Image# 29935481058

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** ▼ C00255752

CITY ▲ | STATE ▲ | ZIPCODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(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 10 01 2009 through 10 31 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 11 18 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)

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M 10 D D 01 Y Y Y Y 2009 To: M M 10 D D 31 Y Y Y Y 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		943984.31
(b) Cash on Hand at Begining of Reporting Period	1226489.39	
(c) Total Receipts (from Line 19)	292799.72	1523209.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1519289.11	2467194.29
7. Total Disbursements (from Line 31)	34359.49	982264.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1484929.62	1484929.62
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	

[X] 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

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M 10 D D 01 Y Y Y Y 2009 To: M M 10 D D 31 Y Y Y Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	273077.00	1310395.00
(ii) Unitemized	19712.00	204772.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))	292789.00	1515167.50
(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)	292789.00	1515167.50
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10.72	3042.48
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))	292799.72	1523209.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	292799.72	1523209.98

DETAILED SUMMARY PAGE

of Disbursements

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	29000.00	782500.00
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	5359.49	199764.67
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))	34359.49	982264.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	34359.49	982264.67

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	292789.00	1515167.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	292789.00	1515167.50
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

Image# 29935481063

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 195
(check only one)
X 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)
MONA ABDEL-MISIH
Mailing Address 936 CREEK RD.
City: KENNETT SQUARE | State: PA | Zip Code: 19348
FEC ID number of contributing federal political committee. C
Name of Employer: ASPA-DE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2009
Transaction ID: SA11AI.80848
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
BASEM ABDELMALAK
Mailing Address FOUNDATION ANES. DEPT., E-31
9500 EUCLID AVE
City: CLEVELAND | State: OH | Zip Code: 44195
FEC ID number of contributing federal political committee. C
Name of Employer: CLEVELAND CLINIC
Occupation: STAFF ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79514
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
AMR ABOULEISH
Mailing Address 4303 EVERGREEN ELM CT.
City: HOUSTON | State: TX | Zip Code: 77059
FEC ID number of contributing federal political committee. C
Name of Employer: DEPARTMENT OF ANESTHESIOL-OGY
Occupation: PROFESSOR, PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79527
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **316.00**

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

Image# 29935481064

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 195
(check only one)
X 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)
PETER ADAMEK
Mailing Address 7027 KINGSCOTE PARK
City: INDEPENDENCE State: OH Zip Code: 44131
FEC ID number of contributing federal political committee. C
Name of Employer: UHHS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80241
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
SEAN ADAMS
Mailing Address 3123 AVIARA CT
City: NAPERVILLE State: IL Zip Code: 60564
FEC ID number of contributing federal political committee. C
Name of Employer: DUPAGE VALLEY ANESTHESIOL-OGISTS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80628
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
ZULFIQAR AHMED
Mailing Address 2865 WOODFORD DR
City: STERLING HEIGHTS State: MI Zip Code: 48310
FEC ID number of contributing federal political committee. C
Name of Employer: CHILDRENS HOSPITAL OF MIC-HIGAN
Occupation: PEDIATRIC ANESTHESIA
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80356
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

Image# 29935481065

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 195
(check only one)
X 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 ALBERTSON
Mailing Address 1001 CITY AVE
City: WYNNEWOOD | State: PA | Zip Code: 19096
FEC ID number of contributing federal political committee. C
Name of Employer: RETIRED
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80297
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
DANIELA ALEXIANU
Mailing Address 1310 E BLACKWOOD LN
City: SPOKANE | State: WA | Zip Code: 99223
FEC ID number of contributing federal political committee. C
Name of Employer: PHYSICIAN ANESTHESIA GROU-P, PS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79513
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
DAVID ALFERY
Mailing Address 22 WYNSTONE
City: NASHVILLE | State: TN | Zip Code: 37215
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: 10 / 12 / 2009
Transaction ID: SA11AI.79693
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **791.00**

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

Image# 29935481066

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 195
(check only one)
X 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)
GUY ALIOTTA
Mailing Address 25 KENNEDY DRIVE
City: MERIDEN | State: CT | Zip Code: 06450
FEC ID number of contributing federal political committee. C
Name of Employer: MIDSTATE MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79563
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
PATRICK ALLAIRE
Mailing Address 58991 290TH ST.
City: CAMBRIDGE | State: IA | Zip Code: 50046
FEC ID number of contributing federal political committee. C
Name of Employer: MCFARLAND CLINIC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79495
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
ELLEN ALLINGER
Mailing Address 1590 BLANCHARD BEND
City: ROCK HILL | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee. C
Name of Employer: ANES ASSOC ROCK HILL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80193
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **624.00**

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

Image# 29935481067

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 195
(check only one)
X 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 ALLYN
Mailing Address 22 BRAMHALL ST
City: PORTLAND | State: ME | Zip Code: 04102
FEC ID number of contributing federal political committee. C
Name of Employer: MAINE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80021
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
GEORGE ALVAREZ
Mailing Address 5323 BAYSHORE BLVD APT D
City: TAMPA | State: FL | Zip Code: 33611
FEC ID number of contributing federal political committee. C
Name of Employer: PEDIATRIC PHYSICIAN SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80226
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
CHARLES ANDERSON
Mailing Address 60975 BILLADEAU RD.
City: BEND | State: OR | Zip Code: 97702
FEC ID number of contributing federal political committee. C
Name of Employer: BEND ANESTH GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79891
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) ..... ▶

Image# 29935481068

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 195
(check only one)
[X] 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 ANDERSON
Mailing Address 1218 STRATFORD RD
City: KANSAS CITY | State: MO | Zip Code: 64113
FEC ID number of contributing federal political committee. C
Name of Employer: HEARTLAND SPINE
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79920
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
STEVEN ANDEWEG
Mailing Address 1 MEDICAL CENTER DR.
City: LEBANON | State: NH | Zip Code: 03756
FEC ID number of contributing federal political committee. C
Name of Employer: DARTMOUTH-HITCHCOCK MEDICAL CENTER ANE
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80149
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JOSEPH ANNIS
Mailing Address 3 SUNDOWN PARKWAY
City: AUSTIN | State: TX | Zip Code: 78746
FEC ID number of contributing federal political committee. C
Name of Employer: DARTMOUTH HITCHCOCK MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80662
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

Image# 29935481069

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 195
(check only one)
X 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 ANSWINE
Mailing Address 60 KIRBY DR.
City: ELIZABETHTOWN State: PA Zip Code: 17022
FEC ID number of contributing federal political committee. C
Name of Employer: RIVERSIDE ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79829
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JEFFREY APFELBAUM
Mailing Address 2560 GREENVIEW RD
City: NORTHBROOK State: IL Zip Code: 60062
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CHICAGO
Occupation: PHYSICIAN-EDUCATOR
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80013
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
HERNANDO ARANDIA
Mailing Address 736 IRVING AVE.
City: SYRACUSE State: NY Zip Code: 13210
FEC ID number of contributing federal political committee. C
Name of Employer: CNY ANESTHESIA GROUP-CROUS HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79870
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) ..... ▶

Image# 29935481070

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 195
(check only one)
X 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)
FERNANDO ARBONA
Mailing Address 5953 TRAFALGAR CT.
City: DUBLIN State: OH Zip Code: 43016
FEC ID number of contributing federal political committee. C
Name of Employer: OHIO STATE UNIV MED
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80222
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
DAVID AREND
Mailing Address 62 EAGLE DR
City: BEDFORD State: NH Zip Code: 03110
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79749
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DONALD ARNOLD
Mailing Address 339 CONSORT DR
City: BALLWIN State: MO Zip Code: 63011
FEC ID number of contributing federal political committee. C
Name of Employer: WESTERN ANESTHESIOLOGY ASSOC. INC.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80015
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) ..... ▶

