

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

Check if different
than previously
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

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

Type or Print Name of Treasurer

THOMAS CONWAY

Signature of Treasurer

Electronically Filed by THOMAS CONWAY

Date

03

17

2009

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		943984.31
(b) Cash on Hand at Beginning of Reporting Period	1092618.92	
(c) Total Receipts (from Line 19)	137171.07	299748.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1229789.99	1243733.13
7. Total Disbursements (from Line 31)	51900.68	65843.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1177889.31	1177889.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	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	109951.00	243987.00
(i) Itemized (use Schedule A)	26799.00	54895.00
(ii) Unitemized	136750.00	298882.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	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 Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	60000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5400.68	5843.82
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51900.68	65843.82
32. 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

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

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

FOR LINE NUMBER: PAGE 6 / 117

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOAN ABELE

Mailing Address 6985 S. CANYON CREEK CIR.

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTN WEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70782

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID ADAMS

Mailing Address 4000 SPEAR ST.

City

CHARLOTTE

State

VT

Zip Code

05445

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAHC/UVM COM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70578

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ADKINS

Mailing Address 1850 N CENTRAL AVE STE 1600

City

PHOENIX

State

AZ

Zip Code

85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIA CONSUL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71335

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RISHI MANI ADSUMELLI

Mailing Address 17 PHAETONS DR

City

MELVILLE

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY-HSC @ STONYBROOK ANE-
S. DEPT.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

VICTOR AGADZI

Mailing Address 1993 CROWN POINTE BLVD.

City

PENSACOLA

State

FL

Zip Code

32506

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTH HEALTHCARE PART

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70574

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DEEANN ALLEN

Mailing Address 401 15TH AVE S STE 109

City

GREAT FALLS

State

MT

Zip Code

59405

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOC. OF GREAT
FALLS, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.71018

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL ALTOSE

Mailing Address 2408 MILTON ROAD

City

CLEVELAND

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY HOSPITALS CASE
MEDICAL CENT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71094

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL AMORINI

Mailing Address 5004 SWEETWATER PL.

City

FORT WAYNE

State

IN

Zip Code

46835

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANES FT WAYNE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71203

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

ERIC ANDERSON

Mailing Address 665 WILSON BUTTE ROAD

City

GREAT FALLS

State

MT

Zip Code

59405

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAGF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70952

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES ANTON

Mailing Address 2302 PARADISE CANYON DR.

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYLOR COLLEGE OF MEDICINE
DEPT. OF CA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70414

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ASH

Mailing Address 924 24 1/4 RD

City

GRAND JUNCTION

State

CO

Zip Code

81505

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HELENE AUGUSTIN

Mailing Address 209 RICHLAND AVE

City

LAFAYETTE

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSU HSC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OLESH BABIAK

Mailing Address 8 MINSHALL CIRCLE

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC IN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71209

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

FRANK BAKKE

Mailing Address 3501 E VIA COLONIA DEL SOL

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71346

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BRIAN BANE

Mailing Address 99 MONTECILLO RD

City

SAN RAFAEL

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERMANENTE MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71375

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MATTHEW BARTON

Mailing Address 244 HOLGERSON RD.

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70502

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STUART BASS

Mailing Address P.O. BOX 1447

City

SCOTTSDALE

State

AZ

Zip Code

85252

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71309

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DEWITT BATEMAN

Mailing Address 9050 AIRLINE HIGHWAY

City

BATON ROUGE

State

LA

Zip Code

70815

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOUISIANA ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BEGER

Mailing Address 6114 E. MONTECITO

City

SCOTTSDALE

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71297

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

TERRY BEJOT

Mailing Address 6911 VAN DORN, #2

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC. ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71357

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JONATHAN BENNIE

Mailing Address 109 DRAYTON CT.

City

FRANKLIN

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70455

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN BENTLEY

Mailing Address 5949 N. CAMINO DEL CONDE

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70849

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PAUL BENZ

Mailing Address 1229 MADISON, #1440

City

SEATTLE

State

WA

Zip Code

98104

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BARRY BERGQUIST

Mailing Address 165 ALTA ST

City

SALT LAKE CITY

State

UT

Zip Code

84103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MTN WEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71202

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES BESHARIAN

Mailing Address 110 29TH AVE. N., #202

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BENJAMIN BLACKMON

Mailing Address 1117 GLENWOOD CT.

City

COLUMBIA

State

SC

Zip Code

29204

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRITICAL HEALTH SYSTEMS
OF SC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70838

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

A. KIRK BODARY

Mailing Address 588 ELEANOR RD.

City

VICTOR

State

NY

Zip Code

14564

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.71020

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRADFORD BOHMAN

Mailing Address 2829 E. OSMOND DRIVE

City

OGDEN

State

UT

Zip Code

84403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RMA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DOUGLAS EDWARD BORG

Mailing Address 7005 MIRA VISTA BLVD.

City

FORT WORTH

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
COOK CHILDREN'S HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71060

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT BOSSARD

Mailing Address 17210 MEADOW TREE CIR.

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.71056

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEREMY BOUCHER

Mailing Address 3322 NW 112TH TER

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71126

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City

HAMPTON COVE

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAHLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70386

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

LISA BOWERS

Mailing Address 1470 PLACE PICARDY

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCES BOYETTE

Mailing Address 8225 MARSH POINTE DR.

