

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 1 2 F E 4 M 5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) 520 N. Northwest Highway

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
 - April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
 - Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer *Mr. Thomas Conway* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only		FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		1770455.33
(b) Cash on Hand at Beginning of Reporting Period.....	1732903.47	
(c) Total Receipts (from Line 19)	86866.20	707163.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1819769.67	2477619.01
7. Total Disbursements (from Line 31).....	168707.40	826556.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1651062.27	1651062.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74760.60	553725.50
(ii) Unitemized	12105.60	147438.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	86866.20	701163.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	86866.20	701163.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	86866.20	707163.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	86866.20	707163.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2481.38	28230.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2481.38	28230.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	122000.00	577325.00
24. Independent Expenditures (use Schedule E)	44226.02	119225.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1775.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1775.00
29. Other Disbursements	0.00	100000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	168707.40	826556.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168707.40	826556.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	86866.20	701163.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1775.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86866.20	699388.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2481.38	28230.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2481.38	28230.91

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

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

FOR LINE NUMBER: PAGE 6 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Basem B. Abdelmalak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of General Anesthesiology E-3
 9500 Euclid Ave.
 City Cleveland State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768945
 Amount of Each Receipt this Period
 41.60

B. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2012
Transaction ID : C1759800
 Amount of Each Receipt this Period
 83.30

C. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : C1768406
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶ 208.20
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bruce T Adelman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4896 Woodcliff Hill Rd N
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital West Bloomfield Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766273
 Amount of Each Receipt this Period 41.00

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

Date of Receipt 06 / 17 / 2012
Transaction ID : C1770262
 Amount of Each Receipt this Period 1000.00

C. Patrick H. Allaire M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 58991 290th St
 City Cambridge State IA Zip Code 50046-8510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McFarland Clinic Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766267
 Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional).....▶ 1082.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelly J. Allen M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 291 Southhall Lane

City Maitland State FL Zip Code 32751

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

Name of Employer JLR Anesth. Assoc. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **246.00**

Date of Receipt **06 / 01 / 2012**

Transaction ID : C1766245

Amount of Each Receipt this Period **41.00**

B. Eric R. Amador M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Orchard Park Ln

City Santa Barbara State CA Zip Code 93111-1674

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

Name of Employer Anesthesia Medical Group of Santa Barb Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 02 / 2012**

Transaction ID : C1673099

Amount of Each Receipt this Period **250.00**

c. Jonathan C. Anderson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 151 Jossie Ln

City Kalispell State MT Zip Code 59901-6961

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

Name of Employer Northern Rockies Anesthesia Consultant Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 08 / 2012**

Transaction ID : C1758784

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **391.00**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jay B. Androphy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 Consort Dr.
 City St. Louis State MO Zip Code 63011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Anesthesiology, Assoc. Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : C1774491
 Amount of Each Receipt this Period
 250.00

B. Shane C. Angus A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 1st N.E.
 LL-150, Mail 25
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 997.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766270
 Amount of Each Receipt this Period
 83.00

c. Shane C. Angus A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 1st N.E.
 LL-150, Mail 25
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 997.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768946
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James M. Anton M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Paradise Canyon Dr.

City	State	Zip Code
Pearland	TX	77584-3297

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

Name of Employer	Occupation
Greater Houston Health Network	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2012

Transaction ID : C1755716

Amount of Each Receipt this Period

50.00

B. Robert J. Ardis M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2521 E 5th St

City	State	Zip Code
Duluth	MN	55812-1443

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

Name of Employer	Occupation
Essentia Health	anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2012

Transaction ID : C1772201

Amount of Each Receipt this Period

500.00

C. Judith L. Aronsohn M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5 Mount Tom Rd

City	State	Zip Code
Pelham	NY	10803-3307

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

Name of Employer	Occupation
NAPA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2012

Transaction ID : C1757560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brett L. Arron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Lake Street
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Narragansett Bay Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768944
 Amount of Each Receipt this Period
 83.30

B. Eddie Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 8305
 City Gadsden State AL Zip Code 35902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771935
 Amount of Each Receipt this Period
 1000.00

C. Matthew E. Atkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 18139
 City Raleigh State NC Zip Code 27619-8139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of NC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : C1773460
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1583.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daud Azizi M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 840 Tullis Rd.

City Lawrenceville	State GA	Zip Code 30043-4728
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gwinnett Anesthesia Center	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : C1775425

Amount of Each Receipt this Period

375.00

B. Christopher J. Bacani M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 198 Botany Blvd

City Santa Rosa Beach	State FL	Zip Code 32459-2615
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FEC ID number of contributing federal political committee. **C**

Name of Employer Panhandle Anesthesiology Associates	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : C1773213

Amount of Each Receipt this Period

250.00

C. Shawn E. Banks M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 601 NE 36th St Apt 3407

City Miami	State FL	Zip Code 33137-3976
---------------	-------------	------------------------

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

Name of Employer University of Miami School of Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : C1773497

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional).....▶	708.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5102 Chastleton Drive

City State Zip Code
 Stone Mountain GA 30087

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

Name of Employer Occupation
 Emory University School of Medicine Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 06 / 21 / 2012
Transaction ID : C1772814

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Sonny K. Batheja M.D.

Mailing Address 6444 N 48th Pl

City State Zip Code
 Paradise Vly AZ 85253-4058

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

Name of Employer Occupation
 Valley Anesthesiology Consultants Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1673066

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2500 N State St
 Dept of Anesthesiology

City State Zip Code
 Jackson MS 39216-4500

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766257

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles R. Beckenstein M.D.		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 Transaction ID : C1766462
Mailing Address 610 S Rome Ave Apt 602		Amount of Each Receipt this Period 41.60
City Tampa	State FL	Zip Code 33606-2589
FEC ID number of contributing federal political committee. C		
Name of Employer UniCom Anesthesia Associates, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) B. Brion J. Beerle M.D.		Date of Receipt MM / DD / YYYY 06 / 03 / 2012 Transaction ID : C1673126
Mailing Address PO Box 212289		Amount of Each Receipt this Period 1000.00
City Anchorage	State AK	Zip Code 99521-2289
FEC ID number of contributing federal political committee. C		
Name of Employer Chugach Anesthesia, LLC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Eileen V. Begin M.D.		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : C1773498
Mailing Address 110 Irving St. NW #G-226		Amount of Each Receipt this Period 41.60
City Washington	State DC	Zip Code 20010-3017
FEC ID number of contributing federal political committee. C		
Name of Employer Washington Hospital Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joel A. Bennett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3809 French Horn Ct
 City Richmond State VA Zip Code 23233-7677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Anesthesia Assoc., P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2012
Transaction ID : C1773753
 Amount of Each Receipt this Period 250.00

B. Mordechai Bermann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Plymouth Ln
 City East Brunswick State NJ Zip Code 08816-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutgers Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 16 / 2012
Transaction ID : C1770236
 Amount of Each Receipt this Period 41.60

C. Julian S Bick M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100B Oriole Pl
 City Nashville State TN Zip Code 37215-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ Med Ctr Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 11 / 2012
Transaction ID : C1760416
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David J. Biel A.A.-C			Date of Receipt
Mailing Address 2929 Edgehill Rd			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1772817
Cleveland Heights	OH	44118-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.60"/>
Name of Employer	Occupation		
University Hospitals of Cleveland	Anesthesiologist Assistant		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="247.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert F. Birch M.D.			Date of Receipt
Mailing Address 582 Summit Ave.			<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1760417
St. Paul	MN	55102-2654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.60"/>
Name of Employer	Occupation		
Fairview Ridges Hospital	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Timothy M. Bittenbinder M.D.			Date of Receipt
Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304			<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1773499
Temple	TX	76508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.30"/>
Name of Employer	Occupation		
Texas AM College of Medicine Scott an	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.90"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Will Blankenship M.D.
 Mailing Address 2215 viewmont way w
 City State Zip Code
 Seattle WA 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 swedish medical group anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : C1773495
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Kenneth J. Bochenek M.D.
 Mailing Address 2000 Spruce Dr
 City State Zip Code
 Lafayette IN 47905-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates, P.C. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : C1758799
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Kenneth J. Bochenek M.D.
 Mailing Address 2000 Spruce Dr
 City State Zip Code
 Lafayette IN 47905-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates, P.C. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : C1774492
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jason A. Boehm D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 4131 E White Oak Drive

City Springfield State MO Zip Code 65809-2348

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

Name of Employer St. Johns Clinic Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.80**

Date of Receipt **06 / 05 / 2012**

Transaction ID : C1755714

Amount of Each Receipt this Period **83.30**

B. Bradford K. Bohman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2829 E. Osmond Drive

City Ogden State UT Zip Code 84403

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

Name of Employer Rocky Mountain Anesthesiology Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 03 / 2012**

Transaction ID : C1673131

Amount of Each Receipt this Period **500.00**

C. Kevin J. Borders M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1521 Rainbow Dr

City Gadsden State AL Zip Code 35901-5395

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

Name of Employer Anesthesia Associates Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 18 / 2012**

Transaction ID : C1771926

Amount of Each Receipt this Period **1000.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lisa A. Bowers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 Place Picardy
 City Winter Park State FL Zip Code 32789-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 04 / 2012**
Transaction ID : C1766711
 Amount of Each Receipt this Period **250.00**