Image# 29935481071

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 195
(check only one)
X 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)
BRETT ARRON
Mailing Address 52 LAKE STREET
City: WAKEFIELD | State: RI | Zip Code: 02879
FEC ID number of contributing federal political committee. C
Name of Employer: NARRAGANSETT BAY ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80643
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MARCIAL BACANI
Mailing Address 3610 MERRICK
City: HOUSTON | State: TX | Zip Code: 77025
FEC ID number of contributing federal political committee. C
Name of Employer: GREATER HOUSTON ANESTHESIOLOGY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80850
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
DOUGLAS BACON
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 FIRST STREET SW, CH1-140
City: ROCHESTER | State: MN | Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC COLLEGE OF MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79501
Amount of Each Receipt this Period: 83.00

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

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

Image# 29935481072

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 195
(check only one)
X 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)
DOUGLAS BACON
Mailing Address 200 FIRST STREET SW, CH1-140
City: ROCHESTER State: MN Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC COLL OF MED ANES DEPT
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80276
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JASON BAGGETT
Mailing Address 2165 HERSCHEL STREET
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80859
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
PAUL BAKER
Mailing Address 1921 LYONS BEND RD.
City: KNOXVILLE State: TN Zip Code: 37919
FEC ID number of contributing federal political committee. C
Name of Employer: AMAET
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80907
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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

Image# 29935481073

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 195
(check only one)
X 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)
BENEDICTA BALAGTAS
Mailing Address 8812 35TH AVE
City: COLLEGE PARK | State: MD | Zip Code: 20740
FEC ID number of contributing federal political committee: C
Name of Employer: VA MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80630
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
ARNA BANERJEE
Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL
City: NASHVILLE | State: TN | Zip Code: 37212
FEC ID number of contributing federal political committee: C
Name of Employer: VANDERBILT UNIVERSITY MED-ICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79523
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
SHAWN BANKS
Mailing Address 601 NE 36TH ST APT 3407
City: MIAMI | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF MIAMI
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79556
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **416.00**

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

Image# 29935481074

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 195
(check only one)
[X] 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 BARINHOLTZ
Mailing Address 8420 W. BRYN MAWR, SUITE #530
City: CHICAGO State: IL Zip Code: 60631
FEC ID number of contributing federal political committee. C
Name of Employer: MOBILE ANESTHESIOLOGISTS
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80159
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
STEVEN BARKER
Mailing Address ANESTHESIOLOGY DEPARTMENT
PO BOX 245114
City: TUCSON State: AZ Zip Code: 85724
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ARIZONA
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80785
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
RODGER BARNETTE
Mailing Address 3401 N BROAD ST FL 3, OPB
DEPARTMENT OF ANESTHESIOLOGY
City: PHILADELPHIA State: PA Zip Code: 19140
FEC ID number of contributing federal political committee. C
Name of Employer: TEMPLE UNIVERSITY SCHOOL OF MEDICINE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80325
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) 2500.00

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

Image# 29935481075

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 195
(check only one)
X 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)
ERIC BAURLE
Mailing Address 1806 IVY CREST DR
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: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80923
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JOHN BAUTISTA
Mailing Address 9147 SADDLEBOW DR
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: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2009
Transaction ID: SA11AI.79668
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
CURTIS BAYSINGER
Mailing Address 4202 VANDERBILT UNIVERSITY HOSPITA
1211 MEDICAL CENTER DRIVE
City: NASHVILLE State: TN Zip Code: 37232
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80327
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) .....

Image# 29935481076

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 195
(check only one)
[X] 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)
SHAWN BEAMAN
Mailing Address 806 HURON CT
City: GIBSONIA State: PA Zip Code: 15044
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PITTSBURGH MEDICAL CTR.
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80174
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JAMES BECKER
Mailing Address 35303 CABERNET CIRCLE
City: WAUKEE State: IA Zip Code: 50263
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: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80685
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
KARL BECKER
Mailing Address 11708 HIGH DR.
City: LEAWOOD State: KS Zip Code: 66211
FEC ID number of contributing federal political committee. C
Name of Employer: KUMC - ANES. DEPT.
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80563
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) ..... ▶

Image# 29935481077

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 195
(check only one)
X 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)
TIMOTHY BEESON
Mailing Address 3715 SAPPHIRE DR.
City: MARTINEZ State: GA Zip Code: 30907
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 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79886
Amount of Each Receipt this Period: 250.00

B.
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: 1500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80189
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JEFFREY BENNIE
Mailing Address 1253 DEVENS CT.
City: BRENTWOOD State: TN Zip Code: 37027
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: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80317
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) ▶

Image# 29935481078

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 195
(check only one)
X 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)
HONORIO BENZON
Mailing Address 161 E CHICAGO AVE APT 48F
City: CHICAGO State: IL Zip Code: 60611
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN UNIVERSITY FEINBERG SCHOO
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80495
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ARTHUR BERGH
Mailing Address 3300 GALLOWS RD., ANES. DEPT.
City: FALLS CHURCH State: VA Zip Code: 22042
FEC ID number of contributing federal political committee. C
Name of Employer: FAIRFAX ANES. ASSOC.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79488
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
TOM BERIS
Mailing Address 720 THORNAPPLE DR
City: NAPERVILLE State: IL Zip Code: 60540
FEC ID number of contributing federal political committee. C
Name of Employer: DUPAGE VALLEY ANESTHESIOL-OGISTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80274
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) ..... ▶

Image# 29935481079

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 195
(check only one)
[X] 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 BERMAN
Mailing Address ANESTHESIA DEPT., BOX J-254
City: GAINESVILLE State: FL Zip Code: 32610
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF FLORIDA J.H-.M.H.C.
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80389
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MORDECHAI BERMANN
Mailing Address 7 PLYMOUTH LN.
City: EAST BRUNSWICK State: NJ Zip Code: 08816
FEC ID number of contributing federal political committee. C
Name of Employer: UMDNJ
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80166
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ARNOLD BERRY
Mailing Address 30 BATTLE RIDGE DR NE
City: ATLANTA State: GA Zip Code: 30342
FEC ID number of contributing federal political committee. C
Name of Employer: EMORY UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80030
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) ..... ▶

Image# 29935481080

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 195
(check only one)
X 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: 500.00
Date of Receipt: 10 / 11 / 2009
Transaction ID: SA11AI.79687
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
CHESTER BEYER
Mailing Address 577 POLLY RD.
City: SUNNYVALE State: TX Zip Code: 75182
FEC ID number of contributing federal political committee. C
Name of Employer: PSRD & ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79759
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
JOEL BEZ
Mailing Address 3806 VICEROY DR.
City: OKEMOS State: MI Zip Code: 48864
FEC ID number of contributing federal political committee. C
Name of Employer: LAPC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80253
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) ▶

Image# 29935481081

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 195
(check only one)
X 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 BIANROSA
Mailing Address 2121 RACE ST
City: PHILADELPHIA State: PA Zip Code: 19103
FEC ID number of contributing federal political committee. C
Name of Employer: PENN PRESBYTERIAN MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80650
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
DANIEL BIGGS
Mailing Address 750 NE 13TH ST
OAC BUILDING, SUITE 200
City: OKLAHOMA CITY State: OK Zip Code: 73104
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF OKLAHOMA HEALTH SCI CTR
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79942
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
TIMOTHY BITTENBINDER
Mailing Address 5014 ASCOT PARKWAY
City: TEMPLE State: TX Zip Code: 76502
FEC ID number of contributing federal political committee. C
Name of Employer: SCOTT AND WHITE MEMORIAL HOSPITAL ANES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00
Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79518
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1083.00**