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71429

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BARBARA BRANDOM

Mailing Address 1118 KING AVE

City

PITTSBURGH

State

PA

Zip Code

15206

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH
PHYSICIANS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70370

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

ROMUALDAS BRIZGYS

Mailing Address 14529 EVANS LANE

City

SARATOGA

State

CA

Zip Code

95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALO ALTO FOUND MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMANDA BROWN

Mailing Address 203 WESTCHESTER DR

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71427

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DANIEL BRUNING

Mailing Address 10501 METCLAF

City

OVERLAND PARK

State

KS

Zip Code

66212

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAIN CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71233

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

ETHAN BRYSON

Mailing Address 7 WHARTON AVE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNT SINAI MED CTR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROGER BUCS

Mailing Address 1 RUTHERFORD RD STE 101

City

HARRISBURG

State

PA

Zip Code

17109

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERSIDE ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71195

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RUSSELL BUESING

Mailing Address 7987 S CLAYTON CIR

City

CENTENNIAL

State

CO

Zip Code

80122

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70923

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

NAPOLEON BURT

Mailing Address 105 CHURCHILL CIR

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
COOK CHILDRENS MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71381

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD CAFFREY

Mailing Address 6744 GOLF CLUB DR.

City

LONGMONT

State

CO

Zip Code

80503

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70536

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHARLES CAIN

Mailing Address 5141 BROADWAY

City

NEW YORK

State

NY

Zip Code

10034

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA UNIV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70963

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FREDERICK CAMPBELL

Mailing Address 4100 PARK FOREST DR., #210

City

TRAVERSE CITY

State

MI

Zip Code

49684

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRAVERSE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70925

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIO CAMPS

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BREVARD ANESTHESIA SERVIC-
ES, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.70824

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JUDSON CHALKLEY

Mailing Address 119 FOALING RIDGE

City

NICHOLASVILLE

State

KY

Zip Code

40356

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70905

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DEAN CHASSAY

Mailing Address 1000 COVEWOOD LN

City

GUNTERSVILLE

State

AL

Zip Code

35976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARSHALL COUNTY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71331

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRENT CHILD

Mailing Address 1287 N. WOODLAND COURT

City

FARMINGTON

State

UT

Zip Code

84025

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71383

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JACQUELINE CO

Mailing Address 180 RIVERSIDE BLVD, APT 39E

City

NEW YORK

State

NY

Zip Code

10069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71070

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

STEVEN COGGINS

Mailing Address 9042 N. POINT DR.

City

BAYTOWN

State

TX

Zip Code

77520

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES COLEMAN

Mailing Address P.O. BOX 8720

City

HUNTSVILLE

State

TX

Zip Code

77340

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTSVILLE AMBULATORY ANE-
STHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70560

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PAUL COLEMAN

Mailing Address 3404 MANCHESTER COURT

City

MODESTO

State

CA

Zip Code

95350

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUTTER GOULD MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70843

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL CONLEY

Mailing Address 3585 NORTH 440 WEST

City

PROVO

State

UT

Zip Code

84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNTAIN WEST ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71369

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUZANE COOPER

Mailing Address 1014 DELLWOOD DR.

City

TALLADEGA

State

AL

Zip Code

35160

FEC ID number of contributing
federal political committee.

C

Name of Employer
TALLADEGA ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70693

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

F. COPELAND

Mailing Address 397 MADISON ST.

City

DENVER

State

CO

Zip Code

80206

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO DENVER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70522

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES CORMACK

Mailing Address 18 MILL STONE TERR.

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71128

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRIS COWLEY

Mailing Address 6985 CANYON CREEK CIR.

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70571

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ORLANDO CRUZ

Mailing Address 437 YORK ST.

City

OLEAN

State

NY

Zip Code

14760

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN TIER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70731

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARIE CSETE

Mailing Address 680 MISSION ST APT 40D

City

SAN FRANCISCO

State

CA

Zip Code

94105

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALIFORNIA INST. FOR REGE-
NERATIVE MEDI

Occupation

CHIEF SCIENTIFIC OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.70755

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWIN CUNNINGHAM

Mailing Address 3039 STEEPLEGATE CV.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
MED ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70934

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH CUNNINGHAM

Mailing Address 6046 NEWPORT CRESCENT

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESAPEAKE ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70686

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN CURTIS

Mailing Address 4929 E VALLEY VISTA

City

PHOENIX

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71287

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL DAHL

Mailing Address 2071 E. PAGE AVENUE

City

GILBERT

State

AZ

Zip Code

85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
GATEWAY ANESTHESIA ASSOCI-
ATES PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70451

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MARTHA DALY

Mailing Address 700 LAWRENCE EXPRESSWAY

City

SANTA CLARA

State

CA

Zip Code

95051

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERMANENTE MED GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71355

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ALFRED DANIELS

Mailing Address 81 GLEN RD., APT #2

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC OF MASS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GLENN DAVIS

Mailing Address 4015 NORTH LANE

City

FRANKSVILLE

State

WI

Zip Code

53126

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70966

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

P. CRAIG DENNEN

Mailing Address 21 ORCHARD LN.

City

SIMSBURY

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOODLAND ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71394

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

DAVID DESERTSPRING

Mailing Address 5506 RAY NASH DR NW

City

GIG HARBOR

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70775

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK DESHUR

Mailing Address 2650 RIDGE AVE.

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVANSTON HOSPITAL DEPT.
OF ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.71053

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LEISA DE VENNY

Mailing Address 3090 YORKTOWN DR.

City

TUSCALOOSA

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
APMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70623

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM DEVORE

Mailing Address 363 TWIN OAKS DR.

City

SPARTANBURG

State

SC

Zip Code

29306

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOOTHILLS ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71151

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUSAN DOBBS CURLING

Mailing Address 8234 MAGNOLIA GLEN DR.

City

HUMBLE

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer
N HOUSTON ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71261

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY DOLES

Mailing Address 9149 BRENHAM CT

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71400

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER DOLLAR

Mailing Address 869 SHADES CREST RD.

City

BIRMINGHAM

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.70834

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAWRENCE DREWSSEN

Mailing Address 6106 E. SHANGRI-LA RD.

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71190

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PETER DWANE

Mailing Address 4 WYNDHAM PL.