B. Arthur M. Boykin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Skyview Dr
 City Southside State AL Zip Code 35907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771927
 Amount of Each Receipt this Period **2000.00**

C. Lois L. Bready M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Sanctuary Drive
 City San Antonio State TX Zip Code 78248-1666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of TX Hlth Sci Ctr Anes Dept Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1673047
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Russell C. Brockwell M.D.		Date of Receipt MM / DD / YYYY 06 / 18 / 2012 Transaction ID : C1771378
Mailing Address 9101 Shenendoah Circle		Amount of Each Receipt this Period 500.00
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Naples	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jerome L. Bronikowski M.D.		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 Transaction ID : C1762430
Mailing Address 318 White Oak Farm Dr		Amount of Each Receipt this Period 375.00
City Toccoa	State GA	Zip Code 30577
FEC ID number of contributing federal political committee. C		
Name of Employer Gwinnett Anesthesia Service	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Richard Brouillard A.A.		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 Transaction ID : C1758785
Mailing Address 57 Executive Park S Dept of Anes		Amount of Each Receipt this Period 83.30
City Atlanta	State GA	Zip Code 30322-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Emory University School of Medicine	Occupation AA Pprogram Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	958.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Buchheit M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Of Anesthesiology Dept 3094
 Box 3094
 City Durham State NC Zip Code 27710-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 04 / 2012**
Transaction ID : C1675041
 Amount of Each Receipt this Period **250.00**

B. Kurt T. Budenbender D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave Ste 1600
 Valley Anes. Consultants, LTD
 City Phoenix State AZ Zip Code 85004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesia Consultants, LTD Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 16 / 2012**
Transaction ID : C1770237
 Amount of Each Receipt this Period **83.30**

C. Frederick W. Burgess M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Fruit Hill Ave
 City North Providence State RI Zip Code 02911-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence VAMC Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 25 / 2012**
Transaction ID : C1773496
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **433.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Burkman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Belmont Ave E Apt A12
 City State Zip Code
 Seattle WA 98102-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Anesthesia Service Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : C1766459
 Amount of Each Receipt this Period
 41.60

B. John J. Byrne M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 N Devereux Ct NW
 City State Zip Code
 Atlanta GA 30327-4351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physician Specialists in Anesthesia, P Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2012
Transaction ID : C1673104
 Amount of Each Receipt this Period
 250.00

c. Frederick Campbell III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Park Forest Dr Ste 210
 City State Zip Code
 Traverse City MI 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Traverse Anesthesia Associates, PC physician anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1770225
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	374.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nicholas Capone D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9146 Bay Point Drive
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766246
 Amount of Each Receipt this Period 41.00

B. Stephen D. Carlson M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 Briarwood Dr
 City Allegany State NY Zip Code 14706-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Tier Anesthesiologists, PC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2012
Transaction ID : C1771943
 Amount of Each Receipt this Period 250.00

C. John Carney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Ridgeview Drive
 City Erie State PA Zip Code 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766285
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Corey M. Carpenter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 Secret Garden Dr
 City Chattanooga State TN Zip Code 37421-7440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766232
 Amount of Each Receipt this Period 41.00

B. Norman F. Carvalho M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9773 Portofino Dr
 City Orlando State FL Zip Code 32832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nemours Childrens Hospital Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2012
Transaction ID : C1773338
 Amount of Each Receipt this Period 250.00

C. Matthew Casey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 Consort Dr
 City Ballwin State MO Zip Code 63011-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Anesthesiologists Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2012
Transaction ID : C1773357
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chun K. Chan M.D.			Date of Receipt MM / DD / YYYY 06 / 28 / 2012 Transaction ID : C1774969
Mailing Address 168 Riverwalk Pl			Amount of Each Receipt this Period 41.60
City Memphis	State TN	Zip Code 38103	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 208.00
Name of Employer Medical Anesthesia Group		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Claire L. Chandler A.A.-C			Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : C1768919
Mailing Address 1253 Citadel Dr NE			Amount of Each Receipt this Period 83.30
City Atlanta	State GA	Zip Code 30324	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 499.80
Name of Employer Emory Healthcare		Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Charles J. Chase D.O.			Date of Receipt MM / DD / YYYY 06 / 08 / 2012 Transaction ID : C1758770
Mailing Address 2065 Venetian Way			Amount of Each Receipt this Period 1000.00
City Winter Park	State FL	Zip Code 32789-1216	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Winnie Palmer Hospital for Women and B		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1124.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Wen J. Chen M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2066 Fostoria CIR
City Danville State CA Zip Code 94526
FEC ID number of contributing federal political committee. **C**
Name of Employer University of California - San Franci Occupation Resident
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 21 / 2012
Transaction ID : C1772815
Amount of Each Receipt this Period 41.60

B. Joe F. Clark M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 6549 Tallwood Dr.
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Anesthesia, P.C. LewisGale Medi Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2012
Transaction ID : C1673112
Amount of Each Receipt this Period 250.00

C. Patricia H. Clokey M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1521 Rainbow Dr. Anesthesia Associates
City Gadsden State AL Zip Code 35901
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Associates Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2012
Transaction ID : C1771931
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 791.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David J. Cohen M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 32630 Bingham Rd

City Bingham Farms State MI Zip Code 48025-2430

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

Name of Employer American Anesthesiology of Michigan Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
06 / 01 / 2012
Transaction ID : C1766283

Amount of Each Receipt this Period
41.00

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

Mailing Address 425 Pine Ridge Blvd Ste 211

City Wausau State WI Zip Code 54401-4123

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

Name of Employer Central Wisconsin Anesthesiology,S.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 16 / 2012
Transaction ID : C1770239

Amount of Each Receipt this Period
500.00

C. Julie D. Crispin M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 30 E. Highpoint Rd.

City Stuart State FL Zip Code 34996

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

Name of Employer ATLANTIC COAST ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 20 / 2012
Transaction ID : C1772460

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1041.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 Kirby Dr Apt 11D
 City Houston State TX Zip Code 77098-1152
 Name of Employer North Houston Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.80

Date of Receipt 06 / 17 / 2012
Transaction ID : C1770253
 Amount of Each Receipt this Period 83.30

B. Stephan R. Curry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Cumberland Head Rd
 City Plattsburgh State NY Zip Code 12901-6708
 Name of Employer Champlain Valley Physicians Hospital M Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 03 / 2012
Transaction ID : C1673117
 Amount of Each Receipt this Period 41.60

C. Michael Danic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14726 Fox
 City Redford State MI Zip Code 48239-3163
 Name of Employer Great Lakes Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt 06 / 13 / 2012
Transaction ID : C1766461
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.20
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anand S. Dash M.D.		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : C1775340
Mailing Address 1915 Wrocklage Ave Unit 306 Unit 306		Amount of Each Receipt this Period 41.60
City Louisville	State KY	
Zip Code 40205-2172		Aggregate Year-to-Date ▼ 208.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph Valley Anesthesia	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Vincent J. Degenhart M.D.		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : C1768929
Mailing Address 415 Harden St		Amount of Each Receipt this Period 41.60
City Columbia	State SC	
Zip Code 29205-3149		Aggregate Year-to-Date ▼ 416.00
FEC ID number of contributing federal political committee. C		
Name of Employer Critical health systems SC	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Vincent J. Degenhart M.D.		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 Transaction ID : C1774464
Mailing Address 415 Harden St		Amount of Each Receipt this Period 41.60
City Columbia	State SC	
Zip Code 29205-3149		Aggregate Year-to-Date ▼ 416.00
FEC ID number of contributing federal political committee. C		
Name of Employer Critical health systems SC	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	124.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Allen Dennis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14857 Holly Leaf Dr
 City Frisco State TX Zip Code 75035-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Spine Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 29 / 2012**
Transaction ID : C1775175
 Amount of Each Receipt this Period **83.30**

B. Abhijit Desai M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Clairmont St
 City Longmeadow State MA Zip Code 01106-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milford Anesthesia Associates, Inc Ane Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **246.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1766265
 Amount of Each Receipt this Period **41.00**

C. James G. Dial M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8305
 City Gadsden State AL Zip Code 35902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771936
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **624.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christina D. Diaz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2433 N Lefebber Ave
 City Milwaukee State WI Zip Code 53213-1219
 Name of Employer Medical College of Wisconsin Children Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 17 / 2012
Transaction ID : C1770257
 Amount of Each Receipt this Period 41.60

B. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7915 SW 55 Avenue
 City Miami State FL Zip Code 33143
 Name of Employer University of Miami Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 16 / 2012
Transaction ID : C1770226
 Amount of Each Receipt this Period 83.30