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

Image# 29935481082

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 195
(check only one)
X 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)
ANDREW BLACK
Mailing Address 1720 LOUISIANA BLVD., NE, #401
City: ALBUQUERQUE State: NM Zip Code: 87110
FEC ID number of contributing federal political committee. C
Name of Employer: AANM
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80832
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JAMES BLAIR
Mailing Address 1211 MEDICAL CENTER DRIVE VUH 2301
City: NASHVILLE State: TN Zip Code: 37232
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80709
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
KENNETH BOCHENEK
Mailing Address 2000 SPRUCE DR
City: LAFAYETTE State: IN Zip Code: 47905
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIOLOGY ASSOCIATES, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79539
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **875.00**

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

Image# 29935481083

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 195
(check only one)
X 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)
BRUCE BOSWELL
Mailing Address 2165 HERSCHEL ST
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80861
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ARTHUR BOUDREAUX
Mailing Address 4493 PRESERVE DRIVE
City: HOOVER State: AL Zip Code: 35226
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ALABAMA AT BIRMINGHAM AN
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79931
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL BOYER
Mailing Address ANESTHESIA AND RESPIRATORY SERVICE
4 CLARK BASS BLVD. STE. 205
City: MCALESTER State: OK Zip Code: 74501
FEC ID number of contributing federal political committee. C
Name of Employer: MCALESTER REGIONAL HEALTH CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80431
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) ▶

Image# 29935481084

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 195
(check only one)
X 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 BRACKEN
Mailing Address 9960 OAKLAND RD.
City: SAN ANTONIO State: TX Zip Code: 78240
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: 10 / 19 / 2009
Transaction ID: SA11AI.80715
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JAMES BRADFORD
Mailing Address 900 PEELER STREET
PO BOX 4095
City: KALAMAZOO State: MI Zip Code: 49003
FEC ID number of contributing federal political committee. C
Name of Employer: KALAMAZOO ANESTHESIOLOGY, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80438
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
THOMAS BRALLIAR
Mailing Address 22089 SHAKER BLVD
City: SHAKER HEIGHTS State: OH Zip Code: 44122
FEC ID number of contributing federal political committee. C
Name of Employer: CLEVELAND CLINIC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80601
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) ..... ▶

Image# 29935481085

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 195
(check only one)
X 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)
JEFFRY BRAND
Mailing Address 44 PLEASANT STREET
City: MARBLEHEAD State: MA Zip Code: 01945
FEC ID number of contributing federal political committee. C
Name of Employer: ANES ASSOC OF MASS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79828
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: 1500.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79496
Amount of Each Receipt this Period: 125.00

C.
Full Name (Last, First, Middle Initial)
STANLEY BRAUER
Mailing Address 11781 WELEBIR ST.
City: LOMA LINDA State: CA Zip Code: 92354
FEC ID number of contributing federal political committee. C
Name of Employer: LOMA LINDA MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79864
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1125.00**

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

Image# 29935481086

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 195
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X 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)
BRUCE BROOKENS
Mailing Address 333 W HAMPDEN AVE STE 600
City: ENGLEWOOD State: CO Zip Code: 80110
FEC ID number of contributing federal political committee. C
Name of Employer: SO DENVER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80742
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
DOUGLAS BROWN
Mailing Address 9512 ELDWICK DR.
City: BRENTWOOD State: TN Zip Code: 37027
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: 10 / 24 / 2009
Transaction ID: SA11AI.80946
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
JOSEPH BROWN
Mailing Address 222 STERLING SPRINGS DR.
City: JOHNSON CITY State: TN Zip Code: 37604
FEC ID number of contributing federal political committee. C
Name of Employer: APCJC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80589
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) ▶

Image# 29935481087

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 195
(check only one)
[X] 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)
PATRICIA BROWNE
Mailing Address 559 ATSION RD.
City: SHAMONG State: NJ Zip Code: 08088
FEC ID number of contributing federal political committee. C
Name of Employer: CHILDRENS HOSPITAL OF PHI-LADELPHIA
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80257
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
RICHARD BROWNING
Mailing Address 359 RUMSTICK POINT RD
City: BARRINGTON State: RI Zip Code: 02806
FEC ID number of contributing federal political committee. C
Name of Employer: PAI
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79498
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
BRIAN BUEHLER
Mailing Address 300 S. ARLINGTON DR.
City: RENO State: NV Zip Code: 89501
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGI-STS OF RENO
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80480
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2025.00**

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

Image# 29935481088

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 195
(check only one)
[X] 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)
CARRIE BUEHLER
Mailing Address 300 S. ARLINGTON DR.
City: RENO State: NV Zip Code: 89501
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGISTS OF RENO
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80484
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
GRAHAM BULLARD
Mailing Address P.O. BOX 36351
City: CHARLOTTE State: NC Zip Code: 28236
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHEAST ANESTHESIOLOGY CONSULTANTS,
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 14 / 2009
Transaction ID: SA11AI.79710
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
AMANDA BURDEN
Mailing Address 312 S. SMEDLEY ST.
City: PHILADELPHIA State: PA Zip Code: 19103
FEC ID number of contributing federal political committee. C
Name of Employer: COOPER UNIVERSITY HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79830
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) ..... ▶

Image# 29935481089

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)
X 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 BURDEN
Mailing Address 312 S. SMEDLEY ST.
City: PHILADELPHIA State: PA Zip Code: 19103
FEC ID number of contributing federal political committee. C
Name of Employer: COOPER UNIVERSITY HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80466
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
FREDERICK BURGESS
Mailing Address 569 FRUIT HILL AVE
City: NORTH PROVIDENCE State: RI Zip Code: 02911
FEC ID number of contributing federal political committee. C
Name of Employer: VHA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79987
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
CALVIN BURRICHTER
Mailing Address 5110 CORNELL CT.
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: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79806
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) ..... ▶

Image# 29935481090

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 195
(check only one)
X 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 BUTTERWORTH
Mailing Address 1120 SOUTH DR # FH204
City: INDIANAPOLIS State: IN Zip Code: 46202
FEC ID number of contributing federal political committee. C
Name of Employer: IU ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80151
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ANJUM BUX
Mailing Address P.O. BOX 154
City: DANVILLE State: KY Zip Code: 40423
FEC ID number of contributing federal political committee. C
Name of Employer: DANVILLE ANESTHESIA ASSOC-IATES, LLP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80625
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL CAHALAN
Mailing Address ANESTHESIA DEPARTMENT
30 N. MEDICAL DRIVE, ROOM 3C-444
City: SALT LAKE CITY State: UT Zip Code: 84132
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF UTAH SCHOOL OF MEDICINE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80534
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) ..... ▶

Image# 29935481091

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 195
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X 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)
SOREN CAMPBELL
Mailing Address 14341 BROWN RD
City: VERONA State: KY Zip Code: 41092
FEC ID number of contributing federal political committee. C
Name of Employer: ANES ASSOC CINCINNATI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79818
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
EDGAR CANADA
Mailing Address 5093 VIA CINTA
City: SAN DIEGO State: CA Zip Code: 92122
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80519
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JOAQUIN CANTILLO
Mailing Address 703 WORTHINGTON MILL RD.
City: RICHBORO State: PA Zip Code: 18954
FEC ID number of contributing federal political committee. C
Name of Employer: CAPITAL HEALTH SYSTEM DEP-T. OF ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.79985
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) ▶

Image# 29935481092

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 195
(check only one)
X 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)
CHRISTEL CARLSON
Mailing Address 10710 S SHERMAN RD
City: SPOKANE State: WA Zip Code: 99224
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: 664.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79508
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
RICHARD CARR
Mailing Address 262 WYNDHAM CIR E
City: NEW BRIGHTON State: MN Zip Code: 55112
FEC ID number of contributing federal political committee. C
Name of Employer: TWIN CITIES ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80294
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
CHRISTOPHER CARY
Mailing Address 4 ALEXANDER DR
City: CAPE ELIZABETH State: ME Zip Code: 04107
FEC ID number of contributing federal political committee. C
Name of Employer: MAINE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80084
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1583.00**