City

DURHAM

State

NC

Zip Code

27705

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUKE UNIV

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70650

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DUANE ERBAUGH

Mailing Address 18825 GUNN HWY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA PED GRP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70975

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID EVANS

Mailing Address 13 WOODMERE DR.

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACMG, DOTHAN, AL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.70867

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARC FALLERONI

Mailing Address 1244 W. BRYN MAWR AVE.

City

CHICAGO

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSHORE UNIV HLTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LISA C.W. FERGUSON

Mailing Address 4111 HERITAGE TRAIL

City

TERRE HAUTE

State

IN

Zip Code

47803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70538

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VICTOR FERGUSON

Mailing Address 4111 HERITAGE TRAIL

City

TERRE HAUTE

State

IN

Zip Code

47803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70540

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CLAUDE FERRELL

Mailing Address 210 LYNNWOOD BLVD.

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70809

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CLAUDE FERRELL

Mailing Address 210 LYNNWOOD BLVD.

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70810

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CLAUDE FERRELL

Mailing Address 210 LYNWOOD BLVD

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.71447

Amount of Each Receipt this Period

-250.00

DUPL AMEX CHARGE CONTRIB

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER FRANDRUP

Mailing Address 501 S BURMA AVE

City

GILLETTE

State

WY

Zip Code

82716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NO PLAINS ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71281

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JAMES FUTRELL

Mailing Address 6141 S. BEDFORD AVE.

City

LOS ANGELES

State

CA

Zip Code

90056

FEC ID number of contributing
federal political committee.

C

Name of Employer
FUTRELL MEDICAL CORP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY GAY

Mailing Address 1316 COMFORT RD.

City

AUGUSTA

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70778

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RALF GEBHARD

Mailing Address 1111 BRICKELL BAY DRIVE APT 2708

City

MIAMI

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI ANES.
DEPT.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70729

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARK GILBERT

Mailing Address PO BOX 5699

City

SALEM

State

OR

Zip Code

97304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST PERMAN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70965

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 117

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH GIRALDO

Mailing Address 5831 BEE RIDGE RD STE 100

City

SARASOTA

State

FL

Zip Code

34233

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNCOAST PAIN MANAGEMENT
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KEVIN GLASSMAN

Mailing Address 2 HOPE LN

City

GLEN HEAD

State

NY

Zip Code

11545

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL ANES SERV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71216

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BARBARA GOLD

Mailing Address 4751 GIRARD AVE S # SO

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MINNESOTA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 117

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAWRENCE GOLDSTEIN

Mailing Address 260 W PEACHTREE ST

City

NORCROSS

State

GA

Zip Code

30071

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWINNETT ANESTHESIA SERVI-
CE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70797

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARY EVELYN GONZALEZ-ABOLA

Mailing Address 410 VALLEYVIEW DR

City

JEFFERSON HILLS

State

PA

Zip Code

15025

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF PITTSBURGH PHYS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71208

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TRACY GORDON

Mailing Address 11600 SIGNAL AVE. N.E.

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTRA PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70763

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 38 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICARDO GOTAY

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BREVARD ANESTHESIA SERVIC-
ES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70458

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY GRANT

Mailing Address 723 DUNBLANE DR

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71423

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

HOWARD GREEN

Mailing Address 1545 MEADOW BRANCH AVE

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCHESTER ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70659

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RALPH GREGG

Mailing Address 18400 PIONEER RD.

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MED ANES & PAIN MGMT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70637

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID GUARNIERI

Mailing Address 9820 E. THOMPSON PEAK PARKWAY

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71302

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHLEEN GUARNIERI

Mailing Address 9820 E. THOMPSON PEAK PARKWAY

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULTANTS,
LTD.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER GUNN

Mailing Address 840 PINE ST STE 770

City

MACON

State

GA

Zip Code

31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71420

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

COOPER HAGERTY

Mailing Address 936 LAKE COLONY RUN

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70969

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JEANNINE HALL

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BREVARD ANESTHESIA SERVICE,
P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71326

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FORREST HAMON

Mailing Address 1621 E CALLE DE CABALLES

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71295

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KEVIN HAMPEL

Mailing Address 2113 S. PIN OAK DR.

City

SPRINGFIELD

State

MO

Zip Code

65809

FEC ID number of contributing
federal political committee.

C

Name of Employer
OZARK ANESTHESIA ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70904

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NANCY HARING

Mailing Address PO BOX 235019

City

MONTGOMERY

State

AL

Zip Code

36123

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANESTHESIA ASS-
OC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71430

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLEN HAYMAN

Mailing Address 7 GOLDENROD LN

City

FALMOUTH

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

YORK HOSPITAL DEPT OF ANE-
STHESIOLOGY

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.70864

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CHARLES HEWELL

Mailing Address 519 WING LN.

City

ST. CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

KANE ANESTHESIA ASSOCIATE-
S, S.C.

Occupation

PHYSICIAN-ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.70753

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

HEATH HIGGINS

Mailing Address 12125 CARDINAL LN

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMP ONE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70733

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LYLE HILEMAN

Mailing Address 8242 LODGEPOLE TR.

City

LONE TREE

State

CO

Zip Code

80124

FEC ID number of contributing
federal political committee.

C

Name of Employer

METRO DENVER ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ALBERT HO

Mailing Address 2033 BRANDON CIR

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHEAST ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70473

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

GLEN HOLLEY

Mailing Address 2104 PENINSULA DR.

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70487

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MINAL HOLLOWELL

Mailing Address 1503 FOREST GARDEN DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP,
P.C.

