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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2009 02 28 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 03 17 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE [®] D " D 0.2 0 2 0 1 2009 28 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 943984.31 January 1 (b) Cash on Hand at 1092618.92 Begining of Reporting Period 137171.07 299748.82 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1229789.99 1243733.13 6(a) and 6(c) for Column B) 51900.68 65843.82 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1177889.31 1177889.31 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	2 0 0 1 2 0 0 9	To: 0 2 2 8 2 9 2 0 0 9
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)	109951.00	243987.00
(ii) Unitemized	26799.00	54895.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	136750.00	298882.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	136750.00	298882.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	421.07	866.82
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 Transfer (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))	137171.07	299748.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	137171.07	299748.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		Calondar Four to Bate
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
()	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	46500.00	60000.00
I. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
b. Loan nepayments Made		
7. Loans Made	0.00	0.00
B. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))		
O. Other Disbursements	5400.68	5843.82
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(/	0.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	51900.68	65843.82
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	51900.68	65843.82
,		

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)	136750.00	298882.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	136750.00	298882.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	
JC Ma Cir		EEK CIR.	Zip Code	Date of Receipt 0 2 0 9 2 0 0 9 Transaction ID: SA11AI.70782
FE	ALT LAKE CITY EC ID number of contributing deral political committee.	C	84121	Amount of Each Receipt this Period 250.00
	eme of Employer TN WEST ANESTH exceipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date ▼ 250.00	
DA	all Name (Last, First, Middle Initial) AVID ADAMS ailing Address 4000 SPEAR ST.			Date of Receipt 0 2 0 5 2 0 0 9
Ci	ty HARLOTTE	State VT	Zip Code 05445	Transaction ID: SA11AI.70578 Amount of Each Receipt this Period
FE fed	EC ID number of contributing deral political committee.	C		250.00
	ame of Employer AHC/UVM COM		IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
MI	ıll Name (Last, First, Middle Initial) CHAEL ADKINS ailing Address 1850 N CENTRAL AVI	E STE 1600		Date of Receipt 0 2 2 7 2 0 0 9
Ci	ty HOENIX	State AZ	Zip Code	Transaction ID: SA11AI.71335
FE	EC ID number of contributing deral political committee.	C	85004	Amount of Each Receipt this Period 500.00
Na V	ame of Employer ALLEY ANESTHESIA CONSUL	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)	ı		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 117 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RISHI MANI ADSUMELLI			Date of Receipt
Mailing Address 17 PHAETONS DR	Ctata	7:p Code	02 09 2009
City MELVILLE	State NY	Zip Code	Transaction ID: SA11AI.70777
MELVILLE FEC ID number of contributing	C	11747	Amount of Each Receipt this Period 250.00
federal political committee.			250.00
Name of Employer SUNY-HSC @ STONYBROOK ANE- S. DEPT.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) VICTOR AGADZI			Date of Receipt
Mailing Address 1993 CROWN POINT	E BLVD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.70574
PENSACOLA	FL	32506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTH HEALTHCARE PART	Occupation ANESTH	n ESIOLOGIST	7
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEEANN ALLEN			Date of Receipt
Mailing Address 401 15TH AVE S STE	109		02 20 2009
City	State	Zip Code	Transaction ID: SA11AI.71018
GREAT FALLS	MT	59405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA ASSOC. OF GREAT FALLS, P.C.	Occupation PHYSICI		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 117 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL ALTOSE Mailing Address 2408 MILTON ROA	AD		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City CLEVELAND FEC ID number of contributing federal political committee.	State OH	Zip Code 44118	Transaction ID: SA11AI.71094 Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY HOSPITALS CASE MEDICAL CENT Receipt For: Primary General Other (specify)	Occupation PHYSICI		
Full Name (Last, First, Middle Initial) MICHAEL AMORINI Mailing Address 5004 SWEETWAT	ER PL.		Date of Receipt 0 2 2 6 2 0 0 9
City FORT WAYNE	State IN	Zip Code 46835	Transaction ID: SA11AI.71203
FEC ID number of contributing federal political committee.	C	40000	Amount of Each Receipt this Period 300.00
Name of Employer ASSOC ANES FT WAYNE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) ERIC ANDERSON	ı		Date of Receipt
Mailing Address 665 WILSON BUT	TE ROAD		0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREAT FALLS	State MT	Zip Code 59405	Transaction ID: SA11AI.70952 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer AAGF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and or commercial purposes, other than using th	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES ANTON			Date of Receipt
	Mailing Address 2302 PARADISE CAN	NYON DR.		02 01 2009
	City PEARLAND	State TX	Zip Code 77584	Transaction ID: SA11AI.70414 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7700	250.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE DEPT. OF CA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL ASH	<u> </u>		Date of Receipt
	Mailing Address 924 24 1/4 RD			02 05 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.70512
	GRAND JUNCTION FEC ID number of contributing federal political committee.	CO	81505	Amount of Each Receipt this Period 250.00
	Name of Employer COMMUNITY ANES CONSUL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
—).	Full Name (Last, First, Middle Initial) HELENE AUGUSTIN			Date of Receipt
	Mailing Address 209 RICHLAND AVE			02 17 2009
	City LAFAYETTE	State LA	Zip Code 70508	Transaction ID: SA11AI.70912
	FEC ID number of contributing federal political committee.	C	70008	Amount of Each Receipt this Period 250.00
,	Name of Employer LSU HSC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		750.00
	OTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	solicit contributions from such committee.			
AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) OLESH BABIAK		Date of Receipt			
Mailing Address 8 MINSHALL CIRC	LE	02 26 YYYY 02 26 2009			
City	State Zip Code	Transaction ID: SA11AI.71209			
GLEN MILLS	PA 19342	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer ASSOC IN ANESTH	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
City	State Zip Code	02 27 2009 Transaction ID: SA11AI.71346			
TUCSON	AZ 85718	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer SAA	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) BRIAN BANE		Date of Receipt			
Mailing Address 99 MONTECILLO I	RD	02 27 2009			
City	State Zip Code	Transaction ID: SA11AI.71375			
SAN RAFAEL	CA 94903	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer PERMANENTE MED GRP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional	al)	1150.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 117 (check only one) X
	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
<u>∠</u>	Full Name (Last, First, Middle Initial) MATTHEW BARTON			Date of Receipt
	Mailing Address 244 HOLGERSON RE	O. State	Zip Code	0 2 0 5 2 0 0 9 Transaction ID: SA11AI.70502
	SEQUIM	WA	98382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) STUART BASS			Date of Receipt
	Mailing Address P.O. BOX 1447			02 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.71309
•	SCOTTSDALE FEC ID number of contributing federal political committee.	C	85252	Amount of Each Receipt this Period 500.00
	Name of Employer VALLEY ANES ASSOC	Occupatio PHYSICI		
•	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DEWITT BATEMAN			Date of Receipt
	Mailing Address 9050 AIRLINE HIGHV	VAY		02 27 2009
	City BATON ROUGE	State LA	Zip Code 70815	Transaction ID: SA11AI.71389 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
•	Name of Employer LOUISIANA ANES GRP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	JBTOTAL of Receipts This Page (optional)		\	1000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) TIMOTHY BEGER		Date of Receipt
Mailing Address 6114 E. MONTECITO		02 26 2009
City	State Zip Code	Transaction ID: SA11AI.71297
SCOTTSDALE	AZ 85251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TERRY BEJOT	<u> </u>	Date of Receipt
Mailing Address 6911 VAN DORN, #2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.71357
LINCOLN	NE 68506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOC. ANES.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JONATHAN BENNIE		Date of Receipt
Mailing Address 109 DRAYTON CT.		02 03 7 2009
City FRANKLIN	State Zip Code TN 37067	Transaction ID: SA11AI.70455 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Report	for each category of the Detailed Summary Page orts and Statements may not be sold or used by any per	FOR LINE NUMBER: PAGE 13 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	using the name and address of any political committee	
Full Name (Last, First, Middle Initial JOHN BENTLEY Mailing Address 5949 N. CAMI	NO DEL CONDE	Date of Receipt
City TUCSON	State Zip Code AZ 85718	Transaction ID: SA11AI.70849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial PAUL BENZ Mailing Address 1229 MADISO		Date of Receipt
City	State Zip Code WA 98104	0 2 2 7 2 0 0 9 Transaction ID: SA11AI.71404
FEC ID number of contributing federal political committee.	C 90104	Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial BARRY BERGQUIST		Date of Receipt
Mailing Address 165 ALTA ST		02 26 7 2009
City SALT LAKE CITY	State Zip Code UT 84103	Transaction ID: SA11AI.71202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MTN WEST ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (o	ptional)	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 11
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۱.	Full Name (Last, First, Middle Initial) CHARLES BESHARIAN			Date of Receipt
	Mailing Address 110 29TH AVE. N., #20	02 27 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71385
	NASHVILLE	TN	37203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AMG, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) BENJAMIN BLACKMON	Date of Receipt		
.	Mailing Address 1117 GLENWOOD CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.70838
	COLUMBIA	SC	29204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer CRITICAL HEALTH SYSTEMS OF SC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) A. KIRK BODARY			Date of Receipt
	Mailing Address 588 ELEANOR RD.			02 20 7 2009
	City	State NY	Zip Code	Transaction ID: SA11AI.71020
	VICTOR FEC ID number of contributing federal political committee.	C	14564	Amount of Each Receipt this Period 250.00
	Name of Employer SELF	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 117 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persusing the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADFORD BOHMAN Mailing Address 2829 E. OSMC City	ND DRIVE State Zip Code	Date of Receipt M
OGDEN FEC ID number of contributing federal political committee.	UT 84403	Transaction ID: SA11AI.71279 Amount of Each Receipt this Period 250.00
Name of Employer RMA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS EDWARD BORG Mailing Address 7005 MIRA VIS	STA BLVD.	Date of Receipt 0 2 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.71060
FORT WORTH FEC ID number of contributing federal political committee.	TX 76132	Amount of Each Receipt this Period 250.00
Name of Employer COOK CHILDREN'S HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT BOSSARD Mailing Address 17210 MEADC	W TREE CIR.	Date of Receipt 0 2 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.71056
DALLAS FEC ID number of contributing federal political committee.	TX 75248	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	otional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COI	MMITTEE	
	Full Name (Last, First, Middle Initial) JEREMY BOUCHER		Date of Receipt	
	Mailing Address 3322 NW 112TH TER		02 / 25 / 2009	
	OKLAHOMA CITY	State Zip Code OK 73120	Transaction ID: SA11AI.71126 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C 75125	500.00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
	Full Name (Last, First, Middle Initial) GREGORY BOUSKA		Date of Receipt	
	Mailing Address 3000 BOGEY CIR SE		02 01 2009	
	City	State Zip Code	Transaction ID: SA11AI.70386	
	HAMPTON COVE	AL 35763	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer AAHLLC	Occupation ANESTHESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
	Full Name (Last, First, Middle Initial) LISA BOWERS		Date of Receipt	
	Mailing Address 1470 PLACE PICARD	Υ	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City WINTER PARK	State Zip Code FL 32789	Transaction ID: SA11AI.71273 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C 32/09	250.00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SI	UBTOTAL of Receipts This Page (optional)	1	875.00	

SCHEDULE ITEMIZED F	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / (check only one) X 11a 11b 11c 12 13 14 15 16	2 _
or for commercial	opied from such Reports and St purposes, other than using the DMMITTEE (In Full)	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contribution solicit contributions from such committee	ns
\ \	, ,	IOLOGISTS	S POLITICAL ACTION COM	MITTEE	
FRANCES BOY				Date of Receipt	
Mailing Addres	ss 8225 MARSH POINTE	DR.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City		State	Zip Code	Transaction ID: SA11AI.71429	
<u>MONTGOM</u>	IERY	AL	36117	Amount of Each Receipt this Period	d
FEC ID numbe federal politica	er of contributing al committee.	C		500.	00
	lover RY ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (La BARBARA BRA	st, First, Middle Initial) ANDOM			Date of Receipt	
Mailing Addres	ss 1118 KING AVE			0 2 0 1 2 0 0	
City		State	Zip Code	Transaction ID: SA11AI.70370	
<u>PITTSBURG</u>		PA	15206	Amount of Each Receipt this Period	d
FEC ID number federal politica	er of contributing al committee.	С		125.	00
<u>PHYSICIANS</u>	lover OF PITTSBURGH	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary Other (s	General pecify) ♥	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (La	st, First, Middle Initial) BRIZGYS			Date of Receipt	
Mailing Addres	ss 14529 EVANS LANE			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City SARATOGA	A	State CA	Zip Code 95070	Transaction ID: SA11AI.70973 Amount of Each Receipt this Perior	
•	er of contributing	C		250.1	1 1
Name of Empl PALO ALTO F	lover FOUND MED	Occupatio PHYSICI			
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL of F	Receipts This Page (optional)			875.0	00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 117 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) AMANDA BROWN			Date of Receipt
Mailing Address 203 WESTCHESTE	ER DR		02 27 2009
City	State	Zip Code	Transaction ID: SA11AI.71427
MACON	GA	31210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DANIEL BRUNING			Date of Receipt
Mailing Address 10501 METCLAF			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.71233
OVERLAND PARK	KS	66212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PAIN CARE	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) ETHAN BRYSON			Date of Receipt
Mailing Address 7 WHARTON AVE			02 26 7 2009
City	State	Zip Code	Transaction ID: SA11AI.71258
BRIDGEWATER	NJ	08807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MOUNT SINAI MED CTR	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	J)		1750.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other the	eports and Statements may not be sold or used by any pan using the name and address of any political committee. NESTHESIOLOGISTS POLITICAL ACTION Committees.	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Init		Date of Receipt
Mailing Address 1 RUTHERF	ORD RD STE 101	0 2 2 6 2 0 0 9
City HARRISBURG	State Zip Code PA 17109	Transaction ID: SA11AI.71195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer RIVERSIDE ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Init RUSSELL BUESING	·	Date of Receipt
Mailing Address 7987 S CLA	YION CIR	02 17 2009
City	State Zip Code	Transaction ID: SA11Al.70923
CENTENNIAL FEC ID number of contributing federal political committee.	CO 80122	Amount of Each Receipt this Period 400.00
Name of Employer SOUTH DENVER ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Init NAPOLEON BURT Mailing Address 105 CHURC		Date of Receipt
City	State Zip Code	02 27 2009 Transaction ID: SA11AI.71381
SOUTHLAKE	TX 76092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COOK CHILDRENS MED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Page	(optional)	900.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
F. B	rull Name (Last, First, Middle Initial) RICHARD CAFFREY Mailing Address 6744 GOLF CLUB DR			Date of Receipt
C	ity ONGMONT	State CO	Zip Code 80503	Transaction ID: SA11AI.70536 Amount of Each Receipt this Period
fe —	EC ID number of contributing ederal political committee.	C		250.00
_	lame of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		
<u>C</u>	full Name (Last, First, Middle Initial) CHARLES CAIN Mailing Address 5141 BROADWAY			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Sity NEW YORK	State NY	Zip Code 10034	Transaction ID: SA11AI.70963 Amount of Each Receipt this Period
F fe	EC ID number of contributing ederal political committee.	C		250.00
N	lame of Employer COLUMBIA UNIV	Occupatio PHYSICI		
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
F	ull Name (Last, First, Middle Initial) REDERICK CAMPBELL Mailing Address 4100 PARK FOREST	DR., #210		Date of Receipt 0 2 1 7 2 0 0 9
	ity TRAVERSE CITY	State MI	Zip Code 49684	Transaction ID: SA11AI.70925 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
N T	lame of Employer RAVERSE ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST	
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 21 / 117 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or ne name and address of any po	r used by any person olitical committee to se	13 14 15 16 1 for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL	L ACTION COMM	ITTEE
Full Name (Last, First, Middle Initial) MARIO CAMPS			Date of Receipt
Mailing Address 1304 OAK ST.			02 12 2009
City	State Zip Code		Transaction ID: SA11AI.70824
MELBOURNE FEC ID number of contributing	FL 32901		Amount of Each Receipt this Period 250.00
federal political committee.	C		250.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES, P.A.	Occupation ANESTHESIOLOGIS	ST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) JUDSON CHALKLEY	_1		Date of Receipt
Mailing Address 119 FOALING RIDG	E		02 17 2009
City	State Zip Code		Transaction ID: SA11AI.70905
NICHOLASVILLE	KY 40356		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIS	ST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) DEAN CHASSAY			Date of Receipt
Mailing Address 1000 COVEWOOD I	N		02 27 2009
City GUNTERSVILLE	State Zip Code AL 35976		Transaction ID: SA11AI.71331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0 0	250.00
Name of Employer MARSHALL COUNTY ANES	Occupation ANESTHESIOLOGIS		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 117 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) BRENT CHILD Mailing Address 1287 N. WOODLAND	A COLUDT		Date of Receipt
	Walling Address 1287 N. WOODLANL	COURT		02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71383
	FARMINGTON	UT	84025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
. –	Full Name (Last, First, Middle Initial) JACQUELINE CO	1		Date of Receipt
	Mailing Address 180 RIVERSIDE BLV	D, APT 39E		02 / 24 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.71070
	NEW YORK	NY	10069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) STEVEN COGGINS			Date of Receipt
	Mailing Address 9042 N. POINT DR.			02 / 27 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.71366
	BAYTOWN	TX	77520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SCA	Occupation PHYSIC	IAN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional).	1		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 117 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES COLEMAN Mailing Address P.O. BOX 8720			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTSVILLE FEC ID number of contributing federal political committee.	State TX	Zip Code 77340	Transaction ID: SA11AI.70560 Amount of Each Receipt this Period 500.00
Name of Employer HUNTSVILLE AMBULATORY ANE- STHESIA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI		1
Full Name (Last, First, Middle Initial) PAUL COLEMAN Mailing Address 3404 MANCHESTE	R COURT		Date of Receipt 0 2 1 3 2 0 0 9
City MODESTO FEC ID number of contributing	State CA	Zip Code 95350	Transaction ID: SA11AI.70843 Amount of Each Receipt this Period 225.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 225.00]
Full Name (Last, First, Middle Initial) MICHAEL CONLEY Mailing Address 3585 NORTH 440 V	VEST		Date of Receipt
City PROVO FEC ID number of contributing federal political committee.	State UT	Zip Code 84604	Transaction ID: SA11AI.71369 Amount of Each Receipt this Period 500.00
Name of Employer MOUNTAIN WEST ANES	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1225.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 117 (check only one) X
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۱.	Full Name (Last, First, Middle Initial) SUZANE COOPER			Date of Receipt
	Mailing Address 1014 DELLWOOD DI	≺.		02 06 2009
	City TALLADEGA	State AL	Zip Code 35160	Transaction ID: SA11AI.70693
	FEC ID number of contributing federal political committee.	C	33100	Amount of Each Receipt this Period 500.00
	Name of Employer TALLADEGA ANES GRP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-	Full Name (Last, First, Middle Initial) F. COPELAND	1		Date of Receipt
	Mailing Address 397 MADISON ST.			02 05 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.70522
	DENVER	CO	80206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer METRO DENVER ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
. –	Full Name (Last, First, Middle Initial) JAMES CORMACK			Date of Receipt
	Mailing Address 18 MILL STONE TER	R.		02 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.71128
	BEDFORD	NH	03110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer ACG	- '	IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		300.00	
Γ		1		1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 117 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	ng the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CRIS COWLEY Mailing Address 6985 CANYON CI	REEK CIR.		Date of Receipt
City SALT LAKE CITY FEC ID number of contributing	State UT	Zip Code 84121	Transaction ID: SA11AI.70571 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation PHYSICI/]
Full Name (Last, First, Middle Initial) ORLANDO CRUZ Mailing Address 437 YORK ST.			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City OLEAN FEC ID number of contributing federal political committee.	State NY	Zip Code 14760	Transaction ID: SA11AI.70731 Amount of Each Receipt this Period 250.00
Name of Employer SOUTHERN TIER ANES Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) MARIE CSETE Mailing Address 680 MISSION ST	APT 40D		Date of Receipt
City	State	Zip Code	0 2 0 7 2 0 0 9 Transaction ID: SA11AI.70755
SAN FRANCISCO FEC ID number of contributing federal political committee.	CA	94105	Amount of Each Receipt this Period 500.00
Name of Employer CALIFORNIA INST. FOR REGE- NERATIVE MEDI Receipt For:	<u> </u>	CIENTIFIC OFFICER Year-to-Date	
Primary General Other (specify) ▼	Aggregate	500.00]
SUBTOTAL of Receipts This Page (option	nal)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		FED RECEIPTS for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) EDWIN CUNNINGHAM			Date of Receipt
Mailing Address 3039 STEEPLEGATE (CV.		02 17 2009
City	State	Zip Code	Transaction ID: SA11AI.70934
GERMANTOWN	TN	38138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MED ANES GRP	Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH CUNNINGHAM			Date of Receipt
Mailing Address 6046 NEWPORT CRES	SCENT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.70686
NORFOLK	VA	23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CHESAPEAKE ANES	Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN CURTIS			Date of Receipt
Mailing Address 4929 E VALLEY VISTA	1		02 26 7 2009
City	State	Zip Code	Transaction ID: SA11AI.71287
PHOENIX	AZ	85253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer VALLEY ANES. CONSULT	Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		__	1000.00