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

Image# 29935481093

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 195
(check only one)
X 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 CASSADY
Mailing Address 1215 PLEASANT ST., #400
City: DES MOINES | State: IA | Zip Code: 50309
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGI-STS., P.C.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79935
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MARTYN CAVALLO
Mailing Address 110-29TH AVE. NORTH, #201
City: NASHVILLE | State: TN | Zip Code: 37203
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: 258.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80929
Amount of Each Receipt this Period: 8.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL CHAMPEAU
Mailing Address 701 WELCH RD STE 216
City: PALO ALTO | State: CA | Zip Code: 94304
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOC. ANESTH. MEDICAL GR-OUP
Occupation: PHYSICIAN AND PRESIDENT
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79952
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2008.00**

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

Image# 29935481094

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 195
(check only one)
X 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 CHAPMAN
Mailing Address 2165 HERSCHEL ST
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80863
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
NIELS CHAPMAN
Mailing Address 1538 EAGLE RIDGE PL.,N.E.
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee. C
Name of Employer: UNM
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80309
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
CHARLES CHASE
Mailing Address 2065 VENETIAN WAN
City: WINTER PARK State: FL Zip Code: 32789
FEC ID number of contributing federal political committee. C
Name of Employer: AGO
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80091
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1900.00**

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

Image# 29935481095

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 195
(check only one)
X 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)
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 ANESTHESI-OLOGY AND PAI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79966
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JOHN CHATELAIN
Mailing Address 1319 S.9TH ST.
City: FARGO State: ND Zip Code: 58103
FEC ID number of contributing federal political committee. C
Name of Employer: MERITCARE MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79506
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
JOHN CHATELAIN
Mailing Address 1319 S.9TH ST.
City: FARGO State: ND Zip Code: 58103
FEC ID number of contributing federal political committee. C
Name of Employer: MERITCARE MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 418.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79975
Amount of Each Receipt this Period: 8.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **299.00**

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

Image# 29935481096

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 195
(check only one)
[X] 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 CHEANEY
Mailing Address 1106 N. WASHINGTON ST.
City: SHELBY State: NC Zip Code: 28150
FEC ID number of contributing federal political committee. C
Name of Employer: SHELBY ANES. ASSOC.
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79773
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
BAIXI TOM CHEN
Mailing Address 7936 VINEYARD LAKE RD. N.
City: JACKSONVILLE State: FL Zip Code: 32256
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80864
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
FREDERICK CHENEY
Mailing Address 1959 NE PACIFIC ST # BB-1461
CAMPUS BOX 356540
City: SEATTLE State: WA Zip Code: 98195
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF WA SCH OF MED ANES DEPT
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80271
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) .....

Image# 29935481097

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 195
(check only one)
X 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)
SAMUEL CHERRY
Mailing Address 149 LUCERNE BLVD.
City: BIRMINGHAM State: AL Zip Code: 35209
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ALABAMA MEDICAL CENTER D
Occupation: ANESTHESIOLOGIST - ASST PROF
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79528
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
CHRISTINA CHIN
Mailing Address 1 HICKORY LN
City: GREEN BROOK State: NJ Zip Code: 08812
FEC ID number of contributing federal political committee. C
Name of Employer: SELF
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80559
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
TARA CHRONISTER
Mailing Address 82 BRIDLEWOOD PL NE
City: CONCORD State: NC Zip Code: 28025
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHEAST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79817
Amount of Each Receipt this Period: 500.00

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

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

Image# 29935481098

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 195
(check only one)
X 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)
JERRY COHEN
Mailing Address BOX 100254
City: GAINESVILLE State: FL Zip Code: 32610
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF FLORIDA COLLEGE OF MEDICINE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80093
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
NORMAN COHEN
Mailing Address 0841 SW GAINES ST # 504
City: PORTLAND State: OR Zip Code: 97239
FEC ID number of contributing federal political committee. C
Name of Employer: OREGON HEALTH SCIENCE UNI-V. ANES. DEPT
Occupation: ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80058
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
DANIEL COLE
Mailing Address 5777 E MAYO BLVD
DEPARTMENT OF ANESTHESIOLOGY
City: PHOENIX State: AZ Zip Code: 85054
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC COLLEGE OF ME-DICINE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80000
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

Image# 29935481099

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 195
(check only one)
[X] 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)
CRAIG COMBS
Mailing Address 1924 ALCOA HWY # U109
City: KNOXVILLE State: TN Zip Code: 37920
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF TENNESSEE MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79735
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
LYDIA CONLAY
Mailing Address 32 W OAK DR
City: HOUSTON State: TX Zip Code: 77056
FEC ID number of contributing federal political committee. C
Name of Employer: BAYLOR COLLEGE OF MEDICINE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80364
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JOANNE CONROY
Mailing Address 205 WEST GLENDALE AVE
City: ALEXANDRIA State: VA Zip Code: 22301
FEC ID number of contributing federal political committee. C
Name of Employer: AAMC
Occupation: MD
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80577
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) .....

Image# 29935481100

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 195
(check only one)
X 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)
TIMOTHY COOPER
Mailing Address 4417 AUSTIN PASS DR
City: SAINT CHARLES | State: MO | Zip Code: 63304
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: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80103
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CAREY COSTANTINI
Mailing Address 5020 ROLLMAN ESTATE DR.
City: CINCINNATI | State: OH | Zip Code: 45236
FEC ID number of contributing federal political committee. C
Name of Employer: IAPSC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79838
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
CHARLES COTE
Mailing Address 55 FRUIT ST
City: BOSTON | State: MA | Zip Code: 02114
FEC ID number of contributing federal political committee. C
Name of Employer: MASS GEN HOSP ANES AND CRITICAL CARE
Occupation: PEDIATRIC ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80826
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) ..... ▶

Image# 29935481101

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 195
(check only one)
[X] 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)
W. COX
Mailing Address PO BOX 51947
City: KNOXVILLE State: TN Zip Code: 37950
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY ANESTHESIOLOGI-STS
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80673
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
DEBORAH CREATH
Mailing Address 3823 BRIGHTON CREEK CIR
City: TYLER State: TX Zip Code: 75707
FEC ID number of contributing federal political committee. C
Name of Employer: EAST TEXAS ANESTHESIOLOGY ASSOCIATES
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79585
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
DAVID CROSS
Mailing Address 5483 DENMANS LOOP
City: BELTON State: TX Zip Code: 76513
FEC ID number of contributing federal political committee. C
Name of Employer: SCOTT AND WHITE HOSPITAL DEPT. OF ANES
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80216
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) **3000.00**

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

Image# 29935481102

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 195
(check only one)
X 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 CROSS
Mailing Address 34969 SE SKOGAN ROAD
City: SANDY State: OR Zip Code: 97055
FEC ID number of contributing federal political committee. C
Name of Employer: OHSU DEPARTMENT OF ANESTH-ESIOLOGY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80283
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
PAUL CRUM
Mailing Address 4145 LAKESIDE DR.
City: JACKSONVILLE State: FL Zip Code: 32210
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80865
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ALAN CURLE
Mailing Address 67 PALMERSTON RD
City: ROCHESTER State: NY Zip Code: 14618
FEC ID number of contributing federal political committee. C
Name of Employer: HIGHLAND HOSPITAL ANES. DEPT.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79988
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) ..... ▶

Image# 29935481103

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 195
(check only one)
[X] 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)
PATRICK 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: SELF
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80131
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
SUSAN 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: 10 / 19 / 2009
Transaction ID: SA11AI.80713
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
SAUNDRA CURRY
Mailing Address 50 OVERLOOK DR
City: CHAPPAQUA State: NY Zip Code: 10514
FEC ID number of contributing federal political committee. C
Name of Employer: COLUMBIA UNIVERSITY
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80011
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) ..... ▶