Occupation
RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70814

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL HOLUB

Mailing Address 13601 PRESTON RD., 1000-W

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANES CONSULT

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71406

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT HOOLSEMA

Mailing Address 6306 HILLVIEW WAY

City

MISSOULA

State

MT

Zip Code

59803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MISSOULA ANESTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70554

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RUSSELL HORN

Mailing Address 390 HIGHLAND AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
HACKENSACK ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70498

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN HOUDE

Mailing Address 807 ALBEROSKY WAY

City

BATAVIA

State

IL

Zip Code

60510

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71072

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JIAN HUA

Mailing Address 213 HAMPTON CT

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71421

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GREGORY HULSEY

Mailing Address 17216 OSPREY CIR

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70734

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN HUNTER

Mailing Address 46-133 PUNALEI PL

City

KANEOHE

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE ANES MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71263

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN HUNTINGTON

Mailing Address 3333 EVERGREEN DR., NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL CONSULTANTS, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.71025

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REX HYER

Mailing Address 6401 CAHOBA DR

City

FORT WORTH

State

TX

Zip Code

76135

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSTAR ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70756

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK ISAAC

Mailing Address 1459 LEXINGTON ONTARIO RD

City

MANSFIELD

State

OH

Zip Code

44903

FEC ID number of contributing
federal political committee.

C

Name of Employer
RUSH UNIV MED CRT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71147

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW JACOBSON

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.70869

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JON JACOBY

Mailing Address 2300 N. EDWARD ST.

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71239

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SANJAY JAIN

Mailing Address 135 CLARK ST.

City

NEWTON

State

MA

Zip Code

02159

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71099

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW JOHNSON

Mailing Address 4479 SUMMERVIEW ROAD

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71197

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KYLE JONES

Mailing Address 11 ADAMS ALY SE

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71206

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM JORDAN

Mailing Address 1859 RIDGE AVE

City

MONTGOMERY

State

AL

Zip Code

36106

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71431

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOHN JOSEPH

Mailing Address P.O. BOX 1072

City

ROSELAND

State

FL

Zip Code

32957

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETHESDA MEM HOSP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 50 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY KALAN

Mailing Address P.O. BOX 772

City

GREENWICH

State

CT

Zip Code

06836

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREENWICH ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.70689

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN KARP

Mailing Address 201 WINDOVER AVE., NW

City

VIENNA

State

VA

Zip Code

22180

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOAA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.71021

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER KELLER

Mailing Address 289 COUNTY RD

City

WINDSOR

State

VT

Zip Code

05089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT. ASCUTNEY HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.71416

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM KELLY

Mailing Address 10809 BUCKINGHAM PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70534

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM KELLY

Mailing Address 10809 BUCKINGHAM PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSF CHECK

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.70993

Amount of Each Receipt this Period

-500.00

C.

Full Name (Last, First, Middle Initial)

LEONARD KIM

Mailing Address 2142 COURTLAND AVE

City

SAN MARINO

State

CA

Zip Code

91108

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71277

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELLE KIM

Mailing Address 9290 E THOMPSON PEAK PKWY UNIT 227

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIOLOGY CON-
SULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71289

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN KIRKEIDE

Mailing Address 2340 PARADISE RD.

City

MISSOULA

State

MT

Zip Code

59804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MISSOULA ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70736

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT KITTERMAN

Mailing Address 7613 SILVERSTONE CT

City

GRIMES

State

IA

Zip Code

50111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 53 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES KLAMIK

Mailing Address 1225 ORCHARD LN.

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.70656

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL KLEMM

Mailing Address 683 BELVEDERE DR.

City

BENICIA

State

CA

Zip Code

94510

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERMANENTE MED GRP

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.70504

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

LLOYD KLIBERT

Mailing Address 4713 JANICE AVE.

City

KENNER

State

LA

Zip Code

70065

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.71086

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HEIDI KOENIG

Mailing Address 507 RIDGEWOOD ROAD

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF LOUISVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71145

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LISA KOENIG

Mailing Address 13276 10TH ST. S.

City

AFTON

State

MN

Zip Code

55001

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70977

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

COURTNEY KOSHAR

Mailing Address 77 E. COLUMBUS AVE., #201

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANES. CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71339

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KAROLYN KRAMER

Mailing Address 1659 N. PELHAM RD NE

City

ATLANTA

State

GA

Zip Code

30324

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEKALB ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK KRAUSE

Mailing Address 1439 NORTH MOHAWK

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENT HOSPITAL DEPART-
MENT OF ANEST

Occupation

ANESTHESIOLOGIST-PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70508

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SUSAN KREHER

Mailing Address 7719 WYNLAKES BLVD.

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71198

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

USHA KRISHNAMURTHY

Mailing Address 57 VIOLA DR.

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70793

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ELLIS LAI

Mailing Address 21410 GRANT AVENUE

City

TORRANCE

State

CA

Zip Code

90503

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEDARS-SINAI MEDICAL CENT-
ER ANESTHESIO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.71031

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TANNER LANG

Mailing Address N3292 FEATHER RIDGE DR

City

APPLETON

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70633

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTIAN LARSEN

Mailing Address 6978 S.E. 12TH CIRCLE

City

OCALA

State

FL

Zip Code

34480

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71260

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JORDAN LEAKE

Mailing Address 4630 E PALOMINO RD

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71291

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GEORGE LEE

Mailing Address 235 WHITEHAVEN WAY

City

MARTINEZ

State

CA

Zip Code

94553

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70761

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL LESS

Mailing Address 15W316 60TH ST.

City

BURR RIDGE

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELMHURST ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.70832

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DENNIS LIN

Mailing Address 100 EXETER ST.

City

NEWTON

State

MA

Zip Code

02465

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINCHESTER ANESTHESIA ASS-
OCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.70881

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HUNG LU

Mailing Address 4710 N. 44TH ST.

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71337

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY LU

Mailing Address 30 NORTH 1900 EAST

City

SALT LAKE CITY

State

UT

Zip Code

84132

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF UTAH DEPART-
MENT OF ANEST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71104

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KATARZYNA LUBA

Mailing Address 4500 LOIRE VALLEY DR SE

City

GRAND RAPIDS

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71256

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANNMARIE MALLAT

Mailing Address 14808 SUTTON DR.