C. Gary J. DiLisio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Gannett Dr Ste 200
 City South Portland State ME Zip Code 04106-3266
 Name of Employer Spectrum Medical Management Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766259
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher E. Dobson M.D.		Date of Receipt MM / DD / YYYY 06 / 11 / 2012 Transaction ID : C1759808
Mailing Address 567 Estates Pl. City Longwood State FL Zip Code 32779-2857		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Name of Employer JLR Medical Group Occupation anesthesiologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donald Doussan M.D.		Date of Receipt MM / DD / YYYY 06 / 04 / 2012 Transaction ID : C1766710
Mailing Address P.O. Box 401 City Gretna State LA Zip Code 70054		Amount of Each Receipt this Period 625.00
FEC ID number of contributing federal political committee. C	Name of Employer LOUISIANA STATE UNIV Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donald D. Downs M.D.		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : C1773235
Mailing Address 7351 Oliver Woods Dr SE City Grand Rapids State MI Zip Code 49546-9707		Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C	Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist	Aggregate Year-to-Date 582.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1208.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zoran Drmanovic M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 5600 SW Bellflower Ct.
City State Zip Code
Palm City FL 34990
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Sheridan Healthcorp Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
246.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012
Transaction ID : C1766264
Amount of Each Receipt this Period
41.00

B. Jane Easdown M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 5106 Cornwall Dr
City State Zip Code
Brentwood TN 37027-5119
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Vanderbilt University Medical Center associate Professor of Anesthesiology
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
246.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012
Transaction ID : C1766234
Amount of Each Receipt this Period
41.00

C. Robert L. Eberle M.D.
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1766
City State Zip Code
Plattsburgh NY 12901-0240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CVPH Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2012
Transaction ID : C1759792
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	582.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steven Brian Edelstein M.D.		Date of Receipt MM / DD / YYYY 06 / 04 / 2012 Transaction ID : C1674673
Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106		Amount of Each Receipt this Period 500.00
City Maywood	State Zip Code IL 60153	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Loyola University Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kenneth Elmassian D.O.		Date of Receipt MM / DD / YYYY 06 / 03 / 2012 Transaction ID : C1673116
Mailing Address 2399 Pine Hollow Dr.		Amount of Each Receipt this Period 83.30
City East Lansing	State Zip Code MI 48823	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 499.80
Name of Employer Ingham Regional Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D.		Date of Receipt MM / DD / YYYY 06 / 17 / 2012 Transaction ID : C1770256
Mailing Address 1 Gustave L Levy PI Dept Ofanesthe		Amount of Each Receipt this Period 41.60
City New York	State Zip Code NY 10029	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.60
Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	624.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christopher R. Erkmann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Timberbluff Ct
 City Chesterfield State MO Zip Code 63017-5570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Anesthesiology Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1672805
 Amount of Each Receipt this Period
 500.00

B. Luis Esparza M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 N Swan Rd Ste 100
 City Tucson State AZ Zip Code 85712-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLD PUEBLO ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771937
 Amount of Each Receipt this Period
 50.00

C. Forest L. Evans Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1928
 City Columbia State SC Zip Code 29202-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Columbia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756405
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶	591.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. George E. Fant M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 8305
 City Gadsden State AL Zip Code 35902-8305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771914
 Amount of Each Receipt this Period **500.00**

B. Scott D. Fielden M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 401805
 Anesthesiology Consultants, Inc. C
 City Las Vegas State NV Zip Code 89140-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants, Inc. Crede Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **498.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1766235
 Amount of Each Receipt this Period **83.00**

C. Richard M. Flowerdew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hedgerow Dr
 City Falmouth State ME Zip Code 04105-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768947
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **666.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. G. Craig Fox M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 21 Melrose Ln

City Green Village State NJ Zip Code 07935-3035

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.80**

Date of Receipt **06 / 14 / 2012**

Transaction ID : C1768404

Amount of Each Receipt this Period **83.30**

B. Howard M. Friedman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8305

City Gadsden State AL Zip Code 35902-8305

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

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 18 / 2012**

Transaction ID : C1771915

Amount of Each Receipt this Period **500.00**

C. Prasad Gadiraju M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2411 Fountain View, Suite 200,

City Houston State TX Zip Code 77057

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

Name of Employer Greater Houston Anesthesiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 02 / 2012**

Transaction ID : C1673088

Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 38 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sandra W. Gallentine M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3121 Sheridan Blvd.
 City Lincoln State NE Zip Code 68502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2012
Transaction ID : C1673082
 Amount of Each Receipt this Period 250.00

B. Charles J. Garrett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1617 Kansas Ave
 City San Angelo State TX Zip Code 76904-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University Hospital Anesthesiolo Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 29 / 2012
Transaction ID : C1775174
 Amount of Each Receipt this Period 83.30

c. Phillip Geiger M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 W Berkshire Ln
 City Hanford State CA Zip Code 93230-9158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Naval Hospital Lemoore Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 745.80

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766266
 Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Phillip Geiger M.D.			Date of Receipt MM / DD / YYYY 06 / 04 / 2012 Transaction ID : C1673172		
Mailing Address 1908 W Berkshire Ln			Amount of Each Receipt this Period 83.30		
City Hanford	State CA	Zip Code 93230-9158			
FEC ID number of contributing federal political committee. C					
Name of Employer Naval Hospital Lemoore		Occupation Anesthesiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 745.80			

Full Name (Last, First, Middle Initial) B. Lesley I. Gilbertson M.D.			Date of Receipt MM / DD / YYYY 06 / 04 / 2012 Transaction ID : C1674988		
Mailing Address 9250 Given Road			Amount of Each Receipt this Period 500.00		
City Cincinnati	State OH	Zip Code 45243-1146			
FEC ID number of contributing federal political committee. C					
Name of Employer University of Cincinnati Medical Cente		Occupation Anesthesiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Santiago L. Gomez M.D.			Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : C1768930		
Mailing Address 13 Chateau Pontet Canet Dr			Amount of Each Receipt this Period 41.60		
City Kenner	State LA	Zip Code 70065-2035			
FEC ID number of contributing federal political committee. C					
Name of Employer Tulane Hospital		Occupation Doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.60			

SUBTOTAL of Receipts This Page (optional).....▶	624.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jerry M. Gonzales M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Whispering Brook Way
 City State Zip Code
 Media PA 19063-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Anesthesia Services anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673058
 Amount of Each Receipt this Period
 500.00

B. Mark N. Goodman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14813 Hollyhock Dr
 City State Zip Code
 Oklahoma City OK 73142-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Affiliated Anesthesiologists, Inc. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : C1673180
 Amount of Each Receipt this Period
 500.00

C. Eric A. Gordon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21317 N. 83rd St.
 City State Zip Code
 Scottsdale AZ 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anesthesia Consultants Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : C1755720
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Amy D. Graham-Carlson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4512 Birch St
 City State Zip Code
 Bellaire TX 77401-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Texas Med School Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : C1757561
 Amount of Each Receipt this Period
 250.00

B. Gilbert J. Grant M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Rolling Ridge Rd
 City State Zip Code
 White Plains NY 10605-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York University Medical Center physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2012
Transaction ID : C1673128
 Amount of Each Receipt this Period
 250.00

C. Dara A. Green M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13657 Glynshel Drive
 City State Zip Code
 Winter-Garden FL 34787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arnold Palmer Hospital for Children Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766241
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	708.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Greenawalt III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6839 S Canton Ave
 Associated Anesthesiologists, Inc.
 City Tulsa State OK Zip Code 74136-3402
 Name of Employer Associated Anesthesiologists, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1673076
 Amount of Each Receipt this Period 500.00

B. Michael J. Greenberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Sturges Way
 City Alpharetta State GA Zip Code 30022
 Name of Employer Northside Anesthesiology Consultants Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 02 / 2012
Transaction ID : C1673085
 Amount of Each Receipt this Period 250.00

C. Steven R. Gross M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8305
 City Gadsden State AL Zip Code 35902-8305
 Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 06 / 18 / 2012
Transaction ID : C1771917
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William E. Guptill M.D.		Date of Receipt
Mailing Address 8 Creeping Jenny Ln		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Taunton	MA	02780-7206
FEC ID number of contributing federal political committee.		Transaction ID : C1757559
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Allen N. Gustin M.D.		Date of Receipt
Mailing Address 653 W Briar Pl Apt 1		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60657-8406
FEC ID number of contributing federal political committee.		Transaction ID : C1757298
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
University of Chicago Department of An	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michelle M. Haines M.D.		Date of Receipt
Mailing Address PO Box 32303		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kansas City	MO	64171-5303
FEC ID number of contributing federal political committee.		Transaction ID : C1772208
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Cardiothoracic Anesthesia Associates,	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Aaron Hammond D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3390 N. Campbell Ave., Ste. 110
 City Tucson State AZ Zip Code 85719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756402
 Amount of Each Receipt this Period
 83.30

B. Jeanette A. Harrington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr
 Department of Anesthesiology
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Hospitals and Clini Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1770258
 Amount of Each Receipt this Period
 83.30

C. John J. Harrington D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Oak Street
 City Melbourne State FL Zip Code 32901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brevard Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771938
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James A. Harris D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3238 Gallows Rd
 City State Zip Code
 Fairfax VA 22031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Army Resident
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771993
 Amount of Each Receipt this Period
 250.00

B. Ronald L. Harter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7825 Holiston Ct
 City State Zip Code
 Dublin OH 43016-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio State University Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1770251
 Amount of Each Receipt this Period
 83.30

C. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Nashua Anesthesia Partners
 City State Zip Code
 Nashua NH 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nashua Anesthesia Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768931
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Francis M. Hayes Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 River Brow Drive
 City Gadsden State AL Zip Code 35901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771923
 Amount of Each Receipt this Period **500.00**

B. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Panorama Dr.
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768932
 Amount of Each Receipt this Period **83.30**

C. Antonio Hernandez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Bramerton Ct.
 7703 Floyd Curl Drive
 City Franklin State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Health Science Cen Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1673063
 Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 47 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Higgins M.D., M.P.