Image# 29935481104

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 195
(check only one)
X 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 CUTTER
Mailing Address 745 N KENILWORTH
City: OAK PARK | State: IL | Zip Code: 60302
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CHICAGO PR-ITZKER SCHOOL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80224
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
PETER DAINES
Mailing Address 280 EASTRIDGE LN.
City: LOGAN | State: UT | Zip Code: 84321
FEC ID number of contributing federal political committee. C
Name of Employer: INTERWEST ANESTHESIA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80694
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
STEPHEN DAINESI
Mailing Address 28 BARRINGTON DR.
City: BEDFORD | State: NH | Zip Code: 03110
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79751
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) ..... ▶

Image# 29935481105

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 195
(check only one)
X 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 DALTON
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: ANESTHESIA MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80521
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
SUKDEB DATTA
Mailing Address 2501 TVC
1301 MEDICAL CENTER DRIVE
City: NASHVILLE State: TN Zip Code: 37232
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY DEP-T. OF ANESTHE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80177
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
PATRICIA DAVIDSON
Mailing Address 27 KESWICK DR
City: NEW ALBANY State: OH Zip Code: 43054
FEC ID number of contributing federal political committee. C
Name of Employer: PREMIER ANESTH
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80291
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) ..... ▶

Image# 29935481106

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 195
(check only one)
X 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)
FRED DAVIS
Mailing Address 75 CAMBRIDGE PKWY UNIT E808
City: CAMBRIDGE State: MA Zip Code: 02142
FEC ID number of contributing federal political committee. C
Name of Employer: TUFTS MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79824
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
THOMAS DAVIS
Mailing Address 2545 VALLEY OAKS ESTATES DR
City: WILDWOOD State: MO Zip Code: 63005
FEC ID number of contributing federal political committee. C
Name of Employer: WASHINGTON UNIVERSITY - ST. LOUIS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80199
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
STANLEY DEE
Mailing Address 326 E. WITCHWOOD LN.
City: LAKE BLUFF State: IL Zip Code: 60044
FEC ID number of contributing federal political committee. C
Name of Employer: ACL LTD
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80384
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) ..... ▶

Image# 29935481107

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 195
(check only one)
X 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)
PHILLIP DE JARNETTE
Mailing Address 303 PARKWAY DR., NE BOX 404
City: ATLANTA State: GA Zip Code: 30312
FEC ID number of contributing federal political committee. C
Name of Employer: N.A.P.
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80247
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
KRAIG DE LANZAC
Mailing Address 12 TARA PL
City: METAIRIE State: LA Zip Code: 70002
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: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79918
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
ELIZABETH DEMERS LAVELLE
Mailing Address 4572 SPRUCE RIDGE DR
City: MANLIUS State: NY Zip Code: 13104
FEC ID number of contributing federal political committee. C
Name of Employer: SUNY UPSTATE MEDICAL CENTER
Occupation: PEDIATRIC ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80230
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) ▶

Image# 29935481108

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 195
(check only one)
X 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 DENCH
Mailing Address 945 OUTER DRIVE
City: STATE COLLEGE | State: PA | Zip Code: 16801
FEC ID number of contributing federal political committee. C
Name of Employer: POCONO ANESTHESIA ASSOCIATES
Occupation: PHYSICAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79901
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARK DENTZ
Mailing Address 1422 WILLOWBROOKE CIRCLE
City: FRANKLIN | State: TN | Zip Code: 37069
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MEDICAL GROUP, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: SA11AI.79644
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
RANDALL DEVAULT
Mailing Address 2524 STONE CREEK DRIVE
City: KNOXVILLE | State: TN | Zip Code: 37918
FEC ID number of contributing federal political committee. C
Name of Employer: ANES. MED. ALLIANCE OF EAST TN
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80672
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) ..... ▶

Image# 29935481109

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 195
(check only one)
X 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 DIEZ
Mailing Address 3000 BIRD AVE UNIT 1
City: COCONUT GROVE | State: FL | Zip Code: 33133
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERISTY OF MIAMI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79555
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
JOHN DILGER
Mailing Address 200 FIRST STREET, SW
City: ROCHESTER | State: MN | Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC
Occupation: DOCTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80606
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
JOHN DOMBROWSKI
Mailing Address 5123 WATSON ST NW
City: WASHINGTON | State: DC | Zip Code: 20016
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: 1240.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79917
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1333.00**

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

Image# 29935481110

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 195
(check only one)
X 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 DONIELSON
Mailing Address 3333 RIVERBEND DRIVE
City: SPRINGFIELD State: OR Zip Code: 97477
FEC ID number of contributing federal political committee. C
Name of Employer: SACRED HEART MEDICAL CENT-ER AT RIVERBE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80056
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
BRIAN DONNENFELD
Mailing Address 75 FRANCIS ST, CWN-L1
City: BOSTON State: MA Zip Code: 02115
FEC ID number of contributing federal political committee. C
Name of Employer: BRIGHAM AND WOMENS HOSPIT-AL
Occupation: STAFF ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 05 / Y Y Y Y 2009
Transaction ID: SA11AI.79624
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
KEVIN DONOVAN
Mailing Address 7690 SMULLIAN TRL. W.
City: JACKSONVILLE State: FL Zip Code: 32217
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANES. CONSU-LTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80866
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) ..... ▶

Image# 29935481111

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 195
(check only one)
X 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)
NEVIN DOWNS
Mailing Address 1144 GATEWAY LN
City: NASHVILLE State: TN Zip Code: 37220
FEC ID number of contributing federal political committee. C
Name of Employer: ANES SERV ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80894
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
CHRISTINE DOYLE
Mailing Address 2077 WALNUT GROVE AVENUE
City: SAN JOSE State: CA Zip Code: 95128
FEC ID number of contributing federal political committee. C
Name of Employer: COAST ANES MED GRP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80242
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JEFFREY DROBIL
Mailing Address 6761 FLINT HILL ROAD
City: NEW TRIPOLI State: PA Zip Code: 18066
FEC ID number of contributing federal political committee. C
Name of Employer: ALLENTOWN ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80834
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) ..... ▶

Image# 29935481112

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 195
(check only one)
X 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 DUFFY
Mailing Address 736 IRVING AVE
City SYRACUSE State NY Zip Code 13210
FEC ID number of contributing federal political committee. C
Name of Employer CNY ANES GRP
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80249
Amount of Each Receipt this Period 250.00

B.
Full Name (Last, First, Middle Initial)
PEGGY DUKE
Mailing Address 1364 CLIFTON ROAD
DEPT OF ANESTHESIOLOGY A303
City ATLANTA State GA Zip Code 30322
FEC ID number of contributing federal political committee. C
Name of Employer EMORY UNIVERSITY HOSPITAL
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt M M 10 / D D 20 / Y Y Y Y 2009
Transaction ID: SA11AI.80817
Amount of Each Receipt this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
BURDETT DUNBAR
Mailing Address 6621 FANNIN ST
ANESTHESIA DEPARTMENT,
City HOUSTON State TX Zip Code 77030
FEC ID number of contributing federal political committee. C
Name of Employer TEXAS CHILDRENS HOSPITAL
Occupation PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80329
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) ▶

Image# 29935481113

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 195
(check only one)
X 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)
PETER DUNBAR
Mailing Address PO BOX 356540
City SEATTLE State WA Zip Code 98195
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF WASHINGTON
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 10 / 17 / 2009
Transaction ID: SA11AI.80173
Amount of Each Receipt this Period 500.00

B.
Full Name (Last, First, Middle Initial)
PETER DUNBAR
Mailing Address PO BOX 356540
1959 PACIFIC ST.
City SEATTLE State WA Zip Code 98195
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF WASHINGTON
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.80803
Amount of Each Receipt this Period 500.00

C.
Full Name (Last, First, Middle Initial)
JOHN DUNN
Mailing Address 1291 CLARET CT
City FORT MYERS State FL Zip Code 33919
FEC ID number of contributing federal political committee. C
Name of Employer MEDICAL ANESTHESIA AND PA-IN MGT. CONSU
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 250.00
Date of Receipt 10 / 26 / 2009
Transaction ID: SA11AI.80966
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) ▶

Image# 29935481114

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 195
(check only one)
[X] 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 DUNN
Mailing Address 303 AUBURN AVE.
City: MONROE | State: LA | Zip Code: 71201
FEC ID number of contributing federal political committee. C
Name of Employer: PARISH MANAGEMENT CONSULTANTS, LLC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 11 / 2009
Transaction ID: SA11AI.79686
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
NORBERT DUTTLINGER
Mailing Address 5166 CRESTDALE DRIVE
City: ROCKFORD | State: IL | Zip Code: 61114
FEC ID number of contributing federal political committee. C
Name of Employer: ROCKFORD ANESTHESIOLOGISTS ASSOCIATED
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80403
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
ROBERT EARLY
Mailing Address 1418 OLD MILL RD
City: WYOMISSING | State: PA | Zip Code: 19610
FEC ID number of contributing federal political committee. C
Name of Employer: READING ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80187
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) .....