City

SAN JOSE

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROUP ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70638

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BOSE MANDAVA

Mailing Address 7117 FAY AVE

City

LA JOLLA

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70902

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BRUCE MANNES

Mailing Address 2443 E MELROSE ST

City

MESA

State

AZ

Zip Code

85213

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71188

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JULIUS MAPALAD

Mailing Address 450 E 96TH ST STE 200

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY ANESTHESIA ASSO-
CIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.71010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GLEN MARTIN

Mailing Address 816 BAYTREE LANE

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
JACKSONVILLE ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70669

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LEO MARTIN

Mailing Address 4205 E SAN MIGUEL

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71293

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HECTOR MARTINEZ

Mailing Address 18 DEVEREUX DR

City

ALLEGANY

State

NY

Zip Code

14706

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN TIER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70629

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD MATTHEW

Mailing Address 3128 TEMPLE LN

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
N SHORE UNIV HLTH SYS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71118

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WALTER MAURER

Mailing Address 9711 PEKIN RD

City

NOVELTY

State

OH

Zip Code

44072

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC

Occupation

ANESTHESIOLOGIST DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.70871

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SCOTT MAXWELL

Mailing Address 4200 W. MEMORIAL RD.

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70611

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN MAXWELL

Mailing Address 90 RAPP RD

City

VALATIE

State

NY

Zip Code

12184

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70675

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM MAXWELL

Mailing Address 2366 NEWCASTLE AVE.

City

CARDIFF BY THE SEA

State

CA

Zip Code

92007

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71218

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN MAZE

Mailing Address ANES. OFFICE SERVICE, INC.

City

HIAWATHA

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
LCA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71174

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES MCADAMS

Mailing Address 4916 OVERTON PLZ

City

FORT WORTH

State

TX

Zip Code

76109

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSTAR ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70528

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BRADLEY MCALLISTER

Mailing Address 6608 OLD MILL CIR.

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70695

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GREGORY MCCOMAS

Mailing Address 6578 CANYON COVE PL.

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70576

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES MCDONALD

Mailing Address 130 HERITAGE CT

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL GEORGIA ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71418

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN MCMANAMY

Mailing Address 210 HIGH ST

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.71034

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHRYN MCQUEEN

Mailing Address 1850 N CENTRAL AVE STE 1600

City

PHOENIX

State

AZ

Zip Code

85004

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANES. CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71341

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 66 / 117

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALAN MENEFE

Mailing Address P.O. BOX 3010

City

CHICO

State

CA

Zip Code

95927

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.70677

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BEREND METS

Mailing Address 500 UNIVERSITY DR RM C2840

City

HERSHEY

State

PA

Zip Code

17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENNSYLVANIA STATE HERSHEY
MEDICAL CEN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.71080

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHANTELLE MILLER

Mailing Address 6196 E CALLE CAMELIA

City

SCOTTSDALE

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.71298

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL MILLER

Mailing Address 15936 OAK PARK CT

City

WESTFIELD

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACI, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.70996

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

HARRY MINTZER

Mailing Address 125 GRAMPIAN BLVD.

City

WILLIAMSPORT

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC WMSPORT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71161

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JONATHAN MOCERI

Mailing Address 1037 NE 65TH ST, PMB 228

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.71000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PARAG MODI

Mailing Address 26 REGENCY DR

City

VOORHEES

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOURDES ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71144

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. MOLLNER

Mailing Address 3419 VIA LIDO, #218

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GEORGE MOMANY

Mailing Address 104 W 5TH AVE STE 250

City

SPOKANE

State

WA

Zip Code

99204

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.70430

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS MORRIS

Mailing Address 6330 E. 116TH ST.

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
ST, INCE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70401

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN MURPHY

Mailing Address 800 LINCOLNWAY, STE. 301

City

LA PORTE

State

IN

Zip Code

46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70491

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DANIEL NELSON

Mailing Address 45395 CHOCTA CIR

City

INDIAN WELLS

State

CA

Zip Code

92210

FEC ID number of contributing
federal political committee.

C

Name of Employer
RMAC MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70436

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT NENAD

Mailing Address 6901 E. CHENEY DR.

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIOLOGY CON-
SULTANTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71344

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID NICHOLS

Mailing Address PO BOX 36

City

WHITEFISH

State

MT

Zip Code

59937

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70605

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DEAN NICHOLS

Mailing Address 18118 E. WEAVER DR.

City

CENTENNIAL

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO DENVER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70906

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM NICHOLS

Mailing Address 1515 37TH AVE

City

SEATTLE

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70625

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN NOLES

Mailing Address 11062 GABRIEL'S PATH

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIERREMONT ANES CONSUL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70725

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS NORTON

Mailing Address 1912 LOMBARDY AVE

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70603

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD O'CONNOR

Mailing Address 1 JACKSON CREEK RD

City

MONTANA CITY

State

MT

Zip Code

59634

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70941

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT OLIVER

Mailing Address 496 RANDALL RD.

City

NORTH AUGUSTA

State

SC

Zip Code

29860

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71373

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BABATUNJI OMOTOSO

Mailing Address 25 DUNE RD

City

OCEAN TOWNSHIP

State

NJ

Zip Code

07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RAUL ORTA

Mailing Address P.O. BOX 57100

City

JACKSONVILLE

State

FL

Zip Code

32241

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71157

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KEVIN PACE

Mailing Address 231 CHARLESTON COURT, S.

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY ANESTHESIA ASS-
OC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71432

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SCOTT PACIFIC

Mailing Address 37 ELLSWORTH DR.

City

WARREN

State

NJ

Zip Code

07059

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN PAPPAS

Mailing Address 294 BARDEN ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAM BEAUMONT HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71243

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MUKESH PATEL

Mailing Address 2727 W. DR. M.L.K., JR., BLVD.