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 27 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial)			
Α.	DANIEL DAHL Mailing Address 2071 E. PAGE AVENUE	Date of Receipt 0 2 0 3 2 0 0 9		
	City GILBERT	State AZ	Zip Code 85234	Transaction ID: SA11AI.70451 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer GATEWAY ANESTHESIA ASSOCI- ATES PLLC Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) MARTHA DALY	Date of Receipt		
	Mailing Address 700 LAWRENCE EXPR	02 27 2009		
	City SANTA CLARA	State CA	Zip Code 95051	Transaction ID: SA11AI.71355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PERMANENTE MED GRP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) ALFRED DANIELS Mailing Address 81 GLEN RD., APT #2			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BROOKLINE	State MA	Zip Code 02446	Transaction ID: SA11AI.70976 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer ANES ASSOC OF MASS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
\[\]	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) GLENN DAVIS			Date of Receipt	
	Mailing Address 4015 NORTH LANE	2: :	7: 0.1	02 17 2009	
	City FRANKSVILLE	State WI	Zip Code 53126	Transaction ID: SA11AI.70966 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
ь В.	Full Name (Last, First, Middle Initial) P. CRAIG DENNEN	Date of Receipt			
	Mailing Address 21 ORCHARD LN.	02 27 2009			
	City State		Zip Code	Transaction ID: SA11AI.71394	
	SIMSBURY FEC ID number of contributing federal political committee.	C	06070	Amount of Each Receipt this Period 300.00	
	Name of Employer WOODLAND ANESTH	Occupation ANESTH	on HESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
с. С.	Full Name (Last, First, Middle Initial) DAVID DESERTSPRING	Date of Receipt			
	Mailing Address 5506 RAY NASH DR	02 09 2009			
	City GIG HARBOR	State WA	Zip Code 98335	Transaction ID: SA11AI.70775 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		525.00	
	Name of Employer SELF-EMPLOYED	Name of Employer SELF-EMPLOYED PHYSICIAN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00		
	SUBTOTAL of Receipts This Page (optional) .	1		1075.00	
Ì	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 117 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to ESTHESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK DESHUR Mailing Address 2650 RIDGE A City EVANSTON		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer EVANSTON HOSPITAL DEPT. OF ANESTHESIOL Receipt For: □ Primary □ General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) LEISA DE VENNY Mailing Address 3090 YORKTO	Date of Receipt 0 2 0 6 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.70623
TUSCALOOSA	AL 35406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer APMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM DEVORE Mailing Address 363 TWIN OAI	Date of Receipt 0 2 2 6 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.71151
<u>SPARTANBURG</u>	SC 29306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FOOTHILLS ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page /o	otional)	1000.00

_	SOUEDINE A /EEGE SYS			FOR LINE NUMBER: PAGE 30 / 117
,	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
ľ				
•			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Sta	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the r	name and ad	dress of any political committee to	solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	$ar{}$ AMERICAN SOCIETY OF ANESTHESI	OLOGISTS	S POLITICAL ACTION COM	MITTEE
	/			
_	Full Name (Last, First, Middle Initial)			
A.	SUSAN DOBBS CURLING	Date of Receipt		
	Mailing Address 8234 MAGNOLIA GLEN	N DR.		M M / D D / Y Y Y Y
		02 26 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71261
	HUMBLE	TX	77346	Amount of Each Receipt this Period
		121		7 thouse of Each Flooding this Folioa
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupatio	n	7
	Name of Employer N HOUSTON ANESTH		 ESIOLOGIST	
	Receipt For:			-
	Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	1	1000.00	
	Cirier (specify)			
_				
_	Full Name (Last, First, Middle Initial)			Data of Descipt
B.	TIMOTHY DOLES	Date of Receipt		
	Mailing Address 9149 BRENHAM CT	02 27 2009		
	<u></u>			
	City	State	Zip Code	Transaction ID: SA11AI.71400
	MONTGOMERY	<u> </u>	36117	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer MONTGOMERY ANES ASSOC	Occupatio		
		ANESTH	IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
				•
_	Full Name (Last, First, Middle Initial)			
C.	JENNIFER DOLLAR			Date of Receipt
	Mailing Address 869 SHADES CREST F	M M / D D / Y Y Y Y		
				02 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.70834
	BIRMINGHAM	AL	35226	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO-	Occupatio	n	
	PEDIATRIC ANESTHESIA ASSO- C.	ANESTH	IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33. 234.0		1
	Other (specify) ▼		500.00	
				4
Г	I			
	CURTOTAL ACRASSISTA TUES.			2000.00
	SUBTOTAL of Receipts This Page (optional)		······	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 117 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St	atements ma	ay not be sold or used by any perso	13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	daress of any political committee to	solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) LAWRENCE DREWSEN			Date of Receipt
	Mailing Address 6106 E. SHANGRI-LA I	RD.		02 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.71190
	SCOTTSDALE	AZ	85254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY ANES. CONSULT	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	
_	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) PETER DWANE			Date of Receipt
	Mailing Address 4 WYNDHAM PL.			02 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.70650
	DURHAM	NC	27705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DUKE UNIV	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_				
C.	Full Name (Last, First, Middle Initial) DUANE ERBAUGH			Date of Receipt
	Mailing Address 18825 GUNN HWY		02 17 2009	
	City ODESSA	State FL	Zip Code 33556	Transaction ID: SA11AI.70975 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer FLORIDA PED GRP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)		.	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/11/ (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID EVANS			Date of Receipt
Mailing Address 13 WOODMERE D	02 15 2009		
City DOTHAN	State AL	Zip Code 36305	Transaction ID: SA11AI.70867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ACMG, DOTHAN, AL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MARC FALLERONI			Date of Receipt
Mailing Address 1244 W. BRYN MA	0 2 2 6 2 0 0 9		
City CHICAGO	State IL	Zip Code 60660	Transaction ID: SA11AI.71205
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period 250.00
Name of Employer NORTHSHORE UNIV HLTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LISA C.W. FERGUSON			Date of Receipt
Mailing Address 4111 HERITAGE TRAIL			0 2 0 5 2 0 0 9
City TERRE HAUTE	State IN	Zip Code 47803	Transaction ID: SA11AI.70538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Occupation SELF-EMPLOYED PHYSICI			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	.10		2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions				
1 \	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI					
Full Name (Last, First, Middle Initial) VICTOR FERGUSON Mailing Address 44444 LEDITAG	NE TOAH	Date of Receipt				
Mailing Address 4111 HERITAG	02 05 7 2009					
City	State Zip Code	Transaction ID: SA11AI.70540				
TERRE HAUTE FEC ID number of contributing federal political committee.	IN 47803	Amount of Each Receipt this Period 1000.00				
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	7				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) CLAUDE FERRELL						
Mailing Address 210 LYNNWO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City NASHVILLE	State Zip Code TN 37205	Transaction ID: SA11AI.70809 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	7				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) CLAUDE FERRELL	· · · · · /					
Mailing Address 210 LYNNWO	Mailing Address 210 LYNNWOOD BLVD.					
City NASHVILLE	State Zip Code TN 37205	Transaction ID: SA11AI.70810 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (or	otional)	1500.00				

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 117 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	o solicit contributions from such committee.		
. ∠ A.	Full Name (Last, First, Middle Initial) CLAUDE FERRELL			Date of Receipt
٦.	Mailing Address 210 LYNWOOD BLVE	0 2 2 0 7 2 0 0 9		
	City NASHVILLE	State TN	Zip Code 37205	Transaction ID: SA11AI.71447 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-250.00
	Name of Employer AMG	Occupatio ANESTH	n IESIOLOGIST	DUPL AMEX CHARGE CONTRIB
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ -250.00	
_	Full Name (Last, First, Middle Initial) CHRISTOPHER FRANDRUP	Date of Receipt		
	Mailing Address 501 S BURMA AVE	02 26 2009		
	City GILLETTE	State WY	Zip Code	Transaction ID: SA11AI.71281
	FEC ID number of contributing federal political committee.	C	82716	Amount of Each Receipt this Period 500.00
	Name of Employer NO PLAINS ANES ASSOC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) JAMES FUTRELL	Date of Receipt		
	Mailing Address 6141 S. BEDFORD A	0 2 1 1 2 0 0 9		
	City LOS ANGELES	State CA	Zip Code 90056	Transaction ID: SA11AI.70816 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer FUTRELLL MEDICAL CORP	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			500.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 117 (check only one) X		
or fo	information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	on for the purpose of soliciting contributions o solicit contributions from such committee.				
٠	Full Name (Last, First, Middle Initial) GREGORY GAY Mailing Address 1316 COMFORT RD.			Date of Receipt 0 2 0 9 2 0 0 9		
	City AUGUSTA	State GA	Zip Code 30909	Transaction ID: SA11AI.70778 Amount of Each Receipt this Period		
ı	FEC ID number of contributing ederal political committee.	С		250.00		
_	Name of Employer SELF-EMPLOYED		ESIOLOGIST			
1	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
3 . _	Full Name (Last, First, Middle Initial) RALF GEBHARD Mailing Address 1111 BRICKELL BAY [GEBHARD				
(City	State	Zip Code	0 2 0 6 2 0 0 9 Transaction ID: SA11AI.70729		
Ţ	MIAMI	FL	33131	Amount of Each Receipt this Period		
	FEC ID number of contributing ederal political committee.	C		250.00		
	Name of Employer UNIVERSITY OF MIAMI ANES. DEPT.	Occupation ANESTH	n IESIOLOGIST			
ſ	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
				Date of Receipt		
Ī	Mailing Address PO BOX 5699	02 17 2009				
	City SALEM	State OR	Zip Code 97304	Transaction ID: SA11AI.70965 Amount of Each Receipt this Period		
- I	FEC ID number of contributing ederal political committee.	C		250.00		
<u>.</u> !	Name of Employer NORTHWEST PERMAN	Occupation				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
su	BTOTAL of Receipts This Page (optional)			750.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 117 (check only one) X 11a	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) KENNETH GIRALDO			Date of Receipt	
	Mailing Address 5831 BEE RIDGE RI	02 05 2009			
	City	State FL	Zip Code	Transaction ID: SA11AI.70500	
	SARASOTA FEC ID number of contributing federal political committee.	C	34233	Amount of Each Receipt this Period 250.00	
	Name of Employer SUNCOAST PAIN MANAGEMENT CENTER	Occupation PHYSIC			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) KEVIN GLASSMAN	Date of Receipt			
	Mailing Address 2 HOPE LN	02 26 2009			
	City	State	Zip Code	Transaction ID: SA11AI.71216	
	GLEN HEAD	NY	11545	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer GENERAL ANES SERV	Occupation PHYSIC			
			e Year-to-Date		
	Primary General Other (specify) ▼		500.00		
C.	Full Name (Last, First, Middle Initial) BARBARA GOLD			Date of Receipt	
	Mailing Address 4751 GIRARD AVE S	Mailing Address 4751 GIRARD AVE S # SO			
	City	State	Zip Code	Transaction ID: SA11AI.71132	
	MINNEAPOLIS FEC ID number of contributing federal political committee.	C	55419	Amount of Each Receipt this Period 250.00	
	Name of Employer UNIV OF MINNESOTA PHYSICIAN				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional)			1000.00	
	TOTAL This Period (last page this line number				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 117 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MILLEE
Full Name (Last, First, Middle Initial) LAWRENCE GOLDSTEIN			Date of Receipt
Mailing Address 260 W PEACHTREE S	ST		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.70797
NORCROSS	GA	30071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer GWINNETT ANESTHESIA SERVI- CE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARY EVELYN GONZALEZ-ABOLA			Date of Receipt
Mailing Address 410 VALLEYVIEW DR			02 26 7 2009
City JEFFERSON HILLS	State PA	Zip Code 15025	Transaction ID: SA11AI.71208 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIV OF PITTSBUGH PHYS	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TRACY GORDON			Date of Receipt
Mailing Address 11600 SIGNAL AVE. N	I.E.		02 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.70763
ALBUQUERQUE	NM	87122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTRA PC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 117 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may not be sold or used by any per the name and address of any political committee	13 14 15 16 17 rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	SESIOLOGISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) A. RICARDO GOTAY		Date of Receipt
Mailing Address 1304 OAK ST.		02 03 2009
City	State Zip Code	Transaction ID: SA11AI.70458
MELBOURNE	FL 32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TIMOTHY GRANT		Date of Receipt
Mailing Address 723 DUNBLANE DF	3	0 2 D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
City	State Zip Code	Transaction ID: SA11AI.71423
MACON	GA 31210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) HOWARD GREEN	<u> </u>	Date of Receipt
Mailing Address 1545 MEADOW BR	ANCH AVE	02 06 2009
City WINCHESTER	State Zip Code VA 22601	Transaction ID: SA11AI.70659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WINCHESTER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 117 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RALPH GREGG Mailing Address 18400 PIONEER R	D.		Date of Receipt M
City FORT MYERS FEC ID number of contributing federal political committee.	State FL C	Zip Code 33908	Transaction ID: SA11AI.70637 Amount of Each Receipt this Period 250.00
Name of Employer MED ANES & PAIN MGMT Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DAVID GUARNIERI Mailing Address 9820 E. THOMPSC	Date of Receipt 0 2 0 0 9		
City SCOTTSDALE	State AZ	Zip Code 85255	Transaction ID: SA11AI.71302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer VALLEY ANES. CONSULT Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) KATHLEEN GUARNIERI Mailing Address 9820 E. THOMPSC	N PEAK PARK	WAY	Date of Receipt
City	State	Zip Code	0 2 2 6 2 0 0 9 Transaction ID: SA11Al.71300
SCOTTSDALE FEC ID number of contributing federal political committee.	C	85255	Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANES. CONSULTANTS, LTD. Receipt For:		ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼	1.53.5340	250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 117 (check only one) X 11a			
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pers sing the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) CHRISTOPHER GUNN		Date of Receipt			
Mailing Address 840 PINE ST S		0 2 2 7 2 7 2 0 0 9			
City	State Zip Code	Transaction ID: SA11AI.71420			
MACON FEC ID number of contributing federal political committee.	GA 31201	Amount of Each Receipt this Period 500.00			
Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) COOPER HAGERTY Mailing Address 936 LAKE COLO	ONY BLIN	Date of Receipt			
	Maining Address 956 LAKE COLONY NON				
City	State Zip Code	Transaction ID: SA11AI.70969			
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35242	Amount of Each Receipt this Period 500.00			
Name of Employer ARM	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) JEANNINE HALL		Date of Receipt			
Mailing Address 1304 OAK ST.		02 27 YYYY 27 2009			
City	State Zip Code	Transaction ID: SA11Al.71326			
MELBOURNE	FL 32901	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer BREVARD ANESTHESIA SERVIC- ES, P.A.	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (opt	ional)	1500.00			