Image# 29935481115

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 195
(check only one)
[X] 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)
JANE EASDOWN
Mailing Address 5106 CORNWALL DR
City: BRENTWOOD State: TN Zip Code: 37027
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 05 / 2009
Transaction ID: SA11AI.79627
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JAY ELLIS
Mailing Address 3211 ELYS PATH
City: SAN ANTONIO State: TX Zip Code: 78230
FEC ID number of contributing federal political committee. C
Name of Employer: TEJAS ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 08 / 2009
Transaction ID: SA11AI.79661
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
SHEILA ELLIS
Mailing Address 10247 ADAMS ST.
City: OMAHA State: NE Zip Code: 68127
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF NEBRASKA MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79992
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) .....

Image# 29935481116

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 195
(check only one)
X 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)
ROBIN ELWOOD
Mailing Address PO BOX 53188
City: OKLAHOMA CITY State: OK Zip Code: 73152
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF OKLAHOMA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80198
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL ENTRUP
Mailing Address P.O. BOX 5178
City: FRAMINGHAM State: MA Zip Code: 01701
FEC ID number of contributing federal political committee. C
Name of Employer: PROVIDENCE ANESTH
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79826
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JERRY EPPS
Mailing Address 1422 KENSINGTON DR
City: KNOXVILLE State: TN Zip Code: 37922
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF TENNESSEE MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80764
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) ..... ▶

Image# 29935481117

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 195
(check only one)
X 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 EPSTEIN
Mailing Address 220 WESTCHESTER AVE
City: WHITE PLAINS State: NY Zip Code: 10604
FEC ID number of contributing federal political committee. C
Name of Employer: PAIN MEDICINE GROUP OF NEW YORK, LLP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80192
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
ROBERT EVANS
Mailing Address 4909 AUDUBON DRIVE
City: MOBILE State: AL Zip Code: 36619
FEC ID number of contributing federal political committee. C
Name of Employer: DOCUSYS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80085
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
DEBRA FAULK
Mailing Address 3041 S STEELE ST
City: DENVER State: CO Zip Code: 80210
FEC ID number of contributing federal political committee. C
Name of Employer: THE CHILDREN S HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80731
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) ..... ▶

Image# 29935481118

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 195
(check only one)
X 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 FEASTER
Mailing Address 377 EAGLE TRACE DRIVE
City: HALF MOON BAY | State: CA | Zip Code: 94019
FEC ID number of contributing federal political committee. C
Name of Employer: STANFORD UNIVERSITY MED CTR DEPT OF AN
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80536
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
SCOTT FIELDEN
Mailing Address 3010 W CHARLESTON BLVD STE 150
City: LAS VEGAS | State: NV | Zip Code: 89102
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIOLOGY CONSULTANT-S, INC. CREDE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 670.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79492
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
RALPH FILLMORE
Mailing Address 1118 ROSS CLARK CIR., #700
City: DOTHAN | State: AL | Zip Code: 36301
FEC ID number of contributing federal political committee. C
Name of Employer: ACMG
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79899
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1583.00**

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

Image# 29935481119

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 195
(check only one)
[X] 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 FLANAGAN
Mailing Address 3858 BRAMPTON ISLAND CT. N.
City: JACKSONVILLE State: FL Zip Code: 32224
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80867
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MARK FLANERY
Mailing Address 32721 111TH PL SE
City: AUBURN State: WA Zip Code: 98092
FEC ID number of contributing federal political committee. C
Name of Employer: AUBURN ANESTHESIA ASSOCIA-TES
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80490
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL FLASHBURG
Mailing Address 15 CAMBRIDGE WAY
City: WAYSIDE State: NJ Zip Code: 07712
FEC ID number of contributing federal political committee. C
Name of Employer: NAPA
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79832
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) ..... ▶

Image# 29935481120

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 195
(check only one)
X 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)
ISADORE FLEISHER
Mailing Address 3573 RIVER BEND RD
City: BIRMINGHAM State: AL Zip Code: 35243
FEC ID number of contributing federal political committee. C
Name of Employer: SO PERIOP SERV
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79795
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
LEE FLEISHER
Mailing Address 3400 SPRUCE ST # 680
City: PHILADELPHIA State: PA Zip Code: 19104
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PENNSYLVANIA
Occupation: CHAIR OF ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80346
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
RICHARD FLOWERDEW
Mailing Address 38 HEDGEROW DR.
City: FALMOUTH State: ME Zip Code: 04105
FEC ID number of contributing federal political committee. C
Name of Employer: SPECTRUM MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79505
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1083.00**

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

Image# 29935481121

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 195
(check only one)
X 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)
FARIBA FOROUSHANI
Mailing Address 2048 FRASCATI DR.
City: EL DORADO HILLS | State: CA | Zip Code: 95762
FEC ID number of contributing federal political committee. C
Name of Employer: MEDICAL ANESTHESIA CONSULTANTS MEDICAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: SA11AI.79717
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
PATRICK FORREST
Mailing Address 110 29TH AVE. NORTH #301
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: 500.00

Date of Receipt: 10 / 22 / 2009
Transaction ID: SA11AI.80933
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
KENNETH FRAHM
Mailing Address 2766 SW UPPER DR
City: PORTLAND | State: OR | Zip Code: 97201
FEC ID number of contributing federal political committee. C
Name of Employer: OAG
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79803
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) ..... ▶

Image# 29935481122

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 195
(check only one)
X 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 FRANKLIN
Mailing Address 1240 W GRACE ST
City: CHICAGO | State: IL | Zip Code: 60613
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH SHORE UNIVERSITY HEALTH SYSTEM
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80285
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
EUGENE FU
Mailing Address PO BOX 821485
City: PEMBROKE PINES | State: FL | Zip Code: 33082
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV. OF MIAMI SCHOOL OF MEDICINE DEPT
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80619
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
THOMAS FUHRMAN
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1611 NW 12TH AVE - C301
City: MIAMI | State: FL | Zip Code: 33136
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF MIAMI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79974
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) ..... ▶

Image# 29935481123

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 195
(check only one)
X 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)
JEFFERY FUQUA
Mailing Address 12419 MALLARD BAY DR.
City: KNOXVILLE State: TN Zip Code: 37922
FEC ID number of contributing federal political committee. C
Name of Employer: AMAET
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 506.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79538
Amount of Each Receipt this Period: 166.00

B.
Full Name (Last, First, Middle Initial)
WILLIAM GENTRY
Mailing Address UNIV. OF ARKANSAS FOR MED. SCIENCE
4301 W. MARKHAM, SLOT 515
City: LITTLE ROCK State: AR Zip Code: 72205
FEC ID number of contributing federal political committee. C
Name of Employer: UAMS
Occupation: PHYSICAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 14 / Y Y Y Y 2009
Transaction ID: SA11AI.79712
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
BRENDA GENTZ
Mailing Address P.O. BOX 40428
City: TUCSON State: AZ Zip Code: 85717
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ARIZONA
Occupation: PHYSICIAN-ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80127
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **916.00**