Mailing Address TVC 722 Mab
 1 Medical Center Drive

City Nashville State TN Zip Code 37232-0001

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

Name of Employer Vanderbilt University Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 12 / 2012
Transaction ID : C1765592

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Nancy W. High M.D.

Mailing Address 1390 Lake Josephine Dr.

City Sebring State FL Zip Code 33875-6410

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

Name of Employer Florida Hospital Heartland Medical Cen Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 06 / 09 / 2012
Transaction ID : C1759793

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City Belleair State FL Zip Code 33756-1525

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

Name of Employer John Hisghman D.O. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 246.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766236

Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1541.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Albert F Ho M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2033 Brandon Cir

City Charlotte State NC Zip Code 28211-1650

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

Name of Employer Northeast Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2012
Transaction ID : C1759807

Amount of Each Receipt this Period
 1000.00

B. Timothy W. Houseman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1025

City Fairhope State AL Zip Code 36533-1025

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

Name of Employer Eastern Shore Anesthesia Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771412

Amount of Each Receipt this Period
 83.30

C. Kent T. Hultquist M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 13738 Hamilton St.

City Omaha State NE Zip Code 68154-5111

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

Name of Employer Anesthesia West Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673059

Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James M. Hunter Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Anesthesiology Department
 619 S. 19th Street JT926C
 City Birmingham State AL Zip Code 35249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama at Birmingham Occupation Anesthesiologist and Intensivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766253
 Amount of Each Receipt this Period 41.00

B. John H. Huntington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Evergreen Dr., NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766240
 Amount of Each Receipt this Period 41.00

C. Robert W. Hurley M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 100254- Hurley
 City Gainesville State FL Zip Code 32610-0254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of FL Med Ctr Anes Dept Occupation Pain Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 10 / 2012
Transaction ID : C1759801
 Amount of Each Receipt this Period 41.60

SUBTOTAL of Receipts This Page (optional).....▶ 123.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Barrett Hill Rd.
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Hospital Anes. Dept. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768933
 Amount of Each Receipt this Period
 83.30

B. Mark T. Isaac D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1459 Lexington Ontario Rd
 City Mansfield State OH Zip Code 44903-8631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Mansfield Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : C1775173
 Amount of Each Receipt this Period
 100.00

C. Mitchell L. Jablons M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Timberline Way
 City Watchung State NJ Zip Code 07069-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1771297
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	433.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Pine Lodge Trail
 City State Zip Code
 Davie FL 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic Florida Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1770224
 Amount of Each Receipt this Period
 83.30

B. Douglas J. Jacobson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 W. Linda Vista Blvd
 City State Zip Code
 Tucson AZ 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Old Pueblo Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766287
 Amount of Each Receipt this Period
 41.00

C. John M. James M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 Riverside Dr
 City State Zip Code
 Melbourne Beach FL 32951-2234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brevard Anesthesia Services Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1770220
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City Centennial State CO Zip Code 80015-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Denver Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768939
 Amount of Each Receipt this Period
 83.30

B. John R. Jenkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3232 Blenheim Way
 City Lexington State KY Zip Code 40503-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673056
 Amount of Each Receipt this Period
 500.00

C. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St.
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2012
Transaction ID : C1673118
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald K. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 Alaqua Lakes Blvd.
 City Longwood State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : C1758787
 Amount of Each Receipt this Period
 500.00

B. Suzanne B. Karan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Highland Ave
 City Rochester State NY Zip Code 14620-1876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester - Strong Memor Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1672811
 Amount of Each Receipt this Period
 41.60

C. Tripti Kataria M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S Canal St Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768934
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	624.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marc A. Kaufman M.D.

Mailing Address 2401 S. Dundee St. Ste. 310

City Tampa State FL Zip Code 33629-6408

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

Name of Employer Florida Office Anesthesia Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 04 / 2012
Transaction ID : C1675034

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1924 Alcoa Hwy., # U109

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer ua Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766248

Amount of Each Receipt this Period
 83.00

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

Mailing Address 1924 Alcoa Hwy., # U109

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer ua Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766249

Amount of Each Receipt this Period
 41.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tara L. Kennedy M.D.			Date of Receipt 06 / 05 / 2012 Transaction ID : C1755743
Mailing Address 8013 Anderson St			Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19118-2936	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Thomas Jefferson Univ Hospital		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James K. Kerr III, M.D.			Date of Receipt 06 / 21 / 2012 Transaction ID : C1772812
Mailing Address 2165 Herschel St			Amount of Each Receipt this Period 83.30
City Jacksonville	State FL	Zip Code 32204-3819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 499.80	
Name of Employer North Florida anesthesia Consultants,		Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rubin Kesner D.O.			Date of Receipt 06 / 13 / 2012 Transaction ID : C1766460
Mailing Address 35 Hearthstone Dr			Amount of Each Receipt this Period 83.30
City Gansevoort	State NY	Zip Code 12831-2505	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 499.80	
Name of Employer Anesthesia Group of Albany		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald J. Keusch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 781 NE 37th St
 City State Zip Code
 Boca Raton FL 33431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2012
Transaction ID : C1773348
 Amount of Each Receipt this Period
 250.00

B. Michael S. Kincaid M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13029 NE 144th PI
 City State Zip Code
 Kirkland WA 98034-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Matrix Anesthesia - Evergreen Medical Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 598.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766255
 Amount of Each Receipt this Period
 83.00

C. Michael S. Kincaid M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13029 NE 144th PI
 City State Zip Code
 Kirkland WA 98034-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Matrix Anesthesia - Evergreen Medical Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 598.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : C1773332
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian W. King M.D., Ph.D		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : C1775436
Mailing Address PO Box 23		Amount of Each Receipt this Period 250.00
City Willimantic	State CT	Zip Code 06226-0023
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. John W. Kinsinger M.D.		Date of Receipt MM / DD / YYYY 06 / 16 / 2012 Transaction ID : C1770213
Mailing Address 11912 Gwendolyn Ln		Amount of Each Receipt this Period 1000.00
City Oklahoma City	State OK	Zip Code 73131-4403
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Andrew A. Knight M.D.		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 Transaction ID : C1673075
Mailing Address 224 Cheval Ln		Amount of Each Receipt this Period 250.00
City Walnut Creek	State CA	Zip Code 94596-6037
FEC ID number of contributing federal political committee. C		
Name of Employer MACMGI	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Robert L. Kranz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6053 E. 104th St.
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1770181
 Amount of Each Receipt this Period **500.00**

B. Felix Kremer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 371 Washington Crossing Rd Unit A
 City Newtown State PA Zip Code 18940-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Liberty Anesthesia Assoc. Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1673057
 Amount of Each Receipt this Period **250.00**

C. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Shawnee Dr SE
 City Grand Rapids State MI Zip Code 49506-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 04 / 2012**
Transaction ID : C1673168
 Amount of Each Receipt this Period **83.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Catherine M. Kuhn M.D.		Date of Receipt
Mailing Address 14 Kendall Drive Duke University Medical School		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Chapel Hill	State NC	Zip Code 27517-5644
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1768920
Name of Employer Duke University Medical School	Occupation Associate Professor of Anesthsiology R	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Hung-Chi Kwok M.D.		Date of Receipt
Mailing Address 2732 Muir Woods Dr., SE		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Hampton Cove	State AL	Zip Code 35763
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1762427
Name of Employer Alabama Anes. of Huntsville, LLC	Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="175.00"/>
	<input type="text" value="1050.00"/>	

Full Name (Last, First, Middle Initial) C. John E. La Gorio M.D.		Date of Receipt
Mailing Address 1543 Forest Park Rd		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Norton Shores	State MI	Zip Code 49441-4642
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1770228
Name of Employer Lakeshore Anesthesia	Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.30"/>
	<input type="text" value="499.80"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="358.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 60 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21 Cornell Trl

City Hillsborough State NJ Zip Code 08844-2217

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

Name of Employer Anesthesia Consultants of New Jersey Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **246.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766233

Amount of Each Receipt this Period
41.00

Full Name (Last, First, Middle Initial)
B. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City Edmond State OK Zip Code 73003

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

Name of Employer Northwest Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766269

Amount of Each Receipt this Period
41.00

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

Mailing Address 5238 Mason Corbin Ct Ste 101

City Fort Myers State FL Zip Code 33907

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

Name of Employer Moonlight Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766242

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **207.00**

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

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

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

FOR LINE NUMBER: PAGE 61 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. George Lederhaas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2155 NW 137th St
 City Clive State IA Zip Code 50325-8535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 12 / 2012
Transaction ID : C1766126
 Amount of Each Receipt this Period 600.00

B. Maxine M. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5432 Woodchuck Ln.
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Virginia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2012
Transaction ID : C1759788
 Amount of Each Receipt this Period 250.00

C. Robert W. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2370 Murphrees Valley Rd
 City Springville State AL Zip Code 35146-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama Medical Ctr, Dep Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2012
Transaction ID : C1771913
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771409
 Amount of Each Receipt this Period **41.60**