Mailing Address 1621 E CALLE DE CABALLES					_	
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 ery political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AME OF COMMITTEE (in Full) AMINITEE (in Full)	•		for each category of the		(check only one)	
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 Full Name (Last, First, Middle Initial) FORREST HAMON Mailing Address 1621 E CALLE DE CABALLES City State Zip Code Transaction ID: SA11AI.71295 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer B. Full Name (Last, First, Middle Initial) KEVIN HAMPEL Mailing Address 2113 S. PIN OAK DR. City State Zip Code Primary General Other (specify) ▼ State Zip Code Appropriate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.71430 Amount of Each Receipt this Period FEC ID number of contributing 1000000000000000000000000000000000000		TEMPLES ILOCH 10		Detailed Summary Page		
A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) CORREST HANDON Maling Address 1621 E CALLE DE CABALLES City State Zip Code TEMPE AZ 85284 FEC ID number of contributing		Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) FORREST HAMON Malling Address 1621 E CALLE DE CABALLES City State FEC ID number of contributing lederal political committies. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Primary General Other (specify) State PEC ID number of contributing lederal political committies. NEW IN HAMPET FEC ID number of contributing lederal political committee. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Primary General Other (specify) State Occupation Aggregate Year-to-Date City SPRINGFIELD MO 65809 FEC ID number of contributing lederal political committee. Name of Employer Occupation ANESTHESIOLOGIST Aggregate Year-to-Date City State SPRINGFIELD Aggregate Year-to-Date City State SPRINGFIELD Aggregate Year-to-Date Other (specify) State Springer		\ ' '				
A. FORREST HAMON Mailing Address 1621 E CALLE DE CABALLES City State Zip Code TEMPE AZ 85284 FEC ID number of contributing tederal political committee. C. Name of Employer SELF-EMPLOYED Primary General Other (specity) ▼ Full Name (Last, First, Middle Initial) Name of Employer CASA KANESTHESIA ASSOC Receipt For: Primary General Other (specity) ▼ C. Date of Receipt Tims Period Primary State Zip Code SPRINGFIELD No 55809 Transaction ID: SA11AI.70904 Amount of Each Receipt this Period Transaction ID: SA11AI.70904 Amount of Each Receipt Tims Period Date of Receipt No 1		AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE 	
City State Zip Code TEMPE AZ 85284 FEC ID number of contributing federal political committee. C	Α.				Date of Receipt	
TEMPE AZ 85284 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Primary General Other (specify) ▼ BI Name (Last, First, Middle Initial) EVEN HAMPEL Name of Employers SPRINGFIELD MO 65809 FEC ID number of contributing federal political committee. Name of Employers Occupation PHYSICIAN Date of Receipt Transaction ID: SA11AI.70904 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employers OCARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: SA11AI.70904 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Pull Name (Last, First, Middle Initial) NANCY HARING Malling Address PO BOX 235019 City Sitate Zip Code ANONTGOMERY AL 36123 FEC ID number of contributing federal political committee. C. Name of Employers MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employers MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employers MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. C. Name of Employers MONTGOMERY ANESTHESIA ASS- OC. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Firmary General Other (specify) ▼ 500.00		Mailing Address 1621 E CALLE DE CAE	BALLES			
FEC ID number of contributing rederal political committee. C		-	State	Zip Code	Transaction ID: SA11AI.71295	
Solution Secretary Solution Secretary Solution Secretary Solution Secretary Secretary Solution Solution Secretary Solution Solution Secretary Solution Solution Secretary Solution So		<u>TEMPE</u>	AZ	85284	Amount of Each Receipt this Period	
Receipt For:			C		500.00	
Primary General Gother (specify) ▼ State Zip Code SPRINGFIELD Mo 65809 Transaction ID: SA11AI.70904 Amount of Each Receipt this Period Primary General Gother (specify) ▼ State Zip Code Amount of Each Receipt this Period Primary General Gother (specify) ▼ State Zip Code Amount of Each Receipt this Period Primary General Gother (specify) ▼ State Zip Code Amount of Each Receipt this Period Primary General Gother (specify) ▼ State Zip Code Amount of Each Receipt this Period Date of Receipt Date o		Name of Employer SELF-EMPLOYED				
Other (specify) ▼			Aggregate	e Year-to-Date ▼		
B. KEVIN HAMPEL Mailing Address 2113 S. PIN OAK DR. City State Zip Code MO 65809 FEC ID number of contributing federal political committee. Name of Employer OZARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ C. NANCY HARING Mailing Address PO BOX 235019 City State Zip Code AL 36123 FEC ID number of contributing federal political committee. C. NANCY HARING Mailing Address PO BOX 235019 City State Zip Code AL 36123 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOC City State Zip Code AL 36123 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOC NANCY HARING MONTGOMERY ANESTHESIA ASSOC NAME of Receipt Transaction ID: SA11AI.70904 Date of Receipt Transaction ID: SA11AI.70904 Transaction ID: SA11AI.70904 Amount of Each Receipt this Period Transaction ID: SA11AI.70904 Transaction ID: SA11AI.70904 Amount of Each Receipt this Period Transaction ID: SA11AI.70904 Transaction ID: SA11AI.70904 Amount of Each Receipt this Period Transaction ID: SA11AI.70904 Amount of Each Receipt Transaction ID: SA11AI.71430			0 0	500.00		
City State Zip Code MO 65809 FEC ID number of contributing federal political committee. Name of Employer OZARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ CITY State Zip Code AL 36123 Date of Receipt Transaction ID: SA11AI.70904 Amount of Each Receipt this Period 250.00 Description ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Montgomery All 36123 FEC ID number of contributing federal political committee. Name of Employer Montgomery Anesthesia Assoc OC Anesthesia Assoc OC Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Montgomery All 36123 Transaction ID: SA11AI.71430 Amount of Each Receipt this Period Transaction ID: SA11AI.71430 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Montgomery Anesthesia Assoc Occupation Anesthesia Assoc Occupation Anesthesia Assoc Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Sip Code Anesthesia Assoc Occupation Anesthesia Assoc Other (specify) ▼ Aggregate Year-to-Date ▼ State Sign Code Anesthesia Assoc Occupation Anesthesia Assoc Other (specify) ▼ Aggregate Year-to-Date ▼ State Sign Code Anesthesia Assoc Occupation Anesthesia Assoc Other (specify) ▼ Aggregate Year-to-Date ▼ State Sign Code Anesthesia Assoc Occupation Anesthesia Assoc Other (specify) ▼ Aggregate Year-to-Date ▼ State Sign Code Anesthesia Assoc Occupation Anesthesia Assoc Oc	- В.		Date of Receipt			
SPRINGFIELD MO 65809 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer OZARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ CITY State Zip Code MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY AL 36123 Receipt For: Name of Employer MONTGOMERY ANESTHESIA ASSOC Receipt For: Primary General Occupation AMONTGOMERY ANESTHESIA ASSOC COC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Soo.00 Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Soo.00 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Soo.00 Cocupation Anesthesiologist Aggregate Year-to-Date ▼ Soo.00 Soc.00 Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Soo.00 Anesthesion ID: SA11AI.71430 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Soo.00 Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Soo.00 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Soo.00 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Soo.00 Cocupation Anggregate Year-to-Date ▼ Soo.00 Anggregate Year-to-Date ▼ Soo.00 Anggregate Year-to-Date ▼ Soo.00 Anggregate Year-to-Date ▼ Soo.00		Mailing Address 2113 S. PIN OAK DR.				
FEC ID number of contributing federal political committee. Name of Employer OZARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) NANCY HARING Mailing Address PO BOX 235019 City State Zip Code AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOC Receipt For: Primary General Occupation ANESTHESIOLOGIST OCCUpation ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANESTHESIA ASSOC ANESTHESIOLOGIST OCHOPICAL STATE OF THE SIA ASSOC ANESTHESIA ASSOC ANEST ANESTHESIA ASSOC ANEST ANESTHESIA ASSOC ANESTHES				Zip Code	Transaction ID: SA11AI.70904	
Name of Employer OZARK ANESTHESIA ASSOC		SPRINGFIELD	MO	65809	Amount of Each Receipt this Period	
OZARK ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) NANCY HARING Mailing Address PO BOX 235019 City State Zip Code MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Ozcupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00			C		250.00	
Primary General Other (specify) ▼		Name of Employer OZARK ANESTHESIA ASSOC				
C. Full Name (Last, First, Middle Initial) NANCY HARING Mailing Address PO BOX 235019 City State Zip Code MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOOC Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Mond Mond Receipt Transaction ID: SA11AI.71430 Amount of Each Receipt this Period 500.00 ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00			Aggregate	e Year-to-Date		
C. NANCY HARING Mailing Address PO BOX 235019 City State Zip Code MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / 27 / 2009 Transaction ID: SA11AI.71430 Amount of Each Receipt this Period C SOCUPATION AMOUNT OF Each Receipt this Period 500.00				250.00		
City MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASS- OC Receipt For: Primary Other (specify) General Other (specify) State Zip Code AL 36123 Amount of Each Receipt this Period C 500.00	С. С.				Date of Receipt	
City State Zip Code MONTGOMERY AL 36123 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ State Zip Code AL 36123 Amount of Each Receipt this Period 500.00 Transaction ID: SA11AI.71430 Amount of Each Receipt this Period 500.00		Mailing Address PO BOX 235019				
FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTHESIA ASSOC ANESTHESIOLOGIST Receipt For: Primary General Other (specify) Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00		City	State	Zip Code		
Name of Employer MONTGOMERY ANESTHESIA ASS- OC Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00		MONTGOMERY	AL	36123		
OC Receipt For:			C		500.00	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00						
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate			
į.		SUBTOTAL of Receipts This Page (optional)			1250.00	

SCHEDULE A (FEC FITEMIZED RECEIPTS	2 OSC SOPARALO SOFICIALICA	
or for commercial purposes, other NAME OF COMMITTEE (In F	Reports and Statements may not be sold or used by any than using the name and address of any political committull) ANESTHESIOLOGISTS POLITICAL ACTION (ttee to solicit contributions from such committee.
Full Name (Last, First, Middle ALLEN HAYMAN Mailing Address 7 GOLDE City	<u>'</u>	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FALMOUTH FEC ID number of contributing federal political committee.	ME 04105	Amount of Each Receipt this Period 1000.00
Name of Employer YORK HOSPITAL DEPT OF STHESIOLOGY Receipt For: Primary Gener Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle CHARLES HEWELL Mailing Address 519 WING	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ST. CHARLES	State Zip Code IL 60174	Transaction ID: SA11AI.70753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer KANE ANESTHESIA ASSOC S, S.C. Receipt For: Primary Gener Other (specify) ▼	Aggregate Year-to-Date ▼	-
Full Name (Last, First, Middle HEATH HIGGINS Mailing Address 12125 CA	Initial)	Date of Receipt
City	State Zip Code	0 2 0 6 2 0 0 9 Transaction ID: SA11AI.70733
EDMOND FEC ID number of contributing federal political committee.	OK 73013	Amount of Each Receipt this Period 250.00
Name of Employer COMP ONE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary Gener Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
SUBTOTAL of Receipts This Pa	age (optional)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LYLE HILEMAN Mailing Address 8242 LODGEPOLE TF City LONE TREE FEC ID number of contributing federal political committee. Name of Employer METRO DENVER ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code CO 80124 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M C 26 26 2009 Transaction ID: SA11AI.71228 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) ALBERT HO Mailing Address 2033 BRANDON CIR City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer NORTHEAST ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code NC 28211 C Occupation PHYSICIAN Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GLEN HOLLEY Mailing Address 2104 PENINSULA DR. City FLOWER MOUND FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANES CONSUL Receipt For: Primary General Other (specify)	State Zip Code TX 75022 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1300.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 117 (check only one) X
or for con	mation copied from such Reports and S nmercial purposes, other than using the FOF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
MINAL Mailin City BRE	ame (Last, First, Middle Initial) . HOLLOWELL g Address 1503 FOREST GARDE NTWOOD D number of contributing	State TN	Zip Code 37027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name ANES P.C. Recei	of Employer THESIA MEDICAL GROUP,	Occupation RESIDEI Aggregate		250.00
MICH	ame (Last, First, Middle Initial) AEL HOLUB g Address 13601 PRESTON RD.,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: SA11AI.71406
<u>DALI</u>		TX	75240	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C		250.00
Name PINN	of Employer ACLE ANES CONSULT	Occupatio ANESTH	n IESIOLOGIST	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
ROBE	ame (Last, First, Middle Initial) RT HOOLSEMA g Address 6306 HILLVIEW WAY			Date of Receipt 0 2 0 5 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.70554
FEC I	OULA D number of contributing I political committee.	C	59803	Amount of Each Receipt this Period 250.00
Name MISS	of Employer OULA ANESTH	Occupatio PHYSICI		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	FAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 117 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle		BIOLOGISTS	5 POLITICAL ACTION COM	V EE
۱.	Full Name (Last, First, Middle Initial) RUSSELL HORN			Date of Receipt
	Mailing Address 390 HIGHLAND AVE.			02 05 2009
	City RIDGEWOOD	State NJ	Zip Code 07450	Transaction ID: SA11AI.70498
	FEC ID number of contributing federal political committee.	C	07430	Amount of Each Receipt this Period 250.00
	Name of Employer HACKENSACK ANES	Occupation		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) STEPHEN HOUDE			Date of Receipt
	Mailing Address 807 ALBEROSKY WAY	02 24 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71072
	BATAVIA	<u>IL</u>	60510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTH ASSOC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) JIAN HUA			Date of Receipt
	Mailing Address 213 HAMPTON CT			02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71421
	MACON FEC ID number of contributing federal political committee.	GA C	31210	Amount of Each Receipt this Period 500.00
	Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 117 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GREGORY HULSEY Mailing Address 17216 OSPREY CIR			Date of Receipt 0 2 0 6 2 0 0 9
City EDMOND	State OK	Zip Code 73012	Transaction ID: SA11AI.70734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NW ANESTHESIA Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JOHN HUNTER Mailing Address 46-133 PUNALEI PL			Date of Receipt
City KANEOHE FEC ID number of contributing	State HI	Zip Code 96744	Transaction ID: SA11AI.71263 Amount of Each Receipt this Period 250.00
name of Employer THE ANES MED GRP	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN HUNTINGTON			Date of Receipt
Mailing Address 3333 EVERGREEN DF			02 20 7 20 9
City GRAND RAPIDS	State MI	Zip Code 49525	Transaction ID: SA11AI.71025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, PC	Occupation PHYSICI.	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM-	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) REX HYER Mailing Address 6401 CAHOBA DR	ESIOLOGISTS POLITICAL ACTION CON	Date of Receipt
City FORT WORTH	State Zip Code TX 76135	0 2 0 8 2 0 0 9 Transaction ID: SA11AI.70756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer NORTHSTAR ANESTHESIA	Occupation ANISTI ISSIQLOGIST	250.00
Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK ISAAC Mailing Address 1459 LEXINGTON C	NTARIO RD	Date of Receipt 0 2 2 6 2 0 0 9
City	State Zip Code OH 44903	Transaction ID: SA11AI.71147
MANSFIELD FEC ID number of contributing federal political committee.	OH 44903	Amount of Each Receipt this Period 250.00
Name of Employer RUSH UNIV MED CRT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MATTHEW JACOBSON		Date of Receipt
Mailing Address 1304 OAK ST.		02 16 2009
City MELBOURNE	State Zip Code FL 32901	Transaction ID: SA11AI.70869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32301	500.00
Name of Employer BAS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JON JACOBY			Date of Receipt
	Mailing Address 2300 N. EDWARD ST		7: Codo	02 26 2009
	City DECATUR	State IL	Zip Code 62526	Transaction ID: SA11AI.71239 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02320	500.00
	Name of Employer AAD	Occupation PHYSIC		
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)		500.00	
- В.	Full Name (Last, First, Middle Initial) SANJAY JAIN			Date of Receipt
	Mailing Address 135 CLARK ST.	02 25 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71099
	NEWTON	MA	02159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AAM	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) MATTHEW JOHNSON			Date of Receipt
	Mailing Address 4479 SUMMERVIEW	ROAD		02 26 2009
	City BOUNTIFUL	State UT	Zip Code 84010	Transaction ID: SA11AI.71197 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MOUNTAIN WEST ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line numbe		•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 117 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KYLE JONES Mailing Address 11 ADAMS ALY SE City HUNTSVILLE FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE ANES SERV Receipt For: Primary General Other (specify)	State Zip Code AL 35801 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) WILLIAM JORDAN Mailing Address 1859 RIDGE AVE City MONTGOMERY FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY ANESTH Receipt For: Primary General Other (specify)	State Zip Code AL 36106 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 Z 7 Z 0 0 9 Transaction ID: SA11AI.71431 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) JOHN JOSEPH Mailing Address P.O. BOX 1072 City ROSELAND FEC ID number of contributing federal political committee. Name of Employer BETHESDA MEM HOSP Receipt For: Primary General Other (specify)	State Zip Code FL 32957 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D G / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ory of the
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	und Statements may not be sold or use g the name and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL AC	CTION COMMITTEE
Full Name (Last, First, Middle Initial) GARY KALAN Mailing Address P.O. BOX 772		Date of Receipt
City	State Zip Code	0 2 0 6 2 0 0 9 Transaction ID: SA11AI.70689
GREENWICH FEC ID number of contributing federal political committee.	CT 06836	Amount of Each Receipt this Period 250.00
Name of Employer GREENWICH ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) STEVEN KARP		Date of Receipt
Mailing Address 201 WINDOVER A	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: SA11AI.71021
VIENNA FEC ID number of contributing federal political committee.	VA 22180	Amount of Each Receipt this Period 250.00
Name of Employer FOAA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) JENNIFER KELLER		Date of Receipt
Mailing Address 289 COUNTY RD		02 27 2009
City	State Zip Code	Transaction ID: SA11AI.71416
WINDSOR FEC ID number of contributing federal political committee.	VT 05089	Amount of Each Receipt this Period 250.00
Name of Employer MT. ASCUTNEY HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	he (crieck offly offe)
NAME OF COMMITTEE (In Full)		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
AMERICAN SOCIETY OF AI	IESTHESIOLOGISTS POLITICAL ACTION	N COMMITTEE
Full Name (Last, First, Middle Initia WILLIAM KELLY	I)	Date of Receipt
Mailing Address 10809 BUCK		02 05 2009
City POWELL	State Zip Code OH 43065	Transaction ID: SA11AI.70534
FEC ID number of contributing federal political committee.	OH 43065	Amount of Each Receipt this Period 500.00
Name of Employer CAI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initia WILLIAM KELLY	,	Date of Receipt
Mailing Address 10809 BUCK	02 18 2009	
City	State Zip Code	Transaction ID: SA11AI.70993
POWELL	OH 43065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-500.00
Name of Employer NSF CHECK	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ -500	.00
Full Name (Last, First, Middle Initia LEONARD KIM	J)	Date of Receipt
Mailing Address 2142 COURT	LAND AVE	02 26 2009
City SAN MARINO	State Zip Code CA 91108	Transaction ID: SA11AI.71277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250	.00
SUPTOTAL of Pagainta This Paga	optional)	250.00