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

Image# 29935481124

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 195
(check only one)
X 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)
NOEL GIESECKE
Mailing Address 6037 LLANO AVE
City: DALLAS | State: TX | Zip Code: 75206
FEC ID number of contributing federal political committee. C
Name of Employer: UT SOUTHWESTERN MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80409
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
RICHARD GILBERT
Mailing Address P.O. BOX 36351
City: CHARLOTTE | State: NC | Zip Code: 28236
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHEAST ANESTHESIOLOGY CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80664
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
LESLEY GILBERTSON
Mailing Address 9250 GIVEN RD.
City: CINCINNATI | State: OH | Zip Code: 45243
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF CINCINNATI COLLEGE OF MED. DE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80451
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) ..... ▶

Image# 29935481125

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 195
(check only one)
X 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 GILLERMAN
Mailing Address 6 LORIMAR LN
City: REHOBOTH State: MA Zip Code: 02769
FEC ID number of contributing federal political committee. C
Name of Employer: PROVIDENCE ANESTHESIOLOGS-ITS, INC.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80396
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARTIN GINSBERG
Mailing Address ONE ELLIOT WAY, #200
City: MANCHESTER State: NH Zip Code: 03103
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79746
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
RALPH GLASSER
Mailing Address 2336 W. LAKE SHORE DR.
City: SPRINGFIELD State: IL Zip Code: 62712
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGI-STS OF SPRING
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80083
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) ..... ▶

Image# 29935481126

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 195
(check only one)
[X] 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 GLOYNA
Mailing Address SCOTT WHITE DEPT. OF ANES.
2401 SOUTH 31ST
City: TEMPLE State: TX Zip Code: 76508
FEC ID number of contributing federal political committee. C
Name of Employer: SCOTT AND WHITE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80042
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
ANTHONY GODBOLDT
Mailing Address 2063 WAX MYRTLE COURT
City: ORANGE PARK State: FL Zip Code: 32073
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80868
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL GOLDBERG
Mailing Address 113 N BREAD ST APT 9E
City: PHILADELPHIA State: PA Zip Code: 19106
FEC ID number of contributing federal political committee. C
Name of Employer: COOPER UNIV HOSP
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80153
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) ..... ▶

Image# 29935481127

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 195
(check only one)
X 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 GOLDFIEN
Mailing Address 60 MARCELA AVE.
City: SAN FRANCISCO | State: CA | Zip Code: 94116
FEC ID number of contributing federal political committee. C
Name of Employer: NCAP, INC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80599
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ROBIN GOLDSMITH
Mailing Address 20 PINEWILD CT
City: APPLETON | State: WI | Zip Code: 54913
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIOLOGY OF THE FOX CITY
Occupation: ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80526
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
PETER GOLDZWEIG
Mailing Address 942 WOOD HOLLOW LN.
City: RIDGEWOOD | State: NJ | Zip Code: 07450
FEC ID number of contributing federal political committee. C
Name of Employer: NVA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80059
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) ..... ▶

Image# 29935481128

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 195
(check only one)
X 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 GONZALES
Mailing Address 3535 E. FIFTH AVE.
City: DENVER | State: CO | Zip Code: 80206
FEC ID number of contributing federal political committee. C
Name of Employer: SO DENVER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80736
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL GOSNEY
Mailing Address 108 CHASE DR.
City: MUSCLE SHOALS | State: AL | Zip Code: 35661
FEC ID number of contributing federal political committee. C
Name of Employer: MICHAEL C GOSNEY, MD, PC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79946
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JOSEF GRABMAYER
Mailing Address 2169 CAROLINA LN.
City: LEXINGTON | State: KY | Zip Code: 40513
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80003
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

Image# 29935481129

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 195
(check only one)
X 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 GRAF
Mailing Address PO BOX 8255
City: MORGANTOWN State: WV Zip Code: 26506
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF WEST VIRGINIA ME-D. SCHOOL
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80591
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JAMES GRANT
Mailing Address 1574 SODON LAKE DR.
City: BLOOMFIELD HILLS State: MI Zip Code: 48302
FEC ID number of contributing federal political committee. C
Name of Employer: WILLIAM BEAUMONT HOSPITAL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80139
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
CHARLES GREGORIUS
Mailing Address 2220 THE KNOLLS
City: LINCOLN State: NE Zip Code: 68512
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGI-STS, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79933
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

Image# 29935481130

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 195
(check only one)
X 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)
JEFFREY GROSS
Mailing Address 19 MADISON LN
City: WEST SIMSBURY State: CT Zip Code: 06092
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CONNECTICUT
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80158
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
SCOTT GROUDINE
Mailing Address 21 CARRIAGE HILL DRIVE
City: LATHAM State: NY Zip Code: 12110
FEC ID number of contributing federal political committee. C
Name of Employer: ALBANY MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80579
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DANIEL GRUM
Mailing Address 8626 PEPPER RIDGE CIRCLE
City: SYLVANIA State: OH Zip Code: 43560
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF TOLEDO COLLEGE OF MEDICINE DE
Occupation: ASNESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80419
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) ..... ▶

Image# 29935481131

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 195
(check only one)
X 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 GUNDERSON
Mailing Address 1016 FEATHERSTONE RD
City: ROCKFORD | State: IL | Zip Code: 61107
FEC ID number of contributing federal political committee. C
Name of Employer: ROCKFORD AMBULATORY SURGERY CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80421
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
TIMOTHY GUNDLACH
Mailing Address 9008 UNBRIDLE LANE
City: WAXHAW | State: NC | Zip Code: 28173
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHEAST ANESTHESIOLOGY CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80399
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DHANESH GUPTA
Mailing Address 505 N LAKE SHORE DR
City: CHICAGO | State: IL | Zip Code: 60611
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN UNIVERSITY FEINBERG SCHOO
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80065
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

Image# 29935481132

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 195
(check only one)
[X] 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)
NILAKSHI GUPTA
Mailing Address 3062 S OLD RIDGE RD
City: COLUMBIA State: MO Zip Code: 65203
FEC ID number of contributing federal political committee. C
Name of Employer: BOONE HOSPITAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80034
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
KENNETH GUTIERREZ
Mailing Address 3 SIDNEY WAY
City: SIMSBURY State: CT Zip Code: 06070
FEC ID number of contributing federal political committee. C
Name of Employer: WOODLAND ANESTHESIOLOGY ASSOC.
Occupation: ANESTHESILOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79998
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
CARIN HAGBERG
Mailing Address 6431 FANNIN ST MSB 5.020
City: HOUSTON State: TX Zip Code: 77030
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF TEXAS MEDICAL SCHOOL -
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80488
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) .....

