700 13TH STREET NW			03 27 2013														
	WASHINGTON	StateZip CodeDC20005					Transaction ID : D144935											
	Purpose of Disbursement 2012 General Contribution			C	)11		Amount of Each Disbursement this Period 2500.00											
	Candidate Name Sen. Claire McCaskill			Cate		ry/												
		ment For:	2012	1	ype				7									
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_	State:         MO         District:         00           Full Name (Last, First, Middle Initial)																	
C.	ENZI FOR US SENATE						Date		isburs	ement		Y	V					
	Mailing Address PO BOX 2775						0			06		013	Ť					
	City CODY	State WY	Zip Code 82414				Tra	nsac	tion II	D : D1448	889							
	Purpose of Disbursement 2014 Primary Contribution			0	11		Amo	int of	Fach	Disburs	ement	t this I	Period					
	Candidate Name Sen. Michael B. Enzi	Cate	egor ype	y/	Amount of Each Disbursement this Period 1000.00													
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	Full Name (Last, First, ANESTHESIOLOG	,	ATED, PC	POLITIC	CAL ACTION C	OMN	ΙΙΤΤ	EE	Date of Disbursement												
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(	City Chattanooga		State TN	Zip Code 37404-3231				Transaction ID : D144950													
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В.	Full Name (Last, First, Critical Health S Mailing Address P.O.	Systems of	South C	arolina	rolina							Date of Disbursement 03 13 2013									
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۴ <b>C.</b>	Full Name (Last, First, Middle Initial)								Date of Disbursement												
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#### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SB29 Transaction ID : D144950

This contribution was deposited by ASA financial staff by error and was not entered into the AS PAC disclosure software. This refund was issued within eight days of discovery by PAC staff.

Form/Schedule: SB29 Transaction ID: D144948

This contribution was deposited by ASA financial staff by error and was not entered into the ASA PAC disclosure software. This refund was issued within eight days of discovery by PAC staff.