SCHEDULE A (FEC Form 3X)

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
2	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	MITTEE		
Α.	Full Name (Last, First, Middle Initial) MICHELLE KIM	DE 114 B1610	(Date of Receipt
	Mailing Address 9290 E THOMPSON	PEAK PKWY	7 UNIT 227	02 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.71289
	SCOTTSDALE	AZ	85255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ 3.	Full Name (Last, First, Middle Initial) JOHN KIRKEIDE			Date of Receipt
	Mailing Address 2340 PARADISE RD.	02 / 06 / 4 2009		
	City	Zip Code	Transaction ID: SA11AI.70736	
	MISSOULA	MT	59804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MISSOULA ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
- :.	Full Name (Last, First, Middle Initial) ROBERT KITTERMAN	1		Date of Receipt
	Mailing Address 7613 SILVERSTONE	CT		02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71350
	GRIMES	IA	50111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MGA		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) IAMES KLAMIK			Date of Receipt
N	Mailing Address 1225 ORCHARD LN.			02 06 2009
	Dity	State	Zip Code	Transaction ID: SA11AI.70656
<u> </u>	ELM GROVE	WI	53122	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
<u>1</u> 3	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) MICHAEL KLEMM			Date of Receipt
_	Mailing Address 683 BELVEDERE DR.	0 2 0 5 7 2 0 0 9		
	Dity	State	Zip Code	Transaction ID: SA11AI.70504
-	BENICIA	CA	94510	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		500.00
<u>1</u>	Name of Employer PERMANENTE MED GRP	Occupatio PHYSICI		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) LOYD KLIBERT			Date of Receipt
N	Mailing Address 4713 JANICE AVE.			02 24 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.71086
-	KENNER	LA	70065	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)	I		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports ar	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 117 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD	ROAD	Date of Receipt
City LOUISVILLE	State Zip Code KY 40207	02 26 2009 Transaction ID: SA11AI.71145
FEC ID number of contributing federal political committee.	C 40207	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF LOUISVILLE Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) LISA KOENIG		Date of Receipt
Mailing Address 13276 10TH ST. S.		02 17 2009
City <u>AFTON</u>	State Zip Code MN 55001	Transaction ID: SA11AI.70977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AAPA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. COURTNEY KOSHAR		Date of Receipt
Mailing Address 77 E. COLUMBUS	AVE., #201	02 27 2009
City <u>PHOENIX</u>	State Zip Code AZ 85012	Transaction ID: SA11AI.71339 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer METRO ANES. CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I) >	1750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		lse separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 117 (check only one)
ITEMIZED RECEIPTS	I	or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOI OGISTS PO	NUTICAL ACTION COM	MITTEE
/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DETITIONE ACTION CON	
Full Name (Last, First, Middle Initial) KAROLYN KRAMER			Date of Receipt
Mailing Address 1659 N. PELHAM RD I	NE		02 17 2009
City ATLANTA	State GA	Zip Code 30324	Transaction ID: SA11AI.70962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30024	250.00
Name of Employer DEKALB ANES ASSOC	Occupation ANESTHESI	OLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK KRAUSE			Date of Receipt
Mailing Address 1439 NORTH MOHAW	/K		02 05 2009
City		Zip Code	Transaction ID: SA11AI.70508
CHICAGO FEC ID number of contributing	<u>IL</u>	60610	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer PROVIDENT HOSPITAL DEPART- MENT OF ANEST	Occupation ANESTHESI	OLOGIST-PHYSICIAN	
Receipt For: Primary General	Aggregate Yea	r-to-Date ▼	
Other (specify) ▼	0 0 0	250.00	
Full Name (Last, First, Middle Initial) SUSAN KREHER			Date of Receipt
Mailing Address 7719 WYNLAKES BLV	/D.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: SA11AI.71198
MONTGOMERY FEC ID number of contributing federal political committee.	C	36117	Amount of Each Receipt this Period 500.00
Name of Employer MONTGOMERY ANES	Occupation ANESTHESI	OLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) USHA KRISHNAMURTHY Mailing Address 57 VIOLA DR.			Date of Receipt
	City	State	Zip Code	0 2 0 9 2 0 0 9 Transaction ID: SA11AI.70793
	GLEN COVE	NY	11542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) ELLIS LAI			Date of Receipt
	Mailing Address 21410 GRANT AVENU	IE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.71031
	TORRANCE	CA	90503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CEDARS-SINAI MEDICAL CENT- ER ANESTHESIO	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) TANNER LANG			Date of Receipt
	Mailing Address N3292 FEATHER RIDO	GE DR		0 2 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.70633
	APPLETON	WI	54913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNITED ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 117 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any perso lime and address of any political committee to	on for the purpose of soliciting contributions
 	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) CHRISTIAN LARSEN	Date of Receipt	
	Mailing Address 6978 S.E. 12TH CIRCLE	02 26 2009	
	City	State Zip Code	Transaction ID: SA11AI.71260
	OCALA	FL 34480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) JORDAN LEAKE		Date of Receipt
	Mailing Address 4630 E PALOMINO RD	02 26 2009	
	City	State Zip Code	Transaction ID: SA11AI.71291
	PHOENIX	AZ 85018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial)		
C.	GEORGE LEE		Date of Receipt
	Mailing Address 235 WHITEHAVEN WAY	,	02 08 2009
	City	State Zip Code	Transaction ID: SA11AI.70761
	MARTINEZ FEC ID number of contributing	CA 94553	Amount of Each Receipt this Period
	federal political committee.	C	300.00
	Name of Employer SELF	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
Γ			800.00
	SUBTOTAL of Receipts This Page (optional)		000.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	ation copied from such Reports and Strancrial purposes, other than using the DF COMMITTEE (In Full)	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
MICHAE				Date of Receipt
Mailing /	Address 15W316 60TH ST.			02 12 2009
City	DIDOF	State	Zip Code	Transaction ID: SA11AI.70832
	RIDGE	IL	60527	Amount of Each Receipt this Period
	number of contributing political committee.	С		250.00
- <u></u>	f Employer IRST ANESTHESIOLOGISTS	Occupation PHYSICI		
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Nan	ne (Last, First, Middle Initial)			Date of Receipt
	Address 100 EXETER ST.			0 2 1 6 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.70881
<u>NEWT</u>	ON	MA	02465	Amount of Each Receipt this Period
	number of contributing political committee.	С		250.00
Name of WINCH OCIATE	f Employer IESTER ANESTHESIA ASS- ES ,	Occupation PHYSICI		
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Nan	ne (Last, First, Middle Initial) .U			Date of Receipt
-	Address 4710 N. 44TH ST.			02 27 2009
City PHOEI	NIY	State AZ	Zip Code 85018	Transaction ID: SA11AI.71337
FEC ID	number of contributing political committee.	C	03010	Amount of Each Receipt this Period 1000.00
Name of SELF-E	f Employer MPLOYED	Occupation ANESTH	n IESIOLOGIST	
	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTA	AL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) JEFFREY LU		Date of Receipt
Mailing Address 30 NORTH 1900 E	AST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.71104
SALT LAKE CITY	UT 84132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF UTAH DEPART- MENT OF ANEST	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
KATARZYNA LUBA	-V DD 05	Date of Receipt
Mailing Address 4500 LOIRE VALLE	02 26 2009	
City	State Zip Code	Transaction ID: SA11AI.71256
GRAND RAPIDS	MI 49546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES MED CONSULT	Occupation ANESTHESIOLOGIST	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 14808 SUTTON DF	R.	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: SA11AI.70638
SAN JOSE	CA 95124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer GROUP ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 117 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BOSE MANDAVA		Date of Receipt
Mailing Address 7117 FAY AVE		02 17 2009
City	State Zip Code	Transaction ID: SA11AI.70902
LA JOLLA	CA 92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRUCE MANNES	I	Date of Receipt
Mailing Address 2443 E MELROS	SE ST	02 26 7 2009
City	State Zip Code	Transaction ID: SA11AI.71188
MESA	AZ 85213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer METRO ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JULIUS MAPALAD		Date of Receipt
Mailing Address 450 E 96TH ST	STE 200	02 19 2009
City INDIANAPOLIS	State Zip Code IN 46240	Transaction ID: SA11AI.71010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COMMUNITY ANESTHESIA ASSO- CIATES	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GLEN MARTIN Mailing Address 816 BAYTREE LANE		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.70669
PONTE VEDRA BEACH FEC ID number of contributing federal political committee.	FL 32082	Amount of Each Receipt this Period 250.00
Name of Employer JACKSONVILLE ANES Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) LEO MARTIN		Date of Receipt
Mailing Address 4205 E SAN MIGUEL		02 26 2009
City PHOENIX	State Zip Code AZ 85018	Transaction ID: SA11AI.71293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) HECTOR MARTINEZ	1	Date of Receipt
Mailing Address 18 DEVEREUX DR		02 06 2009
City ALLEGANY	State Zip Code NY 14706	Transaction ID: SA11AI.70629 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHERN TIER ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1500.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial NAME OF CC	purposes, other than using the DMMITTEE (In Full)	name and add	y not be sold or used by any person dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
City WILMETTE FEC ID number federal political Name of Emple N SHORE UN Receipt For: Primary	er of contributing		Zip Code 60091 on IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres City NOVELTY FEC ID number federal politication Name of Employee And Clevel And Primary	er of contributing al committee.		Zip Code 44072 n IESIOLGIST DOCTOR e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2
City OKLAHOMA FEC ID number federal politica Name of Employers SELF Receipt For: Primary	A CITY er of contributing al committee.	State OK C Occupatio PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of F	Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 117 (check only one) X 11a 11b 11c 12
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may not be sold or used by any persor	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	HESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN MAXWELL		Date of Receipt
Mailing Address 90 RAPP RD		02 06 7 2009
City	State Zip Code	Transaction ID: SA11AI.70675
VALATIE	NY 12184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) WILLIAM MAXWELL		Date of Receipt
Mailing Address 2366 NEWCASTLE	E AVE.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.71218
CARDIFF BY THE SEA	CA 92007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN MAZE	L	Date of Receipt
Mailing Address ANES. OFFICE SE	RVICE,INC.	02 26 YYYYY 26 2009
City	State Zip Code	Transaction ID: SA11AI.71174
HIAWATHA	IA 52233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LCA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 117 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES MCADAMS Mailing Address 4916 OVERTON PLZ City FORT WORTH FEC ID number of contributing federal political committee. Name of Employer NORTHSTAR ANESTH Receipt For: Primary General	State Zip Code TX 76109 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt 0 2 0 5 2 0 0 9 Transaction ID: SA11AI.70528 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) BRADLEY MCALLISTER Mailing Address 6608 OLD MILL CIR. City SALT LAKE CITY FEC ID number of contributing federal political committee. Name of Employer MOUNTAIN WEST ANES	State Zip Code UT 84121 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) GREGORY MCCOMAS Mailing Address 6578 CANYON COVE City SALT LAKE CITY	Aggregate Year-to-Date ▼ 250.00 PL. State Zip Code UT 84121	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MOUNTAIN WEST ANES Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	250.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	750.00