City

TAMPA

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLENNIUM ANES. CARE, P.-
A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70545

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEVEN PEARCE

Mailing Address 111 BUCHANAN DR.

City

YORK

State

PA

Zip Code

17402

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC OF YORK

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 75 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL PEARMAN

Mailing Address 204 PEPPER GRASS CT

City

BARTLESVILLE

State

OK

Zip Code

74006

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.70640

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARK PELEROSI

Mailing Address 9101 HERITAGE DR.

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.71321

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN PENCA

Mailing Address 5 RUSHING MEADOW CT.

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.71231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 76 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN PENG

Mailing Address 8735 W. 142ND PL.

City

ORLAND PARK

State

IL

Zip Code

60462

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTHOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Transaction ID: SA11AI.71090

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

THEODORE PETERSON

Mailing Address 3632 21ST AVE. S.

City

ST. CLOUD

State

MN

Zip Code

56301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC ST CLOUDOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

Transaction ID: SA11AI.70978

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TOMMY POLK

Mailing Address 16 RAIN FERN CT.

City

THE WOODLANDS

State

TX

Zip Code

77380

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Transaction ID: SA11AI.71361

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WADE PORTERFIELD

Mailing Address 3887 W. BRANCH RD.

City

ALLEGANY

State

NY

Zip Code

14706

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN TIER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70627

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT POWERS

Mailing Address P.O. BOX 7288

City

LITTLE ROCK

State

AR

Zip Code

72217

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71219

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

EDWARD PREJEAN

Mailing Address 9706 VALLEY LAKE CT.

City

IRVING

State

TX

Zip Code

75063

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH FOR CHILDREN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70914

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD PRIELIPP

Mailing Address 11197 14TH ST N

City

LAKE ELMO

State

MN

Zip Code

55042

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MINNESOTA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70606

Amount of Each Receipt this Period

251.00

B.

Full Name (Last, First, Middle Initial)

THOMAS PROVOST

Mailing Address 15 HASTINGS AVE

City

KEENE

State

NH

Zip Code

03431

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESHIRE ANES & ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70900

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PETER QAULEY

Mailing Address 5739 WILSHIRE DR.

City

MADISON

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer
MADISON ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71368

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN QUINLIVAN

Mailing Address 44 WATERFRONT CIR.

City

BUFFALO

State

NY

Zip Code

14202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71223

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES QUINN

Mailing Address P.O. BOX 727

City

GREEN HARBOR

State

MA

Zip Code

02041

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASS GEN HOSP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70654

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 90 COWDRAY PARK

City

COLUMBIA

State

SC

Zip Code

29223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF COLUMBIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NED RADICH

Mailing Address 1443 E. STARPASS DR.

City

FRESNO

State

CA

Zip Code

93720

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70647

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BOBBY RAY

Mailing Address 6127 BAYWATER LN.

City

HIXSON

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS ASSOCIA-
TED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70742

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARC REICHEL

Mailing Address 131 SUNSET BLVD

City

BEAUFORT

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOW COUNTRY ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71268

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VANCE ROBIDEAUX

Mailing Address 2508 CROSSING DR.

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTHESIOLOGI-
STS INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.71033

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRANKLIN ROBINSON

Mailing Address 1145 MARTINGALE DR

City

JACKSON

State

MS

Zip Code

39206

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71402

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANNE ROGERS

Mailing Address 6005 RIVER RD.

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTHESIA INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71392

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD ROMERO

Mailing Address 1601 E. 19TH AVE., STE. 5610

City

DENVER

State

CO

Zip Code

80218

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANES CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71200

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ROSENFELD

Mailing Address 117 E. MAIN ST. #4

City

MARION

State

VA

Zip Code

24354

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMYTH ANESTHESIA ASSOCIAT-
ES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70510

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

FRANK ROSINIA

Mailing Address 23 IDLEWOOD PL

City

RIVER RIDGE

State

LA

Zip Code

70123

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARISH ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71097

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER RYAN

Mailing Address 1025 S. 6TH ST.

City

SPRINGFIELD

State

IL

Zip Code

62703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPRINGFIELD CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71245

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID RYPKEMA

Mailing Address W279 N5285

City

SUSSEX

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70657

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL SAKOWSKI

Mailing Address 1818 OHENRY CT

City

ARLINGTON

State

TX

Zip Code

76006

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA ARLIN-
GTON DIVISION

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.71434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LYLE SALTZMAN

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BREVARD ANESTHESIA SERVIC-
ES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70839

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES SAMS

Mailing Address 535 PINE TREE DR.

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.70432

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

STEVE SANTI

Mailing Address 110 29TH AVE. N., #202

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MADHANKUMAR SATHYAMOORTHY

Mailing Address 41 ASTER CT.

City State Zip Code
NASHUA NH 03062

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRANITE STATE ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70927

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
SCOTT SATTOVIA

Mailing Address 4102 NEWBURY LN.

City State Zip Code
SPRINGFIELD IL 62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTH.OF SPRI-
NGFIELD

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70556

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
FRANKLIN SCAMMAN

Mailing Address 200 HAWKINS DR.

City State Zip Code
IOWA CITY IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
U OF IOWA HOSPITALS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70719

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH SCANIFFE

Mailing Address 11 GLENMORE DR.

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILFORD ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70786

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL SCHNEIDER

Mailing Address 2171 W. PARK CT. ST. A

City

STONE MOUNTAIN

State

GA

Zip Code

30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEKALB ANESTHESIA ASOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70481

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

J. ELIZABETH SCHOEMAKER

Mailing Address 6235 BLACK FOREST DR.

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71396

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID SCOTT

Mailing Address 42 EDGEMERE DR.