B. David E. Lind M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 57th Ct.
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 02 / 2012**
Transaction ID : C1673098
 Amount of Each Receipt this Period **250.00**

C. John E. Lindsey Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2502 S. 186th Circle
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Anesthesia Specialists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768925
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **374.90**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 63 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James H. Lonergan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Wornall Rd
 City Kansas City State MO Zip Code 64111-3238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MidAmerica Heart Inst. CT Anesthesia Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : C1771295
 Amount of Each Receipt this Period
300.00

B. Brit M. Lovvorn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 Canyon Circle North
 City Tuscaloosa State AL Zip Code 35406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology and Pain Mgmt Consultan Occupation Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : C1762514
 Amount of Each Receipt this Period
1000.00

C. Jeffrey Lu M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 North 1900 East
 City Salt Lake City State UT Zip Code 84132-2304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Utah, Anes Dept., 3C-444 SOM Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : C1774138
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joshua L. Lumbley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Medical Cent Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : C1772251
 Amount of Each Receipt this Period
41.60

B. David P. Maguire M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Talon Ct.
 City Sewell State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Department of Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : C1674675
 Amount of Each Receipt this Period
500.00

C. Asif M. Malik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Charnwood Dr
 City Troy State MI Zip Code 48098-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford West Bloomfield Hospital An Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **582.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2012
Transaction ID : C1773352
 Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional)..... **624.90**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Mandabach M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 Transaction ID : C1766243
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845		Amount of Each Receipt this Period 83.00
City Birmingham	State AL	Zip Code 35249-0001
FEC ID number of contributing federal political committee. C		
Name of Employer UAB Department of Anesthesiology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2012 Transaction ID : C1673170
Mailing Address 3663 McKinley Ave		Amount of Each Receipt this Period 83.30
City Fort Myers	State FL	Zip Code 33901
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Anesthesia and Pain Management	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) C. Hugh B. Martin M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2012 Transaction ID : C1771910
Mailing Address 302 Hermosa Dr SE		Amount of Each Receipt this Period 100.00
City Albuquerque	State NM	Zip Code 87108
FEC ID number of contributing federal political committee. C		
Name of Employer University of New Mexico Department of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Clinton K. Mason M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11594 S 66th East Ave
 City Bixby State OK Zip Code 74008
 Name of Employer Associated Anesthesiologists, Inc. Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2012
Transaction ID : C1759786
 Amount of Each Receipt this Period 1000.00

B. Veronica L. Massey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11811 Shire Wycliffe Ct.
 City Tampa State FL Zip Code 33626-3330
 Name of Employer Florida Gulf To Bay Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 10 / 2012
Transaction ID : C1759803
 Amount of Each Receipt this Period 1000.00

C. Bradley J. McAllister M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6608 Old Mill Cir.
 City Salt Lake City State UT Zip Code 84121
 Name of Employer MWA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2012
Transaction ID : C1757508
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Maurice G. McCabe M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Appleton Ln
 City Madison State AL Zip Code 35756-4161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAS OF HUNTSVILLE Occupation M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766284
 Amount of Each Receipt this Period
 41.00

B. Kevin Scott McCarragher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Windy Hill Drive
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Services of Andersono Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : C1774782
 Amount of Each Receipt this Period
 500.00

C. Brian P. McClure M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Bluebird St
 City New Orleans State LA Zip Code 70124-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane Medical Center Occupation Director of Acute Pain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : C1768504
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1541.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Felicia M. McCreary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City State Zip Code
 Scottsdale AZ 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anesthesiology Consultants Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : C1772813
 Amount of Each Receipt this Period
 100.00

B. Joel E. McCreary D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4595 E Calle Redonda
 City State Zip Code
 Phoenix AZ 85018-3817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Anesthesia Staff Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766256
 Amount of Each Receipt this Period
 125.00

C. Joel E. McCreary D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4595 E Calle Redonda
 City State Zip Code
 Phoenix AZ 85018-3817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Anesthesia Staff Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : C1757465
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 69 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 881 Watkins St

City Birmingham State MI Zip Code 48009-1633

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

Name of Employer South Oakland Anesthesia Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : C1766251

Amount of Each Receipt this Period
83.00

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

Mailing Address 3364 Hidden Creek Lane, N.E.

City Rochester State MN Zip Code 55906

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

Name of Employer Mayo Clinic Anesthesiology Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **997.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : C1766278

Amount of Each Receipt this Period
83.00

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

Mailing Address 3364 Hidden Creek Lane, N.E.

City Rochester State MN Zip Code 55906

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

Name of Employer Mayo Clinic Anesthesiology Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **997.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1768940

Amount of Each Receipt this Period
83.30

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph McIsaac III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 East River Drive, 5th Floor
 City East Hartford State CT Zip Code 06108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Anes. Assoc., Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673062
 Amount of Each Receipt this Period
 500.00

B. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 City Miami State FL Zip Code 33196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Dept of Anesthesio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766260
 Amount of Each Receipt this Period
 83.00

C. Jaideep H. Mehta M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address UTHSC, Dept of Anesthesiology
 6431 Fannin St., MSB 5.020
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Houston Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756404
 Amount of Each Receipt this Period
 41.70

SUBTOTAL of Receipts This Page (optional).....▶	624.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Melville M. Mercer Jr., M.D.		Date of Receipt MM / DD / YYYY 06 / 27 / 2012
Mailing Address 3020 S. Wheeling		Transaction ID : C1774592
City Tulsa	State OK	Zip Code 74114
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Associated Anesthesiologists, Inc.	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. James K. Miller M.D.		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.		Transaction ID : C1766276
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.00	
Name of Employer University of Tennessee Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

Full Name (Last, First, Middle Initial) C. Matthew K. Miller M.D.		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 5331 Bellaire Dr.		Transaction ID : C1766708
City New Orleans	State LA	Zip Code 70124-1061
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1291.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 72 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael D. Miller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15936 Oak Park Ct
 City Westfield State IN Zip Code 46074-9140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACI-LLC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : C1756406
 Amount of Each Receipt this Period
 83.30

B. Christopher G. Millson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Wimbledon Dr
 City Las Vegas State NV Zip Code 89107-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Desert Anesthesiologists Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768941
 Amount of Each Receipt this Period
 83.30

C. Mitchell F. Minana M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 E Welden Dr
 City Spokane State WA Zip Code 99223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : C1772464
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas A. Moore II, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1748 Vestwood Hills Dr
 City Vestavia State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama School of Medici Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1766271
 Amount of Each Receipt this Period
 125.00

B. George A. Moresea M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 Ashwood Rd
 City Akron State OH Zip Code 44312-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : C1775443
 Amount of Each Receipt this Period
 83.30

C. Joel H. Mumford M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Elm Hill St
 City Springfield State VT Zip Code 05156-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer V A Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1770229
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	291.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William P. Murphy M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Santa Rosa Road Suite 206

City Richmond	State VA	Zip Code 23229
------------------	-------------	-------------------

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

Name of Employer Anesthesia Assoc. of Richmond, Inc.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : C1673060

Amount of Each Receipt this Period
1000.00

B. Robert F. Murray III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 19 Elm Park Blvd.

City Pleasant Ridge	State MI	Zip Code 48069-1106
------------------------	-------------	------------------------

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

Name of Employer William Beaumont Hospital	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2012

Transaction ID : C1770259

Amount of Each Receipt this Period
83.30

C. Kelly J. Myers M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1119 E. Lone Peak Lane

City Draper	State UT	Zip Code 84020
----------------	-------------	-------------------

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

Name of Employer Kelly J. Myers MD PC	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2012

Transaction ID : C1673121

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1583.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 75 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kenneth C. Nanners M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Leewood Farms Rd
 City Wheeling State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Business Administration Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771947
 Amount of Each Receipt this Period
 250.00

B. Norah N. Naughton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4270 Plymouth Road
 City Ann Arbor State MI Zip Code 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2012
Transaction ID : C1773492
 Amount of Each Receipt this Period
 83.30

C. Joseph M. Neal M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 900
 City Seattle State WA Zip Code 98111-0900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673068
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City State Zip Code
 Cumming GA 30041-6320

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

Name of Employer Occupation
 Case Western Reserve University MSA Pr Anesthesiologist Assistant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 06 / 15 / 2012
Transaction ID : C1768922

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Michael J. Noud M.D.

Mailing Address Kalispell Regional Medical Center
 310 Sunnyview Lane

City State Zip Code
 Kalispell MT 59901

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

Name of Employer Occupation
 Northern Rockies Anesthesia Consultant anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 09 / 2012
Transaction ID : C1759781

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Robert F. Novo D.O.

Mailing Address 2727 N Highway A1A Apt 101

City State Zip Code
 Indialantic FL 32903-2282

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

Name of Employer Occupation
 Brevard Anesthesia Associates Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 16 / 2012
Transaction ID : C1770219

Amount of Each Receipt this Period
 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 77 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Raymond C. Oakes M.D.

Mailing Address 1850 N. Central Ave., Ste.1600

City State Zip Code
 Phoenix AZ 85004-4633

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

Name of Employer Occupation
 Valley Anes. Consultants, LTD Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 02 / 2012
Transaction ID : C1673078

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Matthew R. Offerdahl M.D.