	SCHEDULE A (FEC Form 3X)		Llas separata ashadula(a)	FOR LINE NUMBER: PAGE 65 / 117
ITEMIZED RECEIPTS	· ·		Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ = 5.55 = 5, 1 5	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements mag ame and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIG	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES MCDONALD			Date of Receipt
	Mailing Address 130 HERITAGE CT			02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71418
	MACON	GA	31210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CENTRAL GEORGIA ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) JOHN MCMANAMY			Date of Receipt
	Mailing Address 210 HIGH ST			02 / 21 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.71034
	<u>NEWBURYPORT</u>	MA	01950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General	199.194.1	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) KATHRYN MCQUEEN			Date of Receipt
	Mailing Address 1850 N CENTRAL AVE	STE 1600		02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71341
	PHOENIX	ΑZ	85004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer VALLEY ANES. CONSULTANTS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 117 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	THESIOLOGISTS POLITICAL ACTION COMN	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALAN MENEFEE		Date of Receipt
Mailing Address P.O. BOX 3010		02 06 2009
City	State Zip Code	Transaction ID: SA11AI.70677
CHICO	CA 95927	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BEREND METS		Date of Receipt
Mailing Address 500 UNIVERSITY	DR RM C2840	0 2 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.71080
HERSHEY	PA 17033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PENNSYLVANIA STATE HERSHEY MEDICAL CEN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHANTELLE MILLER	I	Date of Receipt
Mailing Address 6196 E CALLE CA	AMELIA	02 26 YYYYY 2009
City	State Zip Code	Transaction ID: SA11AI.71298
SCOTTSDALE	AZ 85251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES CONSUL	Occupation ANESTHESIOLOGIST]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUPTOTAL of Possints This Poss (antic		1000.00
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Use separate schedule(s) for each category of the Detailed Summary Page X 11a	ommittee. Y Y Y Y 2 0 0 9 .70996
ITEMIZED RECEIPTS To each category of the Detailed Summary Page	16 17 Intributions ommittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or political committee. An information copied from such Receipt to place and address of any political committee to solicit contributions from such or soliciting to a s	16 17 Intributions ommittee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting color for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions	ntributions ommittee. Y Y Y Y Y 2 0 0 9 .70996 nis Period
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MICHAEL MILLER Mailing Address 15936 OAK PARK CT City State Zip Code WESTFIELD IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI Date of Receipt 1 Amount of Each Receipt 1 Date of Receipt 2 0 2 2 6 Transaction ID: SA11AI Amount of Each Receipt 1 Amount of Each Receipt 1 Amount of Each Receipt 1 Transaction ID: SA11AI Amount of Each Receipt 2 Transaction ID: SA11AI Date of Receipt 2 0 2 2 6 Transaction ID: SA11AI Amount of Each Receipt 1 Transaction ID: SA11AI Date of Receipt 2 0 2 2 6 Transaction ID: SA11AI Amount of Each Receipt 1 C Transaction ID: SA11AI Date of Receipt 2 0 2 2 6 Transaction ID: SA11AI Amount of Each Receipt 3 Transaction ID: SA11AI Date of Receipt 3 Date of Rece	2 0 0 9 .70996 nis Period
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MichAel Miller Mailing Address 15936 OAK PARK CT City State Zip Code WESTFIELD IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. Name of Employer Active Scriptover Active Poort Occupation Amount of Each Receipt to Transaction ID: SA11Al Amount of Each Receipt to Transaction ID: SA11Al Amount of Each Receipt to SCRIPTOVER SCRIPTO	2 0 0 9 .70996 nis Period
A. MERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Michael Miller Mailing Address 15936 OAK PARK CT City State Zip Code IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI Amount of Each Receipt to Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT PA 17701 Amount of Each Receipt to Transaction ID: SA11AI Amount of Each Receipt to An In	2 0 0 9 .70996 nis Period
A. MICHAEL MILLER Mailing Address 15936 OAK PARK CT City State Zip Code WESTFIELD IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WillLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. City State Zip Code WILLIAMSPORT PA 17701 Amount of Each Receipt Transaction ID: SA11AI Amount of Each Receipt Transaction ID: SA11AI Coccupation Coccupation Coccupation Occupation	2 0 0 9 .70996 nis Period
City State Zip Code IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Answer Species of Coupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code Transaction ID: SA11AI Amount of Each Receipt to SA15AI Amount of Each Receipt to Transaction ID: SA11AI Amount of Each Receipt to SA15AI	2 0 0 9 .70996 nis Period
City State Zip Code IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code Transaction ID: SA11AI Amount of Each Receipt to Coccupation Name of Employer Coccupation Occupation Occupation Occupation Occupation Occupation	.70996 nis Period
WESTFIELD IN 46074 FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code Transaction ID: SA11AI Minume (Last, Receipt to the part of t	nis Period
FEC ID number of contributing federal political committee. Name of Employer ACI,LLC Name of Employer ACI,LLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code Transaction ID: SA11AI WILLIAMSPORT FEC ID number of contributing federal political committee. Name of Employer ACI,LLC ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI Amount of Each Receipt till C	
Receipt For: Primary Other (specify) Other (specify) Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT FEC ID number of contributing federal political committee. Name of Employer ANES ASSOCIMASPORT Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt M M M / D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D / Y D D D D / Y D D D D / Y D D D D / Y D D D D / Y D D D D D D D D D D D D D D D D D D D	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. Name of Employer ANES A SSOCAWASPORT Total to State Suppose Social MASPORT Occupation Occupation	
Other (specify) ▼ Full Name (Last, First, Middle Initial) HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT FEC ID number of contributing federal political committee. Name of Employer ANES ASSOCIAMASPORT Total Date of Receipt M M M D D D D D D D D D D D D D D D D	
B. HARRY MINTZER Mailing Address 125 GRAMPIAN BLVD. City State Zip Code WILLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. Name of Employer ANES A SSOCAWASPORT Date of Receipt M M M O 2 2 6 Transaction ID: SA11AI Amount of Each Receipt to 17701 Amount of Each Receipt to 17701	
City State Zip Code WILLIAMSPORT PA 17701 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOCIAMASPORT Occupation	
WILLIAMSPORT PA 17701 Amount of Each Receipt to C Name of Employer ANES ASSOCIAMASPORT Occupation	2009
FEC ID number of contributing federal political committee. Name of Employer ANIES ASSOCIAMASPORT Occupation	.71161
Name of Employer ANES ASSOCIAMASPORT Occupation	nis Period
Name of Employer ANES ASSOC WMSPORT PHYSICIAN	500.00
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 500.00	
Full Name (Last, First, Middle Initial) C. JONATHAN MOCERI Date of Receipt	
Mailing Address 1037 NE 65TH ST, PMB 228	2009
City State Zip Code Transaction ID: SA11Al	
SEATTLE WA 98115 Amount of Each Receipt to	nis Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation SELF ANESTHESIOLOGIST	250.00
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00	250.00
SUBTOTAL of Receipts This Page (optional)	250.00

or for commercial purposes, other than using the name and address of any political committee. NAME OF COMMITTEE In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) AL PARAS MIDDI Malling Address 26 REGENCY DR City VOORHEES NJ 08043 FEC ID number of contributing federal political committee. Name of Employer City Full Name (Last, First, Middle Initial) J. MCLLNER Malling Address 3419 VIA LIDO, #218 FEC ID number of contributing federal political committee. Name of Employer State Zip Code NAESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70642 Amount of Each Receipt this Period Primary General Other (specify) ▼ City State Zip Code NEWPORT BEACH CA 92683 FEC ID number of contributing federal political committee. C State Zip Code NAESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70642 Amount of Each Receipt this Period Primary General Other (specify) ▼ C State Zip Code NAESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70642 Amount of Each Receipt this Period Primary General Other (specify) ▼ Transaction ID: SA11AI.70642 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C State Zip Code NAME OF	ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
Mailing Address 26 REGENCY DR City	\ Z	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial)			MITTEE
VOORHEES NJ 08043 FEC ID number of contributing federal political committee. Name of Employer political committee. Name of Employer Countributing and Countributing federal political committee. Name of Employer SASOC Receipt For Primary General Other (specify) ▼ B. J. MOLLNIER Mailing Address 34:19 VIA LIDO, #218 City State Zip Code NAVESTHESIOLOGIST Receipt For SELF-EMPLOYED Name of Employer SELF-EMPLOYED Name of Employer SELF-EMPLOYED Receipt For Primary General Other (specify) ▼ Coccupation ANESTHESIOLOGIST Receipt For Self-EMPLOYED Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt NAW 39204 FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Georage MoMANY Mailing Address 104 W 5TH AVE STE 250 City State Zip Code WA 99204 FEC ID number of contributing federal political committee. C. State Zip Code WA 99204 FEC ID number of contributing federal political committee. Receipt For State Zip Code WA 99204 FEC ID number of contributing federal political committee. Receipt For State Zip Code WA 99204 FEC ID number of contributing federal political committee. Receipt For State State Zip Code WA 99204 FEC ID number of contributing federal political committee. Receipt For State Stat	Α.	Mailing Address 26 REGENCY DR			02 26 2009
Name of Employer City State Zip Code Name of Employer FC ID number of contributing federal political committee. C. Receipt For: Primary General Other (specify) ▼		VOORHEES FEC ID number of contributing	NJ	•	Amount of Each Receipt this Period
B. J. MOLLNER Mailing Address 3419 VIA LIDO, #218 City State Zip Code CA 92663 FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) GEORGE MOMANY Mailing Address 104 W 5TH AVE STE 250 City State Zip Code CA 92663 Full Name (Last, First, Middle Initial) GEORGE MOMANY Mailing Address 104 W 5TH AVE STE 250 City State Zip Code WA 99204 FEC ID number of contributing federal political committee. C. State Zip Code WA 99204 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA GROUP ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 250.00 ANESTHESIOLOGIST Receipt For: PHYSICIAN ANESTHESIA GROUP ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 250.00		Name of Employer LOURDES ANES ASSOC Receipt For: Primary General	Occupation ANESTH	HESIOLOGIST e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) GEORGE MOMANY Mailing Address 104 W 5TH AVE STE 250 City State Zip Code Yang Amount of Each Receipt 10 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 9 1 2 0 0 0 9 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0 0 0 1 2 0	— В.	J. MOLLNER Mailing Address 3419 VIA LIDO, #218 City NEWPORT BEACH FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General	CA C Occupation ANESTH	92663 on HESIOLOGIST e Year-to-Date ▼	Transaction ID: SA11AI.70642 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	_ C.	Full Name (Last, First, Middle Initial) GEORGE MOMANY Mailing Address 104 W 5TH AVE STE 2 City SPOKANE FEC ID number of contributing federal political committee.	State WA C	Zip Code 99204	Transaction ID: SA11AI.70430 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Γ	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State		atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 69 / 117 (check only one) X	
N. A	r commercial purposes, other than using the n AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHESION Ull Name (Last, First, Middle Initial)		•		
A. <u>D</u> M	ENNIS MORRIS lailing Address 6330 E. 116TH ST.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
<u>T</u> Fi	ity <u>'ULSA</u> EC ID number of contributing deral political committee.	State OK	Zip Code 74137	Transaction ID: SA11AI.70401 Amount of Each Receipt this Period 500.00	
<u>S</u>	ame of Employer SSOCIATED ANESTHESIOLOGI- T, INCE eceipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate			
B. <u>Jo</u> M Ci <u>L</u>	ull Name (Last, First, Middle Initial) DHN MURPHY lailing Address 800 LINCOLNWAY, STE ity A PORTE EC ID number of contributing ederal political committee.	E. 301 State IN	Zip Code 46350	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
_	ame of Employer ELF-EMPLOYED eceipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00		
C. D. M	ull Name (Last, First, Middle Initial) ANIEL NELSON lailing Address 45395 CHOCTA CIR ity NDIAN WELLS EC ID number of contributing ideral political committee. ame of Employer MAC MEDICAL GROUP eccipt For: Primary General		ESIOLOGIST Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y O 2	
SUE	Other (specify) ▼ BTOTAL of Receipts This Page (optional)		250.00	1000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70/117 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) ROBERT NENAD			Date of Receipt
Mailing Address 6901 E. CHENEY I	OR.		02 27 2009
City PARADISE VALLEY	State AZ	Zip Code 85253	Transaction ID: SA11AI.71344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30230	250.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID NICHOLS			Date of Receipt
Mailing Address PO BOX 36			0 2 0 5 2 0 0 9
City WHITEFISH	State MT	Zip Code 59937	Transaction ID: SA11AI.70605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEAN NICHOLS			Date of Receipt
Mailing Address 18118 E. WEAVER	R DR.		0 2 1 7 2 0 0 9
City CENTENNIAL	State CO	Zip Code 80016	Transaction ID: SA11AI.70906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00010	500.00
Name of Employer METRO DENVER ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 117 (check only one) X 11a 11b 11c 12
A	ny information copied from such Reports and Star for commercial purposes, other than using the n	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIG			
∠ A .	Full Name (Last, First, Middle Initial) WILLIAM NICHOLS			Date of Receipt
	Mailing Address 1515 37TH AVE			02 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.70625
	SEATTLE	WA	98122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYS ANES SERV	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	
_	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) JOHN NOLES			Date of Receipt
	Mailing Address 11062 GABRIEL'S PATE	Н		02 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.70725
	SHREVEPORT	LA	71106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PIERREMONT ANES CONSUL	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) DOUGLAS NORTON			Date of Receipt
	Mailing Address 1912 LOMBARDY AVE			02 05 2009
	City NASHVILLE	State TN	Zip Code 37215	Transaction ID: SA11AI.70603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES MED GRP	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 117
I1	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and Star for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	IOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ 4.	Full Name (Last, First, Middle Initial) RICHARD O'CONNOR			Date of Receipt
	Mailing Address 1 JACKSON CREEK RI	D		02 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.70941
	MONTANA CITY	MT	59634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) ROBERT OLIVER			Date of Receipt
	Mailing Address 496 RANDALL RD.			02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71373
	NORTH AUGUSTA	SC	29860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ;.	Full Name (Last, First, Middle Initial) BABATUNJI OMOTOSO			Date of Receipt
	Mailing Address 25 DUNE RD			02 17 2009
	City OCEAN TOWNSHIP	State NJ	Zip Code 07712	Transaction ID: SA11AI.70950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 250.00	
Ţ,	SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) RAUL ORTA	Date of Receipt		
	Mailing Address P.O. BOX 57100	02 26 7 2009		
	City JACKSONVILLE	State FL	Zip Code 32241	Transaction ID: SA11AI.71157
	FEC ID number of contributing federal political committee.	C	32241	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	en HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) KEVIN PACE	Date of Receipt		
	Mailing Address 231 CHARLESTON C	02 27 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71432
	MONTGOMERY	AL	36117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MONTGOMERY ANESTHESIA ASS- OC.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) SCOTT PACIFIC	Date of Receipt		
	Mailing Address 37 ELLSWORTH DR.	02 27 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71414
	WARREN FEC ID number of contributing federal political committee.	C	07059	Amount of Each Receipt this Period 250.00
	Name of Employer SMG	on IAN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) JOHN PAPPAS Mailing Address 294 BARDEN RO City BLOOMFIELD HILLS FEC ID number of contributing federal political committee.		Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Rec			
Name of Employer WILLIAM BEAUMONT HOSP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00				
Full Name (Last, First, Middle Initial) MUKESH PATEL Mailing Address 2727 W. DR. M.L.					
City	State Zip Code	Transaction ID: SA11AI.70545			
TAMPA FEC ID number of contributing federal political committee.	FL 33607	Amount of Each Receipt this Period 250.00			
Name of Employer MILLENNIUM ANES. CARE, P	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial)		Date of Bookint			
STEVEN PEARCE Mailing Address 111 BUCHANAN	DR.	Date of Receipt 0 2 2 6 2 0 0 9			
City	State Zip Code	Transaction ID: SA11AI.71210			
YORK FEC ID number of contributing federal political committee.	PA 17402	Amount of Each Receipt this Period 500.00			
Name of Employer ANES ASSOC OF YORK	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (option	nal)	1750.00			