City

KENDALL PARK

State

NJ

Zip Code

08824

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRINCETON ANESTHESIA SERV-
ICES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.70749

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEVEN SHANKLE

Mailing Address 110 29TH AVE N STE 201

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70438

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LARRY SHIRLEY

Mailing Address 2705 RAMBLING DR.

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71348

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK SHULKOSKY

Mailing Address 6229 COBBLESTONE DR

City

ERIE

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS OF ERIE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70420

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KAREN SIBERT

Mailing Address 4146 SUNNYSLOPE AVE.

City

SHERMAN OAKS

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEDARS-SINAI MEDICAL CENT-
ER ANES. DEPT

Occupation
ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.70858

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DAVID SIEGEL

Mailing Address 7014 GUADALUPE TRAIL, N.W.

City

ALBUQUERQUE

State

NM

Zip Code

87107

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA FE ANESTHESIA SPECI-
ALISTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.70862

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRENT SILVER

Mailing Address 13002 E TURQUOISE AVE

City

SCOTTSDALE

State

AZ

Zip Code

85259

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71307

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MARK SILVERBERG

Mailing Address 649 THORNMEADOW RD.

City

RIVERWOODS

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOBILE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.70789

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DANIEL SIMULA

Mailing Address 5777 E MAYO BLVD
DEPT OF ANES

City

PHOENIX

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.70428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS SINCLAIR

Mailing Address 74 TIDEWIND

City State Zip Code
IRVINE CA 92612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWPORT HARBOR ANES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70572

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
ANDREW SMITH

Mailing Address 8007 BRANCH CREEK DR.

City State Zip Code
INDIANAPOLIS IN 46268

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT INDIANAPOLIS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70931

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
DEAN SMITH

Mailing Address 1850 N CENTRAL AVE STE 1600

City State Zip Code
PHOENIX AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71315

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHIRLEY SMITH

Mailing Address 6538 N 27TH ST

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71342

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN SPERRING

Mailing Address 1818 CHARITY DR.

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70853

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SCOTT SPRINGMAN

Mailing Address 5721 SUMMERHILL CT.

City

FITCHBURG

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer
UW MEDICAL FOUNDATION

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70459

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MYLES STANDISH

Mailing Address 601 S.E. MANCHESTER PL.

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71241

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DANIEL STANLEY

Mailing Address 2733 FILLMORE AVE

City

OGDEN

State

UT

Zip Code

84403

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKY MTN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.71112

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY STAUDACHER

Mailing Address 4140 PRAIRIE CROSSING DR.

City

ST. CHARLES

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
KANE ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70564

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELDON STEELE

Mailing Address 1904 LAMPLIGHT

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
E TEXAS ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70595

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK STEFFENSEN

Mailing Address 5148 COTTONWOOD LN.

City

HOLLADAY

State

UT

Zip Code

84117

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71398

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID STELLWAY

Mailing Address 10400 S.W. RIVERSIDE DR.

City

PORTLAND

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON ANESTHESIOLOGY GRO-
UP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70615

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALTER STEVENS

Mailing Address 942 PATHVIEW CT.

City

DACULA

State

GA

Zip Code

30019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71165

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRANCIS SULLIVAN

Mailing Address 8915 MERION DR.

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSIDE ANES. CONSULTAN-
TS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71058

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARGARET TARPEY

Mailing Address WEST 1358 BIOMEDICAL SCIENCES TOW
200 LOTHROP ST.

City

PITTSBURGH

State

PA

Zip Code

15261

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.70434

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID TAVARES

Mailing Address 2 STOCKTON RD.

City

LUMBERTON

State

NJ

Zip Code

08048

FEC ID number of contributing
federal political committee.

C

Name of Employer
BURLINGTON ANESTHESIA ASS-
OCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70767

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER TEGGATZ

Mailing Address 2905 OLD ORCHARD ROAD NE

City

CEDAR RAPIDS

State

IA

Zip Code

52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINN COUNTY ANESTHESIOLOG-
ISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71172

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ZUHAIR THALJI

Mailing Address 8434 BUCKINGHAM CT.

City

WILLOW SPRINGS

State

IL

Zip Code

60480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BLAINE THOMAS

Mailing Address 13513 KIMBLE

City

BATON ROUGE

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOUISIANA ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ERIC THOMAS

Mailing Address 4625 BRADFORD HTS.

City

COLORADO SPRINGS

State

CO

Zip Code

80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC COLORADO SPRIN-
GS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70681

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JANE THOMAS

Mailing Address 6124 HICKORY VALLEY ROAD

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN TIBBALS

Mailing Address 2771 HEMLOCK ST #100

City

BREMERTON

State

WA

Zip Code

98310

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRISON MEDICAL CENTER
CARDIAC ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70652

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

HUGO TOLENTINO

Mailing Address 6333 SAINT DENIS ST.

City

CORPUS CHRISTI

State

TX

Zip Code

78414

FEC ID number of contributing
federal political committee.

C

Name of Employer
GULF SHORE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71270

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TOOMEY

Mailing Address 704 SWEET CHERRY COURT

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.71049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FREDERICK TORRES

Mailing Address 2218 CAMPESTRE TERR.

City

NAPLES

State

FL

Zip Code

34119

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF
NAPLES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70885

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TROY TORTORICI

Mailing Address 17401 HAWKS VIEW CT

City

EDMOND

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST ANESETHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70449

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BETH TRAYLOR

Mailing Address 3535 E 146TH ST

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY UPPINGTON

Mailing Address PSSB SUITE 1200
4150 V. STREET

City State Zip Code
SACRAMENTO CA 95817

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC DAVIS MEDICAL SCHOOL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.70828

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CLAUDE VACHON

Mailing Address 1225 CONCORD HUNT DR

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70987

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

GAIL VANDEWALKER

Mailing Address 1550 BOYSON RD

City State Zip Code
HIAWATHA IA 52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
LCA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71169

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VENKATARAO VEMULA

Mailing Address 10620 CALLANDER CT.