Mailing Address 7551 E Placita Ventana Hayes

City State Zip Code
 Tucson AZ 85750

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

Name of Employer Occupation
 Old Pueblo Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 04 / 2012
Transaction ID : C1674676

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Babatunde O. Ogunnaike M.D.

Mailing Address 1008 Brentwood Dr

City State Zip Code
 Murphy TX 75094-4441

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

Name of Employer Occupation
 University of Texas Southwestern Medic Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 498.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766281

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Oluwatosin Oladipupo M.D.		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 Transaction ID : C1773337
Mailing Address 1836 S Shores Dr		Amount of Each Receipt this Period 100.00
City Decatur	State IL	Zip Code 62521-5529
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.00	

Full Name (Last, First, Middle Initial) B. Thomas A. Olen D.O.		Date of Receipt MM / DD / YYYY 06 / 04 / 2012 Transaction ID : C1673171
Mailing Address 2141 N. Yasimin Ct.		Amount of Each Receipt this Period 41.60
City Midland	State MI	Zip Code 48642-8897
FEC ID number of contributing federal political committee. C		
Name of Employer MidMichigan Anesthesiology Group PC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.60	

Full Name (Last, First, Middle Initial) C. Juhan Paiste M.D.		Date of Receipt MM / DD / YYYY 06 / 25 / 2012 Transaction ID : C1773494
Mailing Address 1245 S. Cedar Crest Blvd. Suite 301		Amount of Each Receipt this Period 83.30
City Allentown, PA	State PA	Zip Code 18103
FEC ID number of contributing federal political committee. C		
Name of Employer Allentown Anesthesia Associates, Inc.	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

SUBTOTAL of Receipts This Page (optional).....▶	224.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Chol Y. Pak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5716 NW El Rey Dr
 City Camas State WA Zip Code 98607-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2012
Transaction ID : C1755713
 Amount of Each Receipt this Period 50.00

B. Louis M. Palermo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 Jessica Rd
 City Clearwater State FL Zip Code 33765-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMCARE ANESTHESIA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2012
Transaction ID : C1772457
 Amount of Each Receipt this Period 250.00

C. Brian S. Pallohusky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 E Berkeley St
 City Springfield State MO Zip Code 65809-3528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Springfield Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766258
 Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian S. Pallohusky M.D.			Date of Receipt
Mailing Address 4600 E Berkeley St			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Springfield	State MO	Zip Code 65809-3528	Transaction ID : C1766286
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="41.00"/>
Name of Employer Mercy Hospital Springfield	Occupation Anesthesiologist	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="744.00"/>		

Full Name (Last, First, Middle Initial) B. Parag Pandya M.D.			Date of Receipt
Mailing Address 210 Royal Vw			<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Pittsford	State NY	Zip Code 14534-9633	Transaction ID : C1773343
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="83.30"/>
Name of Employer Geneva General Hospital Anesthesiology	Occupation Staff Anesthesiologist	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.80"/>		

Full Name (Last, First, Middle Initial) c. Thomas J. Papadimos M.D.			Date of Receipt
Mailing Address 4313 Oak Wood Ct			<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Dublin	State OH	Zip Code 43016-7344	Transaction ID : C1768407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="41.60"/>
Name of Employer Ohio State University Medical Center	Occupation Anesthesiologist	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.60"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="165.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John L. Pappas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 294 Barden Rd
 City Bloomfield Hills State MI Zip Code 48304-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Troy Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768926
 Amount of Each Receipt this Period **83.30**

B. Harry G. Parr D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4725 Tully Rd.
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768927
 Amount of Each Receipt this Period **83.30**

C. Rogerio M. Parreira M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Old Shadburn Ferry Rd.
 City Buford State GA Zip Code 30518-1136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gwinnett Anestehesia Services Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2012**
Transaction ID : C1773854
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.60**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 82 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Parul K. Patel M.D.

Mailing Address 1304 Oak Street

City State Zip Code
 Melbourne FL 32901

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

Name of Employer Occupation
 Brevard Anesthesia Services, P.A. Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 17 / 2012
Transaction ID : C1770246

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Don R. Pearson Jr., M.D.

Mailing Address 4326 Beechwood Rd

City State Zip Code
 Knoxville TN 37920-6014

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

Name of Employer Occupation
 University Anesthesiologists physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 03 / 2012
Transaction ID : C1673122

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cabra

City State Zip Code
 Tucson AZ 85718

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

Name of Employer Occupation
 Southern Arizona Anesthesia Services Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 06 / 30 / 2012
Transaction ID : C1775445

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeremie J. Perry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 Whispering Oaks Ct.
 City Abilene State TX Zip Code 79606-4366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hendrick Anesthesia Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 01 / 2012
Transaction ID : C1766268
 Amount of Each Receipt this Period 83.00

B. Todd G. Peterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14604 S 1st St
 City Phoenix State AZ Zip Code 85048-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RED MOUNTAIN ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2012
Transaction ID : C1766709
 Amount of Each Receipt this Period 500.00

C. Cathy E. Petty M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 N Briarcliff Cir
 City Maryville State TN Zip Code 37803-6465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maryville Anesthesiologists, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2012
Transaction ID : C1673080
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas W. Phillips Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1334 Sheffield Drive
 City Florence State SC Zip Code 29505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Florence Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1673052
 Amount of Each Receipt this Period **250.00**

B. Michael Picone M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Doyle Ln
 City Belle Mead State NJ Zip Code 08502-5546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anes Consultants of NJ Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 09 / 2012**
Transaction ID : C1759777
 Amount of Each Receipt this Period **500.00**

C. Margaret A. Pitts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Birchdale Rd
 City Bow State NH Zip Code 03304-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **498.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1766252
 Amount of Each Receipt this Period **83.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey Plagenhoef M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012 Transaction ID : C1768943
Mailing Address 1118 Ross Clark Circle, Suite 700 Anesthesia Consultants Medical Gro		Amount of Each Receipt this Period 83.30
City Dothan State AL Zip Code 36301	FEC ID number of contributing federal political committee. C	
Name of Employer Anesthesia Consultants Medical Group Occupation anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80

Full Name (Last, First, Middle Initial) B. Dean Polce D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2012 Transaction ID : C1770230
Mailing Address 3092 Red Arrow Dr		Amount of Each Receipt this Period 100.00
City Las Vegas State NV Zip Code 89135	FEC ID number of contributing federal political committee. C	
Name of Employer Anesthesiology Consultants, Inc Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Full Name (Last, First, Middle Initial) C. Roma C. Polce M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 Transaction ID : C1766277
Mailing Address 3092 Red Arrow Dr.		Amount of Each Receipt this Period 83.00
City Las Vegas State NV Zip Code 89135-1303	FEC ID number of contributing federal political committee. C	
Name of Employer VAMC Southern Nevada Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 997.80

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

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

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

FOR LINE NUMBER: PAGE 86 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Southern Nevada Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 997.80

Date of Receipt 06 / 16 / 2012
Transaction ID : C1770231
 Amount of Each Receipt this Period 83.30

B. Wayne V. Polek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6N 479 Splitrail Lane
 City Saint charles State IL Zip Code 60175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kane Anesthesia Associates,S.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2012
Transaction ID : C1673091
 Amount of Each Receipt this Period 250.00

c. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10556 Dunleer Dr
 City Los Angeles State CA Zip Code 90064-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Dept of Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 15 / 2012
Transaction ID : C1768918
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Q. Public		Date of Receipt
Mailing Address 520 N. Northwest Hwy		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Park Ridge	IL	60068
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1766250
Name of Employer	Occupation	Amount of Each Receipt this Period
ASA	Doctor	<input type="text" value="41.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="246.00"/>	

Full Name (Last, First, Middle Initial) B. Michael A.E. Ramsay M.D., FRCA		Date of Receipt
Mailing Address 7135 Elmridge Dr 7135 Elmridge Drive		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dallas	TX	75240-3619
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1772819
Name of Employer	Occupation	Amount of Each Receipt this Period
Baylor University Medical Center	Anesthesiologist	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) c. Jayanthie S. Ranasinghe M.D.		Date of Receipt
Mailing Address 6600 SW 94th Ct		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Miami	FL	33173-2362
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1773280
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Miami	Anesthesiologist	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="541.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sripad P. Rao M.D.		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 1504 Bay Rd Apt 3307		Transaction ID : C1766254
City Miami Beach	State FL	Zip Code 33139-3281
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.00	
Name of Employer Ryder Trauma Center Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

Full Name (Last, First, Middle Initial) B. DeElla A. Ray M.D.		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 127 Bay Ridge Loop		Transaction ID : C1673065
City Hot Springs	State AR	Zip Code 71901-9272
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Midstate Medical Anes. Services	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph S. Rayburn M.D.		Date of Receipt MM / DD / YYYY 06 / 18 / 2012
Mailing Address 206 English Ln		Transaction ID : C1771918
City Rainbow City	State AL	Zip Code 35906-3740
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Anesthesia Associates, PA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1183.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scott Reeves M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address Musc Dept of Anesthesia
 167 Ashley Avenue, Suite 301
 City Charleston State SC Zip Code 29425-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical University of South Carolina Occupation Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **501.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2012
Transaction ID : C1774785
 Amount of Each Receipt this Period
501.00