City State Zip Code OK 74006 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼	m such committee.
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MiCHAEL PEARMAN Mailing Address 204 PEPPER GRASS CT City State Zip Code BARTLESVILLE OK 74006 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code Transaction ID: Aggregate Year-to-Date ▼ 0 2 2 Transaction ID: Transaction ID: Amount of Each C 37027 Amount of Each C 37027 Amount of Each C 37027 Amount of Each Aggregate Year-to-Date ▼ Primary General Occupation MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code Transaction ID: Amount of Each C 37027 Amount of Each Aggregate Year-to-Date ▼ Primary General Occupation MD Receipt For: Primary General Aggregate Year-to-Date ▼	6 2 0 0 9 SA11AI.70640 Receipt this Period
Milling Address 204 PEPPER GRASS CT City State Zip Code Transaction ID: BARTLESVILLE OK 74006 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: Amount of Each PHYSICIAN Primary General 1000.00 Full Name (Last, First, Middle Initial) MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code Transaction ID: BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP MD Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation MD Receipt For: Aggregate Year-to-Date ▼	6 2 0 0 9 SA11AI.70640 Receipt this Period
City BARTLESVILLE OK 74006 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ City BRENTWOOD Transaction ID: Amount of Each C Docupation PHYSICIAN Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 9101 HERITAGE DR. City BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. Name of Employer Anesthesia Medical Caroup Name of Employer Anesthesia Medical Caroup Name of Employer Anesthesia Medical Group Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	6 2 0 0 9 SA11AI.70640 Receipt this Period
BARTLESVILLE OK 74006 Amount of Each FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary State Zip Code BRENTWOOD FC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Occupation MD Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code Transaction ID: BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Occupation MD Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	• • • • •
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Occupation Aggregate Year-to-Date ▼ 1000.00 Date of Receipt To 2 Transaction ID: Amount of Each C Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: Amount of Each	1000.00
Receipt For: Primary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code BRENTWOOD TN 37027 FC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code BRENTWOOD TN 37027 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Occupation MD Aggregate Year-to-Date ▼ Primary General	
MARK PELEROSSI Mailing Address 9101 HERITAGE DR. City State Zip Code BRENTWOOD TN 37027 Amount of Each FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Date of Receipt M M M O 2 2 Transaction ID: Amount of Each Occupation MD Aggregate Year-to-Date ▼	
Mailing Address 9101 HERITAGE DR. City State Zip Code Transaction ID: BRENTWOOD TN 37027 Amount of Each FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Aggregate Year-to-Date ▼ Primary General	
BRENTWOOD TN 37027 Amount of Each FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Amount of Each C Aggregate Year-to-Date 750.00	7 2009
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General C Occupation MD Aggregate Year-to-Date	SA11AI.71321
Receipt For: Primary General Occupation MD Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 750.00	250.00
Primary General	
250.00	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) STEPHEN PENCA Date of Receipt	
	6 Y Y Y Y Y Y Y A Y A Y A Y A Y A Y A Y
City State Zip Code Transaction ID:	SA11AI.71231
	Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation PINNACLE ANESTH PHYSICIAN	
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 76 / 117 (check only one)
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOI OGIST	S POLITICAL ACTION COM	MITTEE
2	/	iloLogis i	3 FOLITIOAL ACTION COM	WILLIE
A.	Full Name (Last, First, Middle Initial) BENJAMIN PENG	Date of Receipt		
	Mailing Address 8735 W. 142ND PL.	02 24 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.71090
	ORLAND PARK	IL	60462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MIDWEST ANESTH	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
- В.	Full Name (Last, First, Middle Initial) THEODORE PETERSON	Date of Receipt		
	Mailing Address 3632 21ST AVE. S.	02 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.70978
	ST. CLOUD	MN	56301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC ST CLOUD	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) TOMMY POLK			Date of Receipt
	Mailing Address 16 RAIN FERN CT.			02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71361
	THE WOODLANDS	TX	77380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
L				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 117 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	o solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) WADE PORTERFIELD			Date of Receipt
٦.	Mailing Address 3887 W. BRANCH RI	02 06 7 2009		
	City ALLEGANY	State NY	Zip Code	Transaction ID: SA11AI.70627
	FEC ID number of contributing federal political committee.	C	14706	Amount of Each Receipt this Period 250.00
	Name of Employer SOUTHERN TIER ANES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) ROBERT POWERS	1		Date of Receipt
	Mailing Address P.O. BOX 7288			02 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.71219
	LITTLE ROCK	AR	72217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) EDWARD PREJEAN Mailing Address 9706 VALLEY LAKE	CT.		Date of Receipt
	City	State	Zip Code	0 2 1 7 2 0 0 9 Transaction ID: SA11AI.70914
	IRVING	TX	75063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTH FOR CHILDREN		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1000.00		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 117 (check only one) X 11a			
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM				
Full Name (Last, First, Middle Initial) RICHARD PRIELIPP Mailing Address 11197 14TH ST N City LAKE ELMO FEC ID number of contributing federal political committee. Name of Employer UNIV OF MINNESOTA Receipt For: Primary Other (specify)	State Zip Code MN 55042 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 251.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 2 0 5 2 0 0 9 Transaction ID: SA11AI.70606 Amount of Each Receipt this Period 251.00			
Full Name (Last, First, Middle Initial) THOMAS PROVOST Mailing Address 15 HASTINGS AV City KEENE FEC ID number of contributing federal political committee. Name of Employer CHESHIRE ANES & ASSOC Receipt For: Primary Other (specify)	E State Zip Code NH 03431 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) PETER QUALEY Mailing Address 5739 WILSHIRE D City MADISON FEC ID number of contributing federal political committee. Name of Employer MADISON ANES CONSUL Receipt For: Primary General Other (specify)	OR. State Zip Code WI 53711 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 7 2 0 0 9 Transaction ID: SA11AI.71368 Amount of Each Receipt this Period 250.00			
SUBTOTAL of Receipts This Page (option	nal)	751.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 117 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN QUINLIVAN Mailing Address 44 WATERFRONT C City BUFFALO FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt M M C 26 2009 Transaction ID: SA11AI.71223 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JAMES QUINN Mailing Address P.O. BOX 727 City GREEN HARBOR FEC ID number of contributing federal political committee. Name of Employer MASS GEN HOSP Receipt For: Primary General Other (specify)	State Zip Code MA 02041 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O C 2009 Transaction ID: SA11AI.70654 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JOHN QUINN Mailing Address 90 COWDRAY PARK City COLUMBIA FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA Receipt For: Primary General Other (specify)	State Zip Code SC 29223 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M O 2 O 7 2 0 0 9 Transaction ID: SA11AI.70747 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 117 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NED RADICH	Date of Receipt		
Mailing Address 1443 E. STARPASS I			02 06 2009
City	State	Zip Code	Transaction ID: SA11AI.70647
FRESNO	CA	93720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) BOBBY RAY			Date of Receipt
Mailing Address 6127 BAYWATER LN	02 06 7 2009		
City	State	Zip Code	Transaction ID: SA11AI.70742
HIXSON	TN	37343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARC REICHEL	1		Date of Receipt
Mailing Address 131 SUNSET BLVD			02 26 7 2009
City	State	Zip Code	Transaction ID: SA11AI.71268
BEAUFORT	SC	29907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer LOW COUNTRY ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00]
SUBTOTAL of Receipts This Page (optional) .	1		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) VANCE ROBIDEAUX	Date of Receipt	
Mailing Address 2508 CROSSING D	02 21 YYYY 2009	
City	State Zip Code	Transaction ID: SA11AI.71033
EDMOND	OK 73013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer AFFILIATED ANESTHESIOLOGI- STS INC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	0 0 0 0 0 0 0 0	
FRANKLIN ROBINSON Mailing Address 1145 MARTINGALI	Date of Receipt 0 2 2 7 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.71402
JACKSON	MS 39206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANNE ROGERS	I	Date of Receipt
Mailing Address 6005 RIVER RD.	02 27 2009	
City	State Zip Code	Transaction ID: SA11AI.71392
NORFOLK	VA 23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	J	600.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Statements mayor for commercial purposes, other than using the name and ad-		Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 82 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
A.	Full Name (Last, First, Middle Initial) RICHARD ROMERO Mailing Address 1601 E. 19TH AVE., S	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	City DENVER	State CO	Zip Code 80218	Transaction ID: SA11AI.71200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PEDIATRIC ANES CONSULT Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL ROSENFELD Mailing Address 117 E. MAIN ST. #4	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City MARION FEC ID number of contributing federal political committee.	State VA	Zip Code 24354	Transaction ID: SA11AI.70510 Amount of Each Receipt this Period 500.00
	Name of Employer SMYTH ANESTHESIA ASSOCIAT- ES Receipt For: ☐ Primary ☐ General Other (specify) ▼		e Year-to-Date ▼	
С.	Full Name (Last, First, Middle Initial) FRANK ROSINIA Mailing Address 23 IDLEWOOD PL			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	City RIVER RIDGE	State LA	Zip Code 70123	Transaction ID: SA11AI.71097 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			600.00
	Name of Employer PARISH ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83/11/ (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHRISTOPHER RYAN			Date of Receipt
Mailing Address 1025 S. 6TH ST.	02 26 26 2009		
City SPRINGFIELD	State IL	Zip Code 62703	Transaction ID: SA11AI.71245 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SPRINGFIELD CLINIC	Occupation ANESTH	n ESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID RYPKEMA	Date of Receipt		
Mailing Address W279 N5285	02 06 7 2009		
City SUSSEX	State WI	Zip Code 53089	Transaction ID: SA11AI.70657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL SAKOWSKI			Date of Receipt
Mailing Address 1818 OHENRY CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ARLINGTON	State TX	Zip Code 76006	Transaction ID: SA11AI.71434
FEC ID number of contributing federal political committee.	C	7000	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA ARLIN- GTON DIVISION	- '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
	l)		750.00

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 Full Name (Last, First, Middle Initial) LYLE SALTZMAN Mailing Address 1304 OAK ST. City State Zip Code FEC ID number of contributing federal political committee. Name of Employeer BREVARD ANESTHESIA SERVIC- ES Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. City State Sip Code ANNESTHESIOLOGIST ANNES		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) LYLE SAL T2MAN Mailing Address 1304 OAK ST. City State Zip Code FL 32901 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) JAMES SAMS Mailing Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer PHYSICAN SPECIALISTS IN ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code ATLANTA GA 30305 Full Name (Last, First, Middle Initial) ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Anested State Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Anested State Anested Receipt this Period Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Date of Receip	(or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
AL LYLE SALTZMAN Mailing Address 1304 OAK ST. City State Zip Code Transaction ID: SA11AI.70839 MELBOURNE FL 32901 FEC ID number of contributing federal political committee. Name of Employer American General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAMES SAMS Mailing Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt Transaction ID: SA11AI.70432 Transaction ID: SA11AI.70432 Amount of Each Receipt Initial) JAMES SAMS Mailing Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. C STEVE SANTI Mailing Address 110 29TH AVE. N., #202 City State Zip Code Transaction ID: SA11AI.70484 NASHYILLE TN 37203 FEU ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Amount of Each Receipt Trip Period Transaction ID: SA11AI.70484 Transa		` '	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
City MELBOURNE FL 32901 FEC ID number of contributing federal political committee. Name of Employer BREVARD ANIESTHESIA SERVIC- ES Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70839 Amount of Each Receipt this Period FUI Name (Last, First, Middle Initial) JAMES SAMS Mailing Address 535 PINE TREE DR. City ATLANTA GA 30305 FEC ID number of contributing federal political committee. C Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 Amount of Each Receipt this Period Transaction ID: SA11AI.70844 T	۷.	LYLE SALTZMAN	-		
MELBOURNE FEC ID number of contributing federal political committee. Name of Employer BREVARD ANESTHESIA SERVIC- ES Receipt For: Primary General Other (specify) ▼ State Zip Code ATLANTA GA 30305 FEU IN name (Last, First, Middle Initial) JAMES SAMS Mailling Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Angregate Year-to-Date ▼ Date of Receipt this Period Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt this Period Transaction ID: SA11AI.70432 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70432 Date of Receipt Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Amount of Each Receipt this Period Transaction ID: SA11AI.70434 Transaction ID: SA		Mailing Address 1304 OAK ST.			
FEC ID number of contributing federal political committee. Name of Employer BREVARD ANESTHESIA SERVIC- ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIA SERVIC- Good State St				Zip Code	
Solution		MELBOURNE	<u>FL</u>	32901	Amount of Each Receipt this Period
Receipt For: Primary			C		500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JAMES SANIS Mailing Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code ANESTHESIA Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) State Zip Code Thy State Zip Cod		ES			
Address 535 PINE TREE DR. City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer ANSHVILLE City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) STEVE SANTI Mailing Address 110 29TH AVE. N., #202 City State Zip Code NASHVILLE TN 37203 FEC ID number of contributing federal political committee. Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70484 Amount of Each Receipt Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Amount of Each Receipt Inis Period Transaction ID: SA11AI.70484 Amount of Each Receipt Inis Period Amount of Each Receipt Inis Period Transaction ID: SA11AI.70484 Amount of Each Receipt Inis Period Cocupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	Aggregate		
City ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Name of Employer ANES MED GRP PEC ID number of contributing federal political committee. Doccupation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Aneceipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.70484 Namount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70484 Namount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Transaction ID: SA11AI.70484 Transaction ID: S	_ 3.		Date of Receipt		
ATLANTA GA 30305 FEC ID number of contributing federal political committee. Name of Employer PHYSICIALISTS IN ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼	-	Mailing Address 535 PINE TREE DR.	M M / D D / Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer PHYSICIALISTS IN ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ City State Zip Code NASHVILLE TN 37203 FEC ID number of contributing federal political committee. Name of Employer ANES MED GRP Anion ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: SA11AI.70484 Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		•		Zip Code	Transaction ID: SA11AI.70432
Substitute Su		ATLANTA	<u>GA</u>	30305	Amount of Each Receipt this Period
ANESTHESIA Receipt For: Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) STEVE SANTI Mailing Address 110 29TH AVE. N., #202 City State Zip Code NASHVILLE TN 37203 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Anesthesiologist Aggregate Year-to-Date ▼ 1000.00 2000.00 Anesthesiologist Aggregate Year-to-Date ▼ 1000.00 2000.00 Anesthesiologist Aggregate Year-to-Date ▼ 1000.00 2000.00 Anesthesiologist Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggre			C		500.00
Other (specify) ▼ Steve Santi					
City State Zip Code NASHVILLE TN 37203 FEC ID number of contributing federal political committee. Name of Employer ANES MED GRP Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate	1 1 1 1 1 1 1	
City NASHVILLE TN 37203 State Zip Code Transaction ID: SA11AI.70484 Amount of Each Receipt this Period C Name of Employer ANES MED GRP Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date 0 2 0 5 2 0 0 9 Transaction ID: SA11AI.70484 Amount of Each Receipt this Period 1000.00	-).		Date of Receipt		
NASHVILLE TN 37203 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer ANES MED GRP Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 1000.00					
FEC ID number of contributing federal political committee. Name of Employer ANES MED GRP Receipt For: Primary General Other (specify) ▼ ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00		•		•	
ANES MED GRP Receipt For: Primary General Other (specify) ▼ ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00			C		
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Name of Employer ANES MED GRP			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
· · · · · · · · · · · · · · · · · · ·		SUBTOTAL of Receipts This Page (optional) .			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 117 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MADHANKUMAR SATHYAMOORTHY Mailing Address 41 ASTER CT. City NASHUA FEC ID number of contributing federal political committee. Name of Employer GRANITE STATE ANESTH	State Zip Code NH 03062 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00]
City SPRINGFIELD FEC ID number of contributing federal political committee.	State Zip Code IL 62711	Date of Receipt 0 2
Name of Employer ASSOCIATED ANESTH.OF SPRI- NGFIELD Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) FRANKLIN SCAMMAN Mailing Address 200 HAWKINS DR.		Date of Receipt 0 2 0 6 2 0 0 9
City IOWA CITY FEC ID number of contributing federal political committee.	State Zip Code IA 52242	Transaction ID: SA11AI.70719 Amount of Each Receipt this Period 500.00
Name of Employer U OF IOWA HOSPITALS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 117 (check only one) X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION CON	MILLIEE
Α.	Full Name (Last, First, Middle Initial) JOSEPH SCANIFFE Mailing Address 11 GLENMORE DR.			Date of Receipt
	THE CENTRAL PROPERTY.			02 09 2009
	City	State	Zip Code	Transaction ID: SA11AI.70786
	FARMINGTON	СТ	06032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MILFORD ANES ASSOC	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) MICHAEL SCHNEIDER	1		Date of Receipt
	Mailing Address 2171 W. PARK CT. S	Г. А		02 05 2009
	City	State	Zip Code	Transaction ID: SA11AI.70481
	STONE MOUNTAIN	GA	30087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer DEKALB ANESTHESIA ASOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
с. С.	Full Name (Last, First, Middle Initial) J. ELIZABETH SCHOEMAKER	•		Date of Receipt
	Mailing Address 6235 BLACK FOREST	DR.		02 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.71396
	LINCOLN	NE	68516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 117 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ESIOLOGISTS POLITICAL ACTION CO	MMITTEE
DAVID SCOTT Mailing Address 42 EDGEMERE DR.		Date of Receipt
City KENDALL PARK	State Zip Code NJ 08824	Transaction ID: SA11AI.70749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PRINCETON ANESTHESIA SERV- ICES, PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEVEN SHANKLE		Date of Receipt
Mailing Address 110 29TH AVE N ST	E 201	02 03 2009
City	State Zip Code	Transaction ID: SA11AI.70438
NASHVILLE	TN 37203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) LARRY SHIRLEY		Date of Receipt
Mailing Address 2705 RAMBLING DF	l.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City EDMOND	State Zip Code OK 73003	Transaction ID: SA11AI.71348
FEC ID number of contributing federal political committee.	C 73003	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTHESIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person to the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK SHULKOSKY		Date of Receipt
Mailing Address 6229 COBBLESTO		02 01 2009
City ERIE	State Zip Code PA 16509	Transaction ID: SA11AI.70420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIOLOGISTS OF ERIE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KAREN SIBERT		Date of Receipt
Mailing Address 4146 SUNNYSLOF	PE AVE.	02 15 2009
City	State Zip Code	Transaction ID: SA11AI.70858
SHERMAN OAKS FEC ID number of contributing federal political committee.	CA 91423	Amount of Each Receipt this Period 500.00
Name of Employer CEDARS-SINAI MEDICAL CENT- ER ANES. DEPT	Occupation ATTENDING ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID SIEGEL		Date of Receipt
Mailing Address 7014 GUADALUPE	E TRAIL, N.W.	0 2 1 5 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.70862
ALBUQUERQUE FEC ID number of contributing federal political committee.	NM 87107	Amount of Each Receipt this Period 1000.00
Name of Employer SANTA FE ANESTHESIA SPECI- ALISTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00
TOTAL This Period (last page this line nun	nber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 117 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRENT SILVER Mailing Address 13002 E TURQUO	DISE AVE	Date of Receipt 0 2 2 6 2 0 0 9
City SCOTTSDALE	State Zip Code AZ 85259	Transaction ID: SA11AI.71307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) MARK SILVERBERG Mailing Address 649 THORNMEAD	DOW RD.	Date of Receipt 0 2 0 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.70789
RIVERWOODS FEC ID number of contributing federal political committee.	IL 60015	Amount of Each Receipt this Period 250.00
Name of Employer MOBILE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DANIEL SIMULA Mailing Address 5777 E MAYO BL	VD	Date of Receipt 0 2 0 2 2 0 0 9
DEPT OF ANES City	State Zip Code	Transaction ID: SA11AI.70428
PHOENIX FEC ID number of contributing federal political committee.	AZ 85054	Amount of Each Receipt this Period 500.00
Name of Employer MAYO CLINIC HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 117 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any perse name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) THOMAS SINCLAIR Mailing Address 74 TIDEWIND City IRVINE FEC ID number of contributing federal political committee. Name of Employer NEWPORT HARBOR ANES Receipt For: Primary General Other (specify)	State Zip Code CA 92612 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2 2009 Transaction ID: SA11Al.70572 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) ANDREW SMITH Mailing Address 8007 BRANCH CREE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer ANES CONSULT INDIANAPOLIS Receipt For: Primary General Other (specify)	State Zip Code IN 46268 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DEAN SMITH Mailing Address 1850 N CENTRAL AV City PHOENIX FEC ID number of contributing federal political committee. Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify)	ZE STE 1600 State Zip Code AZ 85004 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1000.00

Anv information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 117 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to the state of the	
Full Name (Last, First, Middle Initial) SHIRLEY SMITH		Date of Receipt
Mailing Address 6538 N 27TH ST		02 27 2009
City	State Zip Code	Transaction ID: SA11AI.71342
PHOENIX	AZ 85016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN SPERRING		Date of Receipt
Mailing Address 1818 CHARITY DR	٦.	0 2 1 3 2 0 0 9
City BRENTWOOD	State Zip Code TN 37027	Transaction ID: SA11AI.70853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AMG	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SCOTT SPRINGMAN		Date of Receipt
Mailing Address 5721 SUMMERHIL	LL CT.	02 03 7 7 7 7 9
City	State Zip Code	Transaction ID: SA11AI.70459
FITCHBURG	WI 53711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UW MEDICAL FOUNDATION	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