City

FORT WAYNE

State

IN

Zip Code

46815

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREFERRED ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.71064

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN VITCOV

Mailing Address 35 PARKER AVE.

City

SAN FRANCISCO

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71353

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ADAM WALDMAN

Mailing Address 7200 MEEKER CREEK DRIVE

City

DAYTON

State

OH

Zip Code

45414

FEC ID number of contributing
federal political committee.

C

Name of Employer
AANWD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.70518

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRENT WALKER

Mailing Address 4896 E. CABO DR.

City

FAYETTEVILLE

State

AR

Zip Code

72703

FEC ID number of contributing
federal political committee.

C

Name of Employer
OZARK ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70453

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WAYNE WALKER

Mailing Address 1200 B. GALE WILSON BLVD.

City

FAIRFIELD

State

CA

Zip Code

94533

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHBAY MEDICAL CENTER
DEPARTMENT OF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.70998

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARGARET WGLINSKI

Mailing Address 200 1ST ST SW

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71408

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GRANT WEICHT

Mailing Address 6055 N 2ND ST

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71313

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

HOWARD WEIL

Mailing Address 5949 SEDBERRY RD.

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP,
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.70440

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID WERKMEISTER

Mailing Address 1025 MARSH STREET

City

MANKATO

State

MN

Zip Code

56002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANKATO ANESTHESIA ASSOCI-
ATES, LTD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.71371

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORVILLE WETZEL

Mailing Address 3433 NW BUTTON RD

City

TOPEKA

State

KS

Zip Code

66618

FEC ID number of contributing
federal political committee.

C

Name of Employer
TALLGRASS ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70644

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEVE WICKLUND

Mailing Address 9824 QUARRY TRAIL RD.

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71192

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER WILLIAMS

Mailing Address 3038 E. HALE ST.

City

MESA

State

AZ

Zip Code

85213

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70671

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNY WILLIARD

Mailing Address 5809 BEAUREGARD DR.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.70467

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SYLVIA XI-MOY

Mailing Address 30 BRIERFIELD CT

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MKME/CTCA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.70847

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHANG YOON

Mailing Address 1720 DUCKCROSS COVE

City

WICHITA

State

KS

Zip Code

67206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCAC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 117

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER YOUNG

Mailing Address 7 CARRIAGE HILL

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
EXCHANGE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.71044

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PHILIP ZITELLO

Mailing Address 26 TIMBER MARSH LN.

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALMETTO ANES & PAIN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZYGMUNT

Mailing Address 1 S. 413 CHASE AVE.

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMHURST MEMORIAL HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.70960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

109951.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

866.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

Transaction ID: SA17.71450

Amount of Each Receipt this Period

421.07

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

421.07

TOTAL This Period (last page this line number only)

421.07

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 38 IVY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.70338

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
AMERICA WORKS PAC

Mailing Address PO BOX 76187 #800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.70316

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address PO BOX 116

City HYATTSVILLE State MD Zip Code 20781

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.70318

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BOUSTANY FOR CONGRESS

Mailing Address 2501 WISCONSIN AVE NW #304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: SB23.70344

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
BRIAN BAIRD FOR CONGRESS

Mailing Address 236 MASSACHUSETTS AVE NE #508

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: SB23.70332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
COFFMAN FOR CONGRESS

Mailing Address 9249 S BROADWAY BLVD #200-501

City HIGHLANDS RANCH State CO Zip Code 80129

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: SB23.70320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) COMM TO ELECT CHRIS MURPHY	Transaction ID: SB23.70336 Date of Disbursement
Mailing Address P.O. BOX 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City CHESHIRE State CT Zip Code 06410	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS	Transaction ID: SB23.70333 Date of Disbursement
Mailing Address 501 CAPITOL CT NE #100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS	Transaction ID: SB23.70321 Date of Disbursement
Mailing Address P.O. BOX 5843	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City AUSTIN State TX Zip Code 78763	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY	Transaction ID: SB23.70322 Date of Disbursement
Mailing Address 1824 S FISKE BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City State Zip Code ROCKLEDGE FL 32955	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD	Transaction ID: SB23.70325 Date of Disbursement
Mailing Address PO BOX 270701	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City State Zip Code W HARTFORD CT 06127	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.70337 Date of Disbursement
Mailing Address 1707 PRINCE ST #5 C/O CAROLE GOEAS & ASSOC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.70313 Date of Disbursement
Mailing Address PO BOX 841	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City SIOUX FALLS State SD Zip Code 57101	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: SB23.70315 Date of Disbursement
Mailing Address PO BOX 9639	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City BOWLING GREEN State KY Zip Code 42102	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. 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	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOEBSACK FOR CONGRESS

Mailing Address 501 CAPITOL CT NE #100

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: SB23.70340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City
TOPEKA

State
KS

Zip Code
66601

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.70323

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 95 MERRICK WAY #250

City
CORAL GABLES

State
FL

Zip Code
33134

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.70348

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

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	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

02 / 11 / 2009

5000.00

State: NY District: 15

1000.00

State: IL District: 18

2500.00

State: NY District: 20

8500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
TEXANS FOR HENRY CUELLAR

Mailing Address 1519 WASHINGTON ST, 2ND FL #200

City LAREDO State TX Zip Code 78042

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: SB23.70310

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
VINE PAC

Mailing Address 607 14TH STREET NW #800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
 2009 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.70334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
WASSERMAN-SCHULTZ FOR CONGRESS

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: SB23.70328

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WEXLER FOR CONGRESS

Mailing Address PO BOX 810669

City
BOCA RATON

State
FL

Zip Code
33481

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.70342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

46500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
CREDIT CARD/BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.71451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5400.68

SUBTOTAL of Disbursements This Page (optional)

5400.68

TOTAL This Period (last page this line number only)

5400.68