B. Bruce J. Reitman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1171 S Bromley Ct
 City Anaheim State CA Zip Code 92808-2528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2012
Transaction ID : C1773645
 Amount of Each Receipt this Period
500.00

C. Blake Reuter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15200 Burning Spring Rd
 City Edmond State OK Zip Code 73013-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2012
Transaction ID : C1673087
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1501.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph M. Rifici A.A.-C		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012 Transaction ID : C1768942
Mailing Address Lakeside ANES 2532 LKS5007 11100 Euclid Ave.		Amount of Each Receipt this Period 83.30
City Cleveland	State OH	Zip Code 44106-1716
FEC ID number of contributing federal political committee. C	Name of Employer Univ Hosp of Cleveland Case Med Ctr	Occupation Anesthesiologist Assistant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) B. Ignacio J. Rodriguez M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 Transaction ID : C1766274
Mailing Address 2387 W 68th St Ste 401		Amount of Each Receipt this Period 83.00
City Hialeah	State FL	Zip Code 33016-6890
FEC ID number of contributing federal political committee. C	Name of Employer South Miami Pain Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

Full Name (Last, First, Middle Initial) C. John Rogoski D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2012 Transaction ID : C1771408
Mailing Address Dept. of Anesthesiology Doan Hall N411		Amount of Each Receipt this Period 83.30
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee. C	Name of Employer Wexner Medical Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

SUBTOTAL of Receipts This Page (optional).....▶	249.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mikhail Rondel M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 9 Candle Ln.
City East Brunswick State NJ Zip Code 08816
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Consultants of NJ Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 17 / 2012**
Transaction ID : C1771303
Amount of Each Receipt this Period **250.00**

B. Mikhail Rondel M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 9 Candle Ln.
City East Brunswick State NJ Zip Code 08816
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Consultants of NJ Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 17 / 2012**
Transaction ID : C1771304
Amount of Each Receipt this Period **250.00**

C. Michael J. Rosenfeld M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 145 Shale Bank Rd
City Marion State VA Zip Code 24354-3151
FEC ID number of contributing federal political committee. **C**
Name of Employer Virginia Highlands Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 17 / 2012**
Transaction ID : C1770247
Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Randy L. Rosett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13611 Elena Gallegos PI NE
 City Albuquerque State NM Zip Code 87111-8159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 12 / 2012**
Transaction ID : C1766211
 Amount of Each Receipt this Period **250.00**

B. Frank A. Rosinia M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Idlewood PI
 City River Ridge State LA Zip Code 70123-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane University School of Medicine Occupation Chairman, Department of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771411
 Amount of Each Receipt this Period **83.30**

C. Lawrence J. Roy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2420 Freeman Manor Dr
 City Jones State OK Zip Code 73049-8747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Anesthesia Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 16 / 2012**
Transaction ID : C1770233
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **416.60**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 93 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rita Fattouch Saikali M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Prince of Wales Ct
 City State Zip Code
 Williamsville NY 14221-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wagdy Ghaly MD PC Resident
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : C1775171
 Amount of Each Receipt this Period
 50.00

B. James A. Salvatore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Hastings Dr
 City State Zip Code
 Pueblo CO 81001-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physician Anesthesia of Pueblo, PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 515.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673077
 Amount of Each Receipt this Period
 515.00

C. Mahesh P. Sardesai M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Fairstead Lane
 City State Zip Code
 Pittsburgh PA 15217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC Shadyside Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771410
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 648.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph Schianodicola M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Center St
 City Staten Island State NY Zip Code 10306-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer park slope anesthesia associates, P.C. Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 09 / 2012**
Transaction ID : C1759785
 Amount of Each Receipt this Period **500.00**

B. Keith J. Schrader M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Oak St
 City Melbourne State FL Zip Code 32901-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer brevard anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : C1771883
 Amount of Each Receipt this Period **500.00**

c. Greg K. Schroeder D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3280 Lake Shore Dr
 City Orlando State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1673050
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew J. Shatz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Jarombek Dr.
 City Towaco State NJ Zip Code 07082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden State Anesthesia Services, PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2012
Transaction ID : C1673123
 Amount of Each Receipt this Period
 250.00

B. George Sheplock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 Riley Hospital Drive, Rm 2001
 City Indianapolis State IN Zip Code 46202-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riley Hospital for Children Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768935
 Amount of Each Receipt this Period
 83.30

C. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Anes. Dept Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 499.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : C1770222
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶ 416.60
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 96 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brent D. Silver M.D.

Mailing Address 11445 E Via Linda Ste 2

City State Zip Code
 Scottsdale AZ 85259-2654

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

Name of Employer Occupation
 VALLEY ANESTH ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : C1674717

Amount of Each Receipt this Period
 500.00

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

Mailing Address 35 Gellatly Dr

City State Zip Code
 Wappingers Falls NY 12590

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

Name of Employer Occupation
 NAPA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768936

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
c. Philip L. Sissons M.D.

Mailing Address P.O. Box 8305

City State Zip Code
 Gadsden AL 35902

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

Name of Employer Occupation
 ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : C1771933

Amount of Each Receipt this Period
 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert H. Small M.D.		Date of Receipt 06 / 15 / 2012 Transaction ID : C1768921
Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall		Amount of Each Receipt this Period 83.30
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee. C	Name of Employer The Ohio State University	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) B. Blair Smith M.D.		Date of Receipt 06 / 04 / 2012 Transaction ID : C1673169
Mailing Address 1046 Lake Colony Ln		Amount of Each Receipt this Period 83.30
City Vestavia	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C	Name of Employer UAB	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) C. Dean F. Smith M.D.		Date of Receipt 06 / 06 / 2012 Transaction ID : C1757181
Mailing Address 1850 N Central Ave Ste 1600		Amount of Each Receipt this Period 1000.00
City Phoenix	State AZ	Zip Code 85004-4633
FEC ID number of contributing federal political committee. C	Name of Employer VALLEY ANESTH	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Don E. Sokolik M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2757 Kinsington Circle

City Weston State FL Zip Code 33332

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

Name of Employer Sheridan Healthcare Inc Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : C1772463

Amount of Each Receipt this Period
 250.00

B. George J. Spessot M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 71 Judson Place

City Rockville Centre State NY Zip Code 11571-0495

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

Name of Employer NYU Hospital for Joint Diseases Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : C1766239

Amount of Each Receipt this Period
 83.00

C. Brett M. Sprtel M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 11934 Crossing Deer Ct

City Roscommon State MI Zip Code 48653-7538

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

Name of Employer Mercy Hospital Grayling Dept of Anesth Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : C1766279

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas S. Stamos M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Schoettler Rd.

City Chesterfield State MO Zip Code 63017-5534

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

Name of Employer WESTERN ANESTHESIOLOGIST ASSOCIATE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2012
Transaction ID : C1775447

Amount of Each Receipt this Period 1000.00

B. Erica Stein M.D.
Full Name (Last, First, Middle Initial)

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

City Columbus State OH Zip Code 43210-1240

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

Name of Employer ohio state university Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 17 / 2012
Transaction ID : C1770255

Amount of Each Receipt this Period 83.30

c. John H. Stephenson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anesthesia, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 665.80

Date of Receipt 06 / 14 / 2012
Transaction ID : C1768409

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional).....▶ 1166.60

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

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

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

FOR LINE NUMBER: PAGE 100 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City Cullman State AL Zip Code 35055-5385

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

Name of Employer Alabama Pain Center Cullman Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt **06 / 20 / 2012**

Transaction ID : C1772206

Amount of Each Receipt this Period **62.50**

Full Name (Last, First, Middle Initial)
B. Todd A. Stine M.D.

Mailing Address 1626 Lookout Landing Cir

City Winter Park State FL Zip Code 32789-5941

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

Name of Employer JLR Medical Group Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 02 / 2012**

Transaction ID : C1673109

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Allan E. Stiner Jr., M.D.

Mailing Address 3011 Vendome Terr.