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•	SCHEDULE A (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAGE 92 / 117 (check only one)
	TEMIZED RECEIPTS	for each category of the	
•	TEMMEED HEGEM TO	Detailed Summary Page	
_			13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the national states are supported in the national states.	ements may not be sold or used by any ame and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		
	AMERICAN SOCIETY OF ANESTHESIC	N OCIETE POLITICAL ACTION (COMMITTEE
	ANIERICAN SOCIETY OF ANESTHESIK	DEOGISTS FOLITICAL ACTION (SOMMITTEE
Α.	Full Name (Last, First, Middle Initial) MYLES STANDISH		Date of Receipt
	Mailing Address 601 S.E. MANCHESTER	PL.	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State Zip Code	Transaction ID: SA11AI.71241
	PORTLAND	OR 97202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer OREGON ANES GRP	Occupation	
	Descript For:	ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	500.0	0
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) DANIEL STANLEY		Date of Receipt
	Mailing Address 2733 FILLMORE AVE		M M / D D / Y Y Y Y
			02 25 2009
	City	State Zip Code	Transaction ID: SA11AI.71112
	OGDEN	UT 84403	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.	C	250.00
	Name of Employer ROCKY MTN ANESTH	Occupation	
	HOOKT WITH ANESTTI	ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.0	
	Other (specify)	230.0	
_	Full Name (Last, First, Middle Initial)		Data of Dassint
C.	TIMOTHY STAUDACHER Mailing Address 4140 DDAIDLE CDOSSII	IC DB	Date of Receipt
	Mailing Address 4140 PRAIRIE CROSSII	NG DR.	02 05 2009
	City	State Zip Code	Transaction ID: SA11AI.70564
	ST. CHARLES	IL 60175	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.	C	250.00
	Name of Employer KANE ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
	Receipt For:		
		Aggregate Year-to-Date ▼	
		250.0	o
	Other (specify) ▼		
Γ	L		
	SUBTOTAL of Receipts This Page (optional)		1000.00
⊦			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the (check only only)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ELDON STEELE Mailing Address 1904 LAMPLIGHT City TYLER FEC ID number of contributing federal political committee. Name of Employer E TEXAS ANES ASSOC	State Zip Code TX 75701 C	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) MARK STEFFENSEN Mailing Address 5148 COTTONWC	OD LN.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.71398
HOLLADAY	UT 84117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) DAVID STELLWAY		Date of Receipt
Mailing Address 10400 S.W. RIVER	SIDE DR.	0 2 0 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.70615
PORTLAND FEC ID number of contributing federal political committee.	OR 97219	Amount of Each Receipt this Period 500.00
Name of Employer OREGON ANESTHESIOLOGY GRO- UP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (options		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 117 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
.	WALTER STEVENS Mailing Address 942 PATHVIEW CT.	Otata	7in Code	Date of Receipt 0 2 2 6 2 0 0 9
	City DACULA	State GA	Zip Code 30019	Transaction ID: SA11AI.71165 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation ANESTHE	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) FRANCIS SULLIVAN Mailing Address 8915 MERION DR.	1		Date of Receipt
	City	State	Zip Code	02 24 2009
	DULUTH	GA	30097	Transaction ID: SA11AI.71058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NORTHSIDE ANES. CONSULTAN- TS	Occupation ANESTHE	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) MARGARET TARPEY			Date of Receipt
	Mailing Address WEST 1358 BIOMED 200 LOTHROP ST.	ICAL SCIEN	CES TOW	02 02 2009
	City PITTSBURGH	State PA	Zip Code 15261	Transaction ID: SA11AI.70434 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF PITTSBURGH	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional)	1		1250.00

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 Full Name (Last, First, Middle Initial) DAND TAVARIES Mailing Address 2 STOCKTON RD. City State Zip Code Tarasaction ID: SA11AI.70767 Amount of Each Receipt this Period FEC ID number of contributing feederal political committee. Name of Employer and Primary General Primary General City State Zip Code Tarasaction ID: SA11AI.70767 Amount of Each Receipt this Period FULL NAME (Last, First, Middle Initial) CHIRSTOPHER TEGGATZ Mailing Address 2905 OLD ORCHARD ROAD NE City State Zip Code Tarasaction ID: SA11AI.71172 CEDAR RAPIDS IA 52402 FEC ID number of contributing federal political committee. Name of Employer Tarasaction ID: SA11AI.71172 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Tarasaction ID: SA11AI.71172 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Tarasaction ID: SA11AI.71172 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) ZUHARI THALJI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code WILLOW SPRINGS IL 60490 FEC ID number of contributing federal political committee. Name of Employer Tarasaction ID: SA11AI.70818 Amount of Each Receipt this Period Transaction ID: SA11AI.70818 Amount of Each Receipt This Period EC 10 1 1 1 2 2 0 0 9 Transaction ID: SA11AI.70818 Transaction ID: SA11AI.70818 Amount of Each Receipt This Period EC 10 1 1 2 2 0 0 9 Transaction ID: SA11AI.70818 Transaction ID: SA11AI.70818 Amount of Each Receipt This Period EC 10 2 2 2 5 0 0 9 Transaction ID: SA11AI.70818 Transaction ID: SA11AI.70818 Transaction ID: SA11AI.70818	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 117 (check only one) X
Date of Receipt Date of Receipt Date of Receipt	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Transaction ID: SA11AI.70767 LUMBERTON NJ 08948 FEC ID number of contributing federal political committee. Name of Employer BURLINGTON'ANESTHESIA ASSOCIATES OCIATES Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER TEGGATZ Mailing Address 2905 OLD ORCHARD ROAD NE City State Zip Code IA 52402 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER TEGGATZ Mailing Address 2905 OLD ORCHARD ROAD NE City State Zip Code IA 52402 FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST STANDARD ANESTHESIOLOG-INSTANDARD ANESTHESIOLOGIST STANDARD ANESTHESIOLOG-INSTANDARD ANESTHESIOLOGIST STANDARD ANESTHESIOLOGIST ANESTHESIOLOGIST STANDARD ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ZUHARR THALI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code MILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	DAVID TAVARES		M M / D D / Y Y Y Y
LUMBERTON FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CEDAR RAPIDS FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHISTOPHER TEGGATZ Mailing Address 2905 OLD ORCHARD ROAD NE City State Zip Code CEDAR RAPIDS FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ZUHARR THALJI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code ANESTHESIOLOGIST ISTS Receipt For: Primary General Other (specify) ▼ FULL Name (Last, First, Middle Initial) ZUHARR THALJI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committing FEC ID number of contributing FEC ID number of co	City	State Zip Code	
Same of Employer Secretary General Date of Receipt Secretary General	LUMBERTON	NJ 08048	
OCIATES Receipt For:		C	250.00
Primary General Other (specify) ▼ State Zip Code	<u>OCIATES</u>	ANESTHESIOLOGIST	
Address 2905 OLD ORCHARD ROAD NE City State Zip Code CEDAR RAPIDS IA 52402 FEC ID number of contributing federal political committee. Name of Employer MILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.71172 Amount of Each Receipt this Period FUND COUNTY ANESTHESIOLOG-ISTS Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Mailing Address 8434 BUCKINGHAM CT. City State Zip Code IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ 250.00	Primary General		
City State Zip Code CEDAR RAPIDS IA 52402 FEC ID number of contributing federal political committee. Name of Employer LINN COUNTY ANESTHESIOLOG-ISTS Receipt For: Primary General Other (specify) ▼ State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Date of Receipt For: Primary General Other (specify) ▼ State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. C State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ 250.00	CHRISTOPHER TEGGATZ		
CEDAR RAPIDS IA 52402 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer LINN COUNTY ANESTHESIOLOG-ISTS Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST STS Receipt For: Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Store Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.70818 Amount of Each Receipt this Period Transaction ID: SA11AI.70818 Amount of Each Receipt this Period 250.00	Mailing Address 2905 OLD ORCHAF	RD ROAD NE	
FEC ID number of contributing federal political committee. Name of Employer LINN COUNTY ANESTHESIOLOG-ISTS Receipt For:	City	State Zip Code	Transaction ID: SA11AI.71172
Name of Employer LINN COUNTY ANESTHESIOLOG-ISTS ANESTHESIOLOGIST ANESTHESIOLOGIST Anesthesia Aggregate Year-to-Date ▼	CEDAR RAPIDS	IA 52402	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ZUHAIR THALJI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M O D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		C	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ZUHAIR THALJI Mailing Address 8434 BUCKINGHAM CT. City State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000 00	<u>ISTS</u>	l '	
Date of Receipt Mailing Address 8434 BUCKINGHAM CT. City State Zip Code WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Date of Receipt N M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City WILLOW SPRINGS IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000 00			Date of Receipt
City State Zip Code IL 60480 FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ State Zip Code IL 60480 Amount of Each Receipt this Period 250.00 C Cupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00	Mailing Address 8434 BUCKINGHAN	MCT.	
FEC ID number of contributing federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) Other (specify) 1000.00	City	State Zip Code	
Federal political committee. Name of Employer MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00	WILLOW SPRINGS	IL 60480	Amount of Each Receipt this Period
MIDWEST ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		C	250.00
Primary General 250.00 Other (specify) ▼		l '	
SUBTOTAL of Receipts This Page (optional)	Primary General		
	SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 117 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	v not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) BLAINE THOMAS			Date of Receipt
Mailing Address 13513 KIMBLE			0 2 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.70917
BATON ROUGE	LA	70810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer LOUISIANA ANES GRP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) ERIC THOMAS	1		Date of Receipt
Mailing Address 4625 BRADFORD HT	ΓS.		02 / 06 / 4 4 4 4 4
City	State	Zip Code	Transaction ID: SA11AI.70681
COLORADO SPRINGS	CO	80906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC COLORADO SPRIN- GS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JANE THOMAS			Date of Receipt
Mailing Address 6124 HICKORY VALI	LEY ROAD		02 27 2009
City	State	Zip Code	Transaction ID: SA11AI.71425
NASHVILLE	TN	37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 117 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BENJAMIN TIBBALS		Date of Receipt
Mailing Address 2771 HEMLOCK ST	#100	02 06 2009
City	State Zip Code	Transaction ID: SA11AI.70652
BREMERTON	WA 98310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HARRISON MEDICAL CENTER CARDIAC ANES	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) HUGO TOLENTINO		Date of Receipt
Mailing Address 6333 SAINT DENIS	ST.	02 26 2009
City	State Zip Code	Transaction ID: SA11AI.71270
CORPUS CHRISTI	TX 78414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GULF SHORE ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) THOMAS TOOMEY		Date of Receipt
Mailing Address 704 SWEET CHERR	RY COURT	02 / 22 / 2009
City	State Zip Code	Transaction ID: SA11AI.71049
NASHVILLE FEC ID number of contributing	TN 37215	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number		

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 117 (check only one) X 11a	7 17
or for commercia	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	N SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	IMITTEE	
A. FREDERICK				Date of Receipt	
Mailing Addre	ess 2218 CAMPESTRE TE	RR.		02 17 2009	
City		State	Zip Code	Transaction ID: SA11AI.70885	
NAPLES		<u>FL</u>	34119	Amount of Each Receipt this Period	
	ber of contributing cal committee.	C		250.00	
Name of Emp ANESTHES NAPLES	ployer IA ASSOCIATES OF	Occupation PHYSIC			
Receipt For: Primary Other (y General (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]	
Full Name (L TROY TORTO	ast, First, Middle Initial) ORICI			Date of Receipt	
	ess 17401 HAWKS VIEW (СТ		02 03 2009	
City		State	Zip Code	Transaction ID: SA11AI.70449	
EDMOND		OK	73012	Amount of Each Receipt this Period	
	ber of contributing cal committee.	C		500.00	
Name of Emp NORTHWE	ployer ST ANESETHESIA	Occupation ANESTH	n IESIOLOGIST		
Receipt For: Primary Other (y General (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]	
Full Name (L BETH TRAYL	ast, First, Middle Initial) OR			Date of Receipt	
Mailing Addre	ess 3535 E 146TH ST			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>CARMEL</u>		State IN	Zip Code 46033	Transaction ID: SA11AI.70935 Amount of Each Receipt this Period	
	ber of contributing cal committee.	C		250.00	
Name of Emp SELF-EMPL	ployer OYED	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary Other (Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL of	Receipts This Page (optional)			1000.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99/11/ (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JEFFREY UPPINGTON			Date of Receipt
Mailing Address PSSB SUITE 1200 4150 V. STREET			0 2 1 2 2 0 0 9
City SACRAMENTO	State CA	Zip Code 95817	Transaction ID: SA11AI.70828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UC DAVIS MEDICAL SCHOOL	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CLAUDE VACHON			Date of Receipt
Mailing Address 1225 CONCORD HU	NT DR		02 17 2009
City BRENTWOOD	State TN	Zip Code	Transaction ID: SA11AI.70987
FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period 300.00
Name of Employer AMG	Occupatio	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) GAIL VANDEWALKER			Date of Receipt
Mailing Address 1550 BOYSON RD			0 2 2 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.71169
HIAWATHA FEC ID number of contributing federal political committee.	C	52233	Amount of Each Receipt this Period 300.00
Name of Employer LCA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	_, -	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		850.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME	OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMER	RICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	
VENKA	me (Last, First, Middle Initial) TARAO VEMULA	-		Date of Receipt
	Address 10620 CALLANDER C	l.		02 24 24 2009
City	- \^/ ^ \/ ^ \/ ^ \/ ^ \/ ^ \/ ^ \/ ^ \/	State	Zip Code	Transaction ID: SA11AI.71064
FEC ID	O number of contributing political committee.	C	46815	Amount of Each Receipt this Period 250.00
Name of PREFE	of Employer ERRED ANES CONSUL	Occupatio ANESTH	n IESIOLOGIST	
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	ıme (Last, First, Middle Initial) N VITCOV			Date of Receipt
Mailing	Address 35 PARKER AVE.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.71353
<u>SAN F</u>	FRANCISCO	CA	94118	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o NCAP	of Employer	Occupatio PHYSICI		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial) WALDMAN			Date of Receipt
Mailing	Address 7200 MEEKER CREEK	DRIVE		02 05 7 7 7 7 7
City		State	Zip Code	Transaction ID: SA11AI.70518
<u>DAYT</u>		OH	45414	Amount of Each Receipt this Period
federal	number of contributing political committee.	С		250.00
	of Employer D		IESIOLOGIST	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOT	AL of Receipts This Page (optional)			750.00
TOTAL	This Period (last page this line number of	anly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category on Detailed Summary	f the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. ON COMMITTEE
Full Name (Last, First, Middle Initial) BRENT WALKER Mailing Address 4896 E. CABO DR. City FAYETTEVILLE FEC ID number of contributing federal political committee. Name of Employer OZARK ANESTHESIA SERVICES Receipt For:	State Zip Code AR 72703 C Occupation ANESTHESIOLOGISTS Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) WAYNE WALKER Mailing Address 1200 B. GALE WILS		Date of Receipt Date of Receipt
City FAIRFIELD FEC ID number of contributing federal political committee. Name of Employer NORTHBAY MEDICAL CENTER DEPARTMENT OF Receipt For: Primary General Other (specify) ▼	State Zip Code CA 94533 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) MARGARET WEGLINSKI Mailing Address 200 1ST ST SW City ROCHESTER FEC ID number of contributing federal political committee. Name of Employer MAYO CLINIC Receipt For: Primary General Other (specify)	State Zip Code MN 55905 C Occupation PHYSICIAN Aggregate Year-to-Date 28	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 117 (check only one) X
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	name and address of any political committee to a	
Full Name (Last, First, Middle Initial) GRANT WEICHT Mailing Address 6055 N 2ND ST		Date of Receipt
City PHOENIX	State Zip Code AZ 85012	Transaction ID: SA11AI.71313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Convention	500.00
Name of Employer METRO ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) HOWARD WEIL Mailing Address 5949 SEDBERRY RD.		Date of Receipt 0 2 0 3 2 0 0 9
City NASHVILLE FEC ID number of contributing federal political committee.	State Zip Code TN 37205	Transaction ID: SA11AI.70440 Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA MEDICAL GROUP, PC Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. DAVID WERKMEISTER Mailing Address 1025 MARSH STREET		Date of Receipt
City MANKATO	State Zip Code MN 56002	Transaction ID: SA11AI.71371 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MANKATO ANESTHESIA ASSOCI- ATES, LTD Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 117 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	η not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ORVILLE WETZEL			Date of Receipt
Mailing Address 3433 NW BUTTON RD)		02 06 2009
City	State	Zip Code	Transaction ID: SA11AI.70644
TOPEKA	KS	66618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TALLGRASS ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEVE WICKLUND			Date of Receipt
Mailing Address 9824 QUARRY TRAIL	RD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.71192
SCOTTSDALE	AZ	85262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANES. CONSULT	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER WILLIAMS			Date of Receipt
Mailing Address 3038 E. HALE ST.			02 06 YYYYY 02 06 2009
City	State	Zip Code	Transaction ID: SA11AI.70671
MESA	AZ	85213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 117 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) KENNY WILLIARD			Date of Receipt
	Mailing Address 5809 BEAUREGARD	DR.		02 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.70467
	NASHVILLE FEC ID number of contributing federal political committee.	C	37215	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	1
_	Full Name (Last, First, Middle Initial) SYLVIA XI-MOY Mailing Address 30 BRIERFIELD CT	0 0		Date of Receipt
			7. 0 1	02 13 2009
	City LAKE BLUFF	State IL	Zip Code 60044	Transaction ID: SA11AI.70847 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MKME/CTCA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) CHANG YOON	<u> </u>		Date of Receipt
	Mailing Address 1720 DUCKCROSS	COVE		02 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.71167
	WICHITA FEC ID number of contributing federal political committee.	C	67206	Amount of Each Receipt this Period 250.00
	Name of Employer MCAC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 117 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER YOUNG Mailing Address 7 CARRIAGE HILL City SIGNAL MOUNTAIN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS EXCHANGE Receipt For: Primary General	State Zip Code TN 37377 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M
Other (specify) Full Name (Last, First, Middle Initial) PHILIP ZITELLO Mailing Address 26 TIMBER MARSH City	LN. State Zip Code	Date of Receipt 0 2 2 6 2 0 0 9
HILTON HEAD ISLAND FEC ID number of contributing federal political committee.	SC 29926 C Occupation	Amount of Each Receipt this Period 250.00
Name of Employer PALMETTO ANES & PAIN Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL ZYGMUNT Mailing Address 1 S. 413 CHASE AV	E.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOMBARD FEC ID number of contributing federal political committee.	State Zip Code IL 60148	Transaction ID: SA11AI.70960 Amount of Each Receipt this Period 250.00
Name of Employer ELMHURST MEMORIAL HOSP Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1500.00
		109951.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 106 / 117 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGISTS POLI	TICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHICAGO	•	o Code 0675	Transaction ID: SA17.71450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		421.07
Name of Employer	Occupation		INTEREST INCOME
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 866.82	