City Norfolk State VA Zip Code 23509

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

Name of Employer Atlantic Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 20 / 2012**

Transaction ID : C1772461

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **812.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Libardo J. Taboada M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5413 Wooldridge Rd
 City State Zip Code
 Corpus Christi TX 78413-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : C1767780
 Amount of Each Receipt this Period
 250.00

B. Joseph Talarico D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Pittsburgh Medical C
 200 Lothrop St C-205
 City State Zip Code
 Pittsburgh PA 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Pittsburgh Medical Center Assistant Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : C1768928
 Amount of Each Receipt this Period
 41.60

C. Samuel E. Talsma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Dorset Rd.
 City State Zip Code
 Ann Arbor MI 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 anesthesia assoc of ann arbor physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : C1757463
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	374.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kyle Thompson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W Hampden Ave #600
 City Englewood State CO Zip Code 80110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Denver Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : C1775446
 Amount of Each Receipt this Period
 83.30

B. Scott Thompson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Pleasant St Ste 400
 City Des Moines State IA Zip Code 50309-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : C1673064
 Amount of Each Receipt this Period
 500.00

C. Sebastian E. Tongson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2656 Meeting Pl
 City Orlando State FL Zip Code 32814-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2012
Transaction ID : C1773345
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 125
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Troy Tortorici M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17401 Hawks View Ct
 City Edmond State OK Zip Code 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **246.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : C1766247
 Amount of Each Receipt this Period **41.00**

B. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **06 / 15 / 2012**
Transaction ID : C1768924
 Amount of Each Receipt this Period **83.30**

C. Terrence Truxillo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt **06 / 14 / 2012**
Transaction ID : C1768408
 Amount of Each Receipt this Period **41.60**

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

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

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

FOR LINE NUMBER: PAGE 104 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City Elmhurst State IL Zip Code 60126-4259

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

Name of Employer DVA Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 06 / 17 / 2012
Transaction ID : C1770252

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City Rochester Hills State MI Zip Code 48309

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

Name of Employer SOAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 498.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : C1766275

Amount of Each Receipt this Period
 83.00

Full Name (Last, First, Middle Initial)
c. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City Tampa State FL Zip Code 33606-2911

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

Name of Employer Greater Florida Anesthesiologists Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.80

Date of Receipt
 06 / 16 / 2012
Transaction ID : C1770223

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.60

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

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

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

FOR LINE NUMBER: PAGE 105 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Francis T. Verfurth M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Penguin Cir.
 City Virginia Beach State VA Zip Code 23451-4933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer atlantic anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2012
Transaction ID : C1771375
 Amount of Each Receipt this Period 500.00

B. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azelee St
 City Tampa State FL Zip Code 33609-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hector Vila Jr MD PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 17 / 2012
Transaction ID : C1770254
 Amount of Each Receipt this Period 83.30

C. Annette Vizena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 East Elizabeth, Suite 1
 City Fort Collins State CO Zip Code 80524-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Co Anesthesia Professional Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2012
Transaction ID : C1771912
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J. Michael Vollers M.D.		Date of Receipt MM / DD / YYYY 06 / 14 / 2012 Transaction ID : C1768405
Mailing Address 1 Childrens Way Slot 203, S-319		Amount of Each Receipt this Period 83.30
City Little Rock	State AR	Zip Code 72202-3510
FEC ID number of contributing federal political committee. C		
Name of Employer University of Arkansas for Medical Sci	Occupation Professor of Anesthesiology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) B. Lance W. Wagner M.D.		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : C1768937
Mailing Address 150 55th St		Amount of Each Receipt this Period 100.00
City Brooklyn	State NY	Zip Code 11220-2559
FEC ID number of contributing federal political committee. C		
Name of Employer Lutheran Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Brian E. Wallace M.D.		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 Transaction ID : C1764052
Mailing Address 400 E Pioneer Ste 204 Rainier Anesthesia Associates		Amount of Each Receipt this Period 50.00
City Puyallup	State WA	Zip Code 98372-3257
FEC ID number of contributing federal political committee. C		
Name of Employer Rainier Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	233.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ebon J. Wallace-Talifarro M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7205 Meadowgrass Court
 City Caledonia State MI Zip Code 49316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2012
Transaction ID : C1757462
 Amount of Each Receipt this Period 50.00

B. Alan Weiss M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 Royal Arms Dr
 City Girard State OH Zip Code 44420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bel-Park Anes. Assoc. Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 15 / 2012
Transaction ID : C1768938
 Amount of Each Receipt this Period 83.30

c. W. Bradley Worthington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Hillwood Blvd
 City Nashville State TN Zip Code 37205-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Spinal Surgery Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 06 / 16 / 2012
Transaction ID : C1770227
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional).....▶	216.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul S. Yasuda M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3516 NW 174th St
 City Edmond State OK Zip Code 73012-6732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW anesthesia PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2012
Transaction ID : C1673134
 Amount of Each Receipt this Period
 500.00

B. David S. Young M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6839 S. Canton
 City Tulsa State OK Zip Code 74136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associates Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2012
Transaction ID : C1673110
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	74760.60

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sarah Byun

Mailing Address 1133 13th Street NW
Suite 6-B

City Washington State DC Zip Code 20005

Purpose of Disbursement
Media and Mail Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Media and Mail Consu

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D134905

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : D134711

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 222

City State Zip Code
Mc Lean VA 22101

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : D133700

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Category/
Type

Rep. Charles Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : D134421

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 Eastman Avenue Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
2012 Contribution

Category/
Type

Candidate Name

Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04 2012 Contribution

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : D134192

Amount of Each Disbursement this Period

5000.00

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE WELDON FOR SENATE

Mailing Address PO Box 361845

City Melbourne State FL Zip Code 32936-1845

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Mr. David Dave Weldon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0					

Transaction ID : D134186

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. DOHERTY FOR CONGRESS

Mailing Address PO Box 6251

City Providence State RI Zip Code 02940-6251

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Mr. Brendan Doherty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

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

Transaction ID : D134375

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. HEARTDOCPAC

Mailing Address PO BOX 628

City Evansville State IN Zip Code 47704

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

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

Transaction ID : D134374

Amount of Each Disbursement this Period

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOE KYRILLOS FOR US SENATE INC

Mailing Address PO BOX 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Joseph Kyrillos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

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

Transaction ID : D133863

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address 4905 Del Ray Ave
Ste 401

City Bethesda State MD Zip Code 20814-2557

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

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

Transaction ID : D134765

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

Transaction ID : D134204

Amount of Each Disbursement this Period

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

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

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Ami Bera M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133864

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address PO BOX 219

City SYRACUSE State NY Zip Code 13214

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Ann Marie Buerkle

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133862

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Anna G. Eshoo

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133865

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2012

Transaction ID : D134196

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City State Zip Code
Melbourne FL 32936

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Bill Posey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2012

Transaction ID : D134203

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City State Zip Code
CHICAGO IL 60680

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Bobby L. Rush

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134190

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RANGEL FOR CONGRESS

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name
Rep. Charles B. Rangel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D134202

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS State FL Zip Code 34489

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name
Rep. Cliff Stearns

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D134197

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name
Rep. Dave Camp

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D134195

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Diane Black

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : D133871

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Erik Paulsen

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : D133701

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Fred Upton

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : D134188

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FORBES FOR CONGRESS

Mailing Address PO BOX 15100

City CHESAPEAKE State VA Zip Code 23328

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. J. Randy Forbes

Office Sought: House
 Senate
 President
State: VA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D134764

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Jared Huffman

Office Sought: House
 Senate
 President
State: CA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D133861

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Jim McDermott

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D133868

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE BACA

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Joe Baca

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2012

Transaction ID : D134193

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2012

Transaction ID : D134189

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JOHN CAMPBELL FOR CONGRESS

Mailing Address 7700 IRVINE CENTER DRIVE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. John Campbell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 48

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2012

Transaction ID : D134191

Amount of Each Disbursement this Period

1500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. John Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

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

Transaction ID : D134187

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JUSTIN AMASH FOR CONGRESS

Mailing Address 1500 E BELTLINE AVE SE STE 250

City GRAND RAPIDS State MI Zip Code 49506

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Justin Amash

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

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

Transaction ID : D134194

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. JUSTIN AMASH FOR CONGRESS

Mailing Address 1500 E BELTLINE AVE SE STE 250

City GRAND RAPIDS State MI Zip Code 49506

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Justin Amash

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

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

Transaction ID : D134248

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133870

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : D134761

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MARTHA ROBY FOR CONGRESS

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Martha Roby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D134763

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MICHELLE

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D134200

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. ROB WITTMAN FOR CONGRESS

Mailing Address P.O. BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Rob Wittman

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D133703

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO Box 90133

City Nashville State TN Zip Code 37209-0133

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Scott DesJarlais

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D133866

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO Box 90133

City Nashville State TN Zip Code 37209-0133

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Scott DesJarlais

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133867

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : D133699

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SUSAN DAVIS FOR CONGRESS

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Susan A. Davis

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : D134199

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KANSANS FOR HUELSKAMP

Mailing Address PO BOX 410

City FOWLER State KS Zip Code 67844

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Tim Huelskamp

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : D133702

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Tom Cole

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133869

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

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

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D133859

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. STRICKLAND FOR CONGRESS 2012

Mailing Address 603 E ALTON AVE STE H

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Mr. Anthony Tony Strickland

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : D134201

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : D134198

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. VOICE FOR FREEDOM

Mailing Address 2814 Spring Rd SE
Ste 103

City Atlanta State GA Zip Code 30339-3047

Purpose of Disbursement
2012 Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : D134762

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

122000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date MM / DD / YYYY 06 / 18 / 2012
Mailing Address 1020 Princess St		Amount 19387.36
City Alexandria	State VA	
Zip Code 22314-2247	Transaction ID : D134032	
Purpose of Expenditure Radio Ad Placement and Produciton	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>OK</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. John Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44226.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date MM / DD / YYYY 06 / 20 / 2012
Mailing Address 1020 Princess St		Amount 24838.66
City Alexandria	State VA	
Zip Code 22314-2247	Transaction ID : D134153	
Purpose of Expenditure Direct Mail Production and Placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>OK</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. John Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44226.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44226.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	44226.02

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

Mr. Thomas Conway

[Electronically Filed]

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