SUBTOTAL of Receipts This Page (optional)	>	421.07
TOTAL This Period (last page this line number only)	•	421.07

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 107 / 117 (check only one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 36	
ny Information copied from such Reports and State r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	LOGISTS POLITICAL AC	TION COMM	ITTEE	
Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRES	S		Transaction ID: SB23.70338 Date of Disbursement	
Mailing Address 38 IVY STREET SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ Z & O & O & Q \end{bmatrix}$	
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period	
Purpose of Disbursement		•	1000.00	
Candidate Name		Category/ Type		
, <u>, , , , , , , , , , , , , , , , , , </u>	sement For: 2010 K Primary General Other (specify)			
Full Name (Last, First, Middle Initial) AMERICA WORKS PAC			Transaction ID: SB23.70316 Date of Disbursement	
Mailing Address PO BOX 76187 #800		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$		
City WASHINGTON	State Zip Code DC 20013		Amount of Each Disbursement this Period	
Purpose of Disbursement 2009 CONTRIBUTION			2500.00	
Candidate Name		Category/ Type		
Senate President	sement For: 2009 Primary General K Other (specify)			
State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: SB23.70318 Date of Disbursement	
Mailing Address PO BOX 116			02	
City HYATTSVILLE	State Zip Code MD 20781		Amount of Each Disbursement this Period	
Purpose of Disbursement	20701		2500.00	
Candidate Name		Category/ Type		
Senate President	sement For: 2010 K Primary General Other (specify)			
State: CA District: 31			6000.00	
SUBTOTAL of Disbursements This Page (optional			9000.00	
TOTAL This Period (last page this line number onle E6AN026	y)	>	FEC Schedule B (Form 3X) (Revised 02	

A.

В.

C.

FE6AN026

CHEDULE B (FEC Form 3X) Use separate schedule(s)		21		E NUMBER: PAGE 108					108 /	3 / 117
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, Cue	eck only o	one)] 22 [X 23	з Г	7 24	П	25	□ 26
	, 0		27	28a	28	Bb	28c	Н	29	30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any pointe	ar committee	C 10 30110	or contin	Jationi	3 11011	1 30011 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL A	CTION C	OMMIT	TEE						
Full Name (Last, First, Middle Initial) BOUSTANY FOR CONGRESS				Transa Date of				7034	44	
Mailing Address 2501 WISCONSIN AVE N	W #304			0 ^M 2 M	1 /	^D 1 1) / Y	ž	0 ŏ 9	Y
•	State Zip Code DC 20007			Amoun	t of Ea	ach D	isburse			-
Purpose of Disbursement		•						10	00.00)
Candidate Name		Catego Type	-							
Office Sought: X House Disburse Senate X President State: LA District: 07	ment For: 2010 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) BRIAN BAIRD FOR CONGRESS				Transa Date of				7033	32	
Mailing Address 236 MASSACHUSETTS A	AVE NE #508			0 ^M 2 M	/	^D 1 1) / Y	ž	0 ŏ 9	Y
<i>y</i>	State Zip Code DC 20002			Amoun	t of Ea	ach D	isburse	ment	t this P	eriod
Purpose of Disbursement			\neg					10	00.00)
Candidate Name		Catego Type	-							
Office Sought: X House Senate President State: WA District: 03	ment For: 2010 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS				Transa Date of		ursen	nent	7032	20	
Mailing Address 9249 S BROADWAY BLV	/D #200-501			0 ^M 2 M	1 /	11) / \	ž	o ŏ 9	Y
	State Zip Code CO 80129			Amoun	t of Ea	ach D	isburse	ment	this P	eriod
Purpose of Disbursement								10	00.00)
Candidate Name		Catego Type	-							
ů A	nent For: 2010 Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional) .			•					300	00.00	
TOTAL This Period (last page this line number only)			<u> </u>							

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER:	PAG	E 109	/ 117
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name						S
NAME OF COMMITTEE (In Full)						
AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITICAL ACTION	ON COMM	IITTEE			
Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY			Transaction ID: Date of Disburse	ement	336	
Mailing Address P.O. BOX 127			02 1	1 / Y	ž 0 ŏ s	9 ^Y
City CHESHIRE	State Zip Code CT 06410		Amount of Each	Disburseme	ent this	Period
Purpose of Disbursement		v v			0.000	0
Candidate Name		Category/ Type				
Senate President	ement For: 2010 Primary General Other (specify)					
State: CT District: 05						
Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS			Transaction ID: Date of Disburse	ement	333	
Mailing Address 501 CAPITOL CT NE #	00		02 1	1 / Y	ž 0 ŏ 9	Θ^{\vee}
City WASHINGTON	State Zip Code DC 20002		Amount of Each	Disburseme	ent this	Period
Purpose of Disbursement		•	<u> </u>		000.0	0
Candidate Name		Category/ Type				
Senate President	ement For: 2010 Primary General Other (specify)					
State: CT District: 02						
Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS			Transaction ID: Date of Disburse	ement		V
Mailing Address P.O. BOX 5843			02 1	D / Y	ž 0 ŏ 9	€ '
City AUSTIN	State Zip Code TX 78763		Amount of Each	Disburseme	ent this	Period
Purpose of Disbursement				2	2000.0	0
Candidate Name		Category/ Type				
Senate President	ement For: 2010 Primary General Other (specify)					
State: TX District: 25						
SUBTOTAL of Disbursements This Page (optional)		>		4	0.000	0

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule	a(c)	FOR LII	NE N	UMBE	R:			PAGI	E 110	/ 11	7
ITEMIZED DISBURSEMENTS	for each category of th	e ´	(check	Ĺ	,		00	_ 		٦ ٥٤		٦ ۵۵
	Detailed Summary Pag	je	21b 27	Н	22 28a	H	23 28b	24		25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												1
NAME OF COMMITTEE (In Full)	and dedress of any point	1041 001		301101		ibati	10110 111	5111 540	1 0011			
AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL	ACTIO	ON COM	MIT	TEE							
Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY							isburse	SB2	3.70	322		
Mailing Address 1824 S FISKE BLVD					0 ^M 2	М	[/] 1	1 /	Υ	žoŏ	9 ^Y	
•	State Zip Code FL 32955				Amou	nt o	f Each	Disbur	seme	ent this	Peri	od
Purpose of Disbursement		Т	•						1	000.0	00	
Candidate Name			Category/ Type									
Office Sought: X House Senate President State: FL District: 15	nent For: 2010 Primary Gener Other (specify)	al										
Full Name (Last, First, Middle Initial)					_			0.00	. 70			
FRIENDS OF CHRIS DODD					Date	of D	isburse					
Mailing Address PO BOX 270701					0 ^M 2	М	1	1 /	Y	žoŏ	9 ^Y	
•	State Zip Code CT 06127				Amou	nt o	f Each	Disbur				od
Purpose of Disbursement			•		L.				1	0.000	00	
Candidate Name			Category/ Type									
President	ment For: 2010 Primary Gener Other (specify)	al										
State: CT District:												
Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS					Date	of D	isburse				V	
Mailing Address 1707 PRINCE ST #5 C/O CAROLE GOEAS &					0 2	М		1 /		žoŏ		
•	State Zip Code VA 22314				Amou	nt o	f Each	Disbur			-	od
Purpose of Disbursement					<u></u>				. 1	0.000	00	
Candidate Name			Category/ Type									
President	ment For: 2010 Primary Gener Other (specify)	al										
State: PA District: 16												
SUBTOTAL of Disbursements This Page (optional))	<u>.</u>					3	000.0	0	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s) FOR LINE (check onl	NUMBER: PAGE 111/117
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL A	CTION COMM	ITTEE
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE			Transaction ID: SB23.70313 Date of Disbursement
Mailing Address PO BOX 841			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & 0 & 4 \end{bmatrix} \begin{bmatrix} Y & 2 & 0 & 0 & 9 \end{bmatrix} $
City SIOUX FALLS	State Zip Code SD 57101		Amount of Each Disbursement this Period
Purpose of Disbursement		· ·	2500.00
Candidate Name		Category/ Type	
Office Sought: House Discourage Disco	sbursement For: 2010 X Primary General Other (specify)	•	
Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS			Transaction ID: SB23.70315 Date of Disbursement
Mailing Address PO BOX 9639			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City BOWLING GREEN	State Zip Code KY 42102		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: KY District: 02	sbursement For: 2010 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS			Transaction ID: SB23.70312 Date of Disbursement
Mailing Address 499 S CAPITOL ST	SW #404		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} D & 0 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 9 \end{bmatrix} $
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: NY District: 19	sbursement For: 2010 X Primary General Other (specify) ▼	•	
SUBTOTAL of Disbursements This Page (opt	onal)	>	4500.00

В.

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)	FOR LINE (check only				E NUMBER: PAGE 112 / 117 ally one)						/ 117
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ę	21b 27	A	22 28a	Х	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem													5
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addres	ss of any political	COIII	1111	iillee to s	OIICI	CONTI	ibuli	ons m	om such	COITII	Tilllee	
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS F	POLITICAL AC	TIO	۸(COMN	ΛΙΤΤ	EE						
Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS						- 1	Date o	of Di	sburse		.703	340	
Mailing Address 501 CAPITOL CT NE #10	00						0 2	M /	1	1 /	2	o ŏ s) Y
•	State DC	Zip Code 20002					Amou	nt of	Each	Disburs	emer	nt this I	Period
Purpose of Disbursement			Г	0	•						10	0.00	0
Candidate Name					egory/ ype								
Senate X President	ment For: Primary Other (spe	2010 General cify)											
State: IA District: 02													
Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS							Date o			SB23 ement			V
Mailing Address P.O. BOX 1441							0 2	/	1	1 ′	2	o ŏ s	9
•	State KS	Zip Code 66601					Amou	nt of	Each	Disburs	-		-
Purpose of Disbursement			Г								1(0.00	0
Candidate Name					egory/ ype								
Senate X President	ment For: Primary Other (spe	2010 General											
State: KS District: 02 Full Name (Last, First, Middle Initial)													
MARIO DIAZ-BALART FOR CONGRESS							Date o		sburse				V
Mailing Address 95 MERRICK WAY #250							0 2	/	^D 2	5 ′	2	o ŏ s	9
	State FL	Zip Code 33134					Amou	nt of	Each	Disburs			
Purpose of Disbursement					- 1			_			1(0.00	0
Candidate Name					egory/ ype								
	ment For: Primary Other (spe	2010 General cify)											
State: FL District: 25	()	-/ *											
SUBTOTAL of Disbursements This Page (optional) .					. •						30	0.00	0

S	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		FOR LINE		R:	F	PAGE -	113 / 11	7
IT	EMIZED DISBURSEMENTS		category of the Summary Page		(check online)	22 28a	X 23 28b	24 280		25	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nan				any person	or the pu	rpose of s	oliciting	contribu	itions	1
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO							<u> </u>			
	Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC PARTY						action ID of Disburs	_	3.7030	9	
	Mailing Address P.O. BOX 719 419 E HI	GH ST				0 2	M / D	04 /	ž	0 0 9	
	City JEFFERSON CITY	State MO	Zip Code 65102			Amou	nt of Each	Disburs			iod
	Purpose of Disbursement 2009 CONTRIBUTION Candidate Name								500	0.00	
		ement For:	2009		tegory/ Type						
	Senate	Primary Other (spe	General ecify) ▼								
	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS						action ID	_	3.7032	7	
	Mailing Address P.O. BOX 902					0 2	M / D	1 1 ′	Ý Ž O	9 9	
	City GAINESVILLE	State GA	Zip Code 30503			Amou	nt of Each	n Disburs			iod
	Purpose of Disbursement								250	0.00	_
	Candidate Name		0040		ategory/ Type						
		ement For: C Primary Other (spe	2010 General ecify) ▼								
	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS					Date of	action ID of Disburs	ement			
	Mailing Address PO BOX 640					0 2	M / D.	18 /	ž	0 0 9	
	City TOTOWA	State NJ	Zip Code 07511			Amou	nt of Each	Disburs			iod
	Purpose of Disbursement Candidate Name			Ca	ategory/				100	0.00	
	Senate President	ement For: Primary Other (spe	2010 General ecify)	-	Гуре						
Г	State: NJ District: 08						•	•	950	0.00	
	UBTOTAL of Disbursements This Page (optional)					-	•		000	V.UU	-
I	OTAL This Period (last page this line number only	')			•						

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)) FOR LINE (check only	NUMBER: PAGE 114 / 117
	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	LOGISTS POLITICAL AC	CTION COMMI	TTEE
A.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS			Transaction ID: SB23.70324 Date of Disbursement
	Mailing Address P.O. BOX 5577 MANHA	TTANVILLE STA		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 1 & 1 & 1 \end{smallmatrix} & \begin{smallmatrix} Y & \check{Y} & \check{Y} & \check{Y} & Y \\ & \check{2} & 0 & \check{0} & 9 \end{smallmatrix} \end{bmatrix}$
	City NEW YORK	State Zip Code NY 10027		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name		Category/ Type	
	Senate X President	ement For: 2010 Primary General Other (specify)		
_	State: NY District: 15 Full Name (Last, First, Middle Initial)			Transaction ID: SB23,70329
B.	SCHOCK FOR CONGRESS			Date of Disbursement
	Mailing Address 209 PENNSYLVANIA AV	/E SE #229D		$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & D \\ 1 & 1 & 1 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
	City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
		ement For: 2010 Primary General Other (specify)		
С.	Full Name (Last, First, Middle Initial) TEDISCO FOR CONGRESS			Transaction ID: SB23.70350 Date of Disbursement
	Mailing Address 1707 RT 9			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
	City CLIFTON PARK	State Zip Code NY 12065		Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 SPECIAL			2500.00
	Candidate Name		Category/ Type	
	Senate President X	ement For: 2009 Primary General Other (specify) ▼ I-General		
Γ	, ·			8500.00
	SUBTOTAL of Disbursements This Page (optional)			0,000.00
	TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENT:	' Use separate sc	nedule(s) (check	NE NUMBER: PAGE 115 / 117 only one) 22 X 23 24 25
	Detailed Summa	ary Page 21b	28a 28b 28c 29
Any Information copied from such Reports an or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR			Transaction ID: SB23.70310 Date of Disbursement
Mailing Address 1519 WASHINGT	ON ST, 2ND FL #200		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City LAREDO	State Zip C TX 7804		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President		2010 General	
State: TX District: 28			
Full Name (Last, First, Middle Initial) VINE PAC			Transaction ID: SB23.70334 Date of Disbursement
Mailing Address 607 14TH STREE	T NW #800		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WASHINGTON	State Zip C		Amount of Each Disbursement this Perio
Purpose of Disbursement 2009 CONTRIBUTION			2500.00
Candidate Name		Category/ Type	
Senate President		2009 General	
State: District: Full Name (Last, First, Middle Initial)			Turner attent ID 0000 70000
WASSERMAN-SCHULTZ FOR CO	NGRESS		Transaction ID: SB23.70328 Date of Disbursement
Mailing Address 1071 TWIN BRAN	NCH LN		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WESTON	State Zip C FL 3332		Amount of Each Disbursement this Perio
Purpose of Disbursement		0 0	1500.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President		2010 General	
State: FL District: 20	Outer (specify)	,	
			5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check onl) 21b 27	NUMBER: PAGE 116 / 117 y one) 22
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	ents may not be sold or used by any person and address of any political committee to so	for the purpose of soliciting contributions solicit contributions from such committee
Full Name (Last, First, Middle Initial) WEXLER FOR CONGRESS Mailing Address PO BOX 810669		Transaction ID: SB23.70342 Date of Disbursement O 2
	State Zip Code FL 33481 Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: X House Senate President State: FL District: 19	**	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	46500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check of	E NUMBER: PAGE 117 / 117
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION COM	NITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Transaction ID: SB29.71451 Date of Disbursement O 2 B Y Y Y Y O O 9
CHICAGO Purpose of Disbursement	State Zip Code IL 60675	Amount of Each Disbursement this Period 5400.68
CREDIT CARD/BANK FEES Candidate Name	Category/ Type	
Senate President	ement For: Primary Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	5400.68
TOTAL This Period (last page this line number only)	•	5400.68