Image# 29935481133

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 195
(check only one)
X 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)
HARRIET HAMER
Mailing Address 1307 E. JEFFERSON BLVD.
City: SOUTH BEND | State: IN | Zip Code: 46617
FEC ID number of contributing federal political committee. C
Name of Employer: MICHIANA ANESTHESIA CARE, P.C.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80692
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
STEVEN HAMILTON
Mailing Address 712 BRIXWORTH BLVD
City: KNOXVILLE | State: TN | Zip Code: 37934
FEC ID number of contributing federal political committee. C
Name of Employer: AMAET
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79909
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
BRUCE HAMMERSCHLAG
Mailing Address 14 NORGATE RD.
City: BROOKVILLE | State: NY | Zip Code: 11545
FEC ID number of contributing federal political committee. C
Name of Employer: NAPA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80626
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) ▶

Image# 29935481134

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 195
(check only one)
X 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)
AARON HAMMOND
Mailing Address 3390 N. CAMPBELL AVE., STE. 110
City: TUCSON State: AZ Zip Code: 85719
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHERN ARIZONA ANESTHES-IA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 337.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79560
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
ALEXANDER HANNENBERG
Mailing Address 2014 WASHINGTON ST
City: NEWTON State: MA Zip Code: 02462
FEC ID number of contributing federal political committee. C
Name of Employer: COMMONWEALTH ANES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80245
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
RALPH HARDING
Mailing Address 248 TALON DR
City: SALISBURY State: NC Zip Code: 28147
FEC ID number of contributing federal political committee. C
Name of Employer: WEST VIRGINIA UNIVERSITY HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79926
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2083.00**

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

Image# 29935481135

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 195
(check only one)
X 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)
MARTIN HARRISON
Mailing Address 17891 W 77TH DR
City: ARVADA | State: CO | Zip Code: 80007
FEC ID number of contributing federal political committee: C
Name of Employer: PHYSICIAN ANESTHESIA SERVICES P.C.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: SA11AI.79702
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
RONALD HARTER
Mailing Address 7825 HOLISTON CT
City: DUBLIN | State: OH | Zip Code: 43016
FEC ID number of contributing federal political committee: C
Name of Employer: OHIO STATE UNIVERSITY MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80567
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
STEVEN HATTAMER
Mailing Address 8 PROSPECT STREET
City: NASHUA | State: NH | Zip Code: 03060
FEC ID number of contributing federal political committee: C
Name of Employer: NASHUA ANESTHESIA PARTNERS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 664.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79515
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1333.00**

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

Image# 29935481136

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 195
(check only one)
X 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 HATTAMER
Mailing Address 8 PROSPECT STREET
City: NASHUA State: NH Zip Code: 03060
FEC ID number of contributing federal political committee. C
Name of Employer: NASHUA ANESTHESIA PARTNERS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 668.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79959
Amount of Each Receipt this Period: 4.00

B.
Full Name (Last, First, Middle Initial)
PETER HAYNAL
Mailing Address 1711 RIVER RIDGE DR.
City: SPRING VALLEY State: OH Zip Code: 45370
FEC ID number of contributing federal political committee. C
Name of Employer: KETTERING ANESTHESIA ASSOCIATES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79510
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
GARY HAYNES
Mailing Address 3RD FLOOR DESLOGE TOWER
3635 VISTA AT GRAND BOULEVARD
City: ST LOUIS State: MO Zip Code: 63110
FEC ID number of contributing federal political committee. C
Name of Employer: ST LOUIS UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79924
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **295.00**

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

Image# 29935481137

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 195
(check only one)
X 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 HAYS
Mailing Address 110 29TH AVE. N.
SUITE 301
City NASHVILLE State TN Zip Code 37203
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 10 / D D 28 / Y Y Y Y 2009
Transaction ID: SA11AI.80981
Amount of Each Receipt this Period 250.00

B.
Full Name (Last, First, Middle Initial)
STEPHEN HEARD
Mailing Address 55 LAKE AVE N
DEPARTMENT OF ANESTHESIOLOGY
City WORCESTER State MA Zip Code 01655
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF MASSACHUSET-TS MEDICAL SC
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80048
Amount of Each Receipt this Period 500.00

C.
Full Name (Last, First, Middle Initial)
JAMES HEBL
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 FIRST STREET, SW
City ROCHESTER State MN Zip Code 55905
FEC ID number of contributing federal political committee. C
Name of Employer MAYO CLINIC COLLEGE OF ME-DICINE
Occupation PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.79964
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) ▶

Image# 29935481138

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 195
(check only one)
[X] 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)
GEORGE HEFNER
Mailing Address 11 BRIARWOOD LN.
City: LINCOLNSHIRE State: IL Zip Code: 60069
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 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80703
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
H. A. TILLMANN HEIN
Mailing Address 3300 OAK LAWN AVE STE 200
City: DALLAS State: TX Zip Code: 75219
FEC ID number of contributing federal political committee. C
Name of Employer: H.A. TILLMANN HEIN, M.D., P.A.
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 03 / Y Y Y Y 2009
Transaction ID: SA11AI.79608
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
LAURILYN HELMERS
Mailing Address 19517 65TH AVENUE NE
City: KENMORE State: WA Zip Code: 98028
FEC ID number of contributing federal political committee. C
Name of Employer: SEATTLES CHILDREN HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2009
Transaction ID: SA11AI.80793
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) .....

Image# 29935481139

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 195
(check only one)
X 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)
LAURA HEMMER
Mailing Address 2650 N PAULINA ST
City: CHICAGO State: IL Zip Code: 60614
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN MEMORIAL FAC-ULTY FOUNDATI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80344
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
THOMAS HENTHORN
Mailing Address ANSCHUTZ MED. CAMPUS ACADEMIC OFFI
12631 E 17TH AVE., MAIL STOP 8202
City: AURORA State: CO Zip Code: 80045
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF COLORADO - DENVER
Occupation: PHYSICIA
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80373
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
DAVID HEPNER
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
75 FRANCIS ST
City: BOSTON State: MA Zip Code: 02115
FEC ID number of contributing federal political committee. C
Name of Employer: BRIGHAM AND WOMENS HOSPIT-AL HARVARD ME
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80529
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) ▶

Image# 29935481140

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 195
(check only one)
X 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)
ANDREW HERLICH
Mailing Address 116 HAVERFORD CIRCLE
City: PITTSBURGH State: PA Zip Code: 15228
FEC ID number of contributing federal political committee. C
Name of Employer: MERCY HOSPITAL OF PITTSBU-RGH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79516
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
JAMES HICKS
Mailing Address 2973 NW 132ND AVE
City: PORTLAND State: OR Zip Code: 97229
FEC ID number of contributing federal political committee. C
Name of Employer: OREGON HEALTH SCIENCES UN-IV. ANES. DEP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79815
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL HIGGINS
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
2301 22ND AVE S VUH 1211
City: NASHVILLE State: TN Zip Code: 37232
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY HOS-PITAL
Occupation: ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2009
Transaction ID: SA11AI.80821
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2083.00**

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

Image# 29935481141

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 195
(check only one)
X 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)
SCOTT HIMELSTEIN
Mailing Address 10815 DIAMOND DR.
City: CARMEL State: IN Zip Code: 46032
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHSIDE ANESTHESIA SERV-ICES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80107
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
EDWARD HOCKADAY
Mailing Address 6 STONEHAVEN WOODS
City: JACKSON State: TN Zip Code: 38305
FEC ID number of contributing federal political committee. C
Name of Employer: THE JACKSON CLINIC, P.A.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80494
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
LAUREN HOJDILA
Mailing Address 2313 NESSLEWOOD DRIVE
City: WESLEY CHAPEL State: FL Zip Code: 33543
FEC ID number of contributing federal political committee. C
Name of Employer: BRANDON ANESTHESIA ASSOCI-ATES
Occupation: ANESTHESIOLOGIST ASSISTANT
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80006
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) ..... ▶

Image# 29935481142

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 195
(check only one)
[X] 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)
INGRID HOLLINGER
Mailing Address 1 GUSTAVE L LEVY PL
City: NEW YORK State: NY Zip Code: 10029
FEC ID number of contributing federal political committee. C
Name of Employer: MOUNT SINAI MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79837
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
KENNETH HOLLINGSWORTH
Mailing Address 9 MILBOURN MANOR DR
City: WYOMING State: DE Zip Code: 19934
FEC ID number of contributing federal political committee. C
Name of Employer: BAY ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80838
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MARK HONSKA
Mailing Address 535 SPRING CLUB DRIVE
City: ALTAMONTE SPRINGS State: FL Zip Code: 32714
FEC ID number of contributing federal political committee. C
Name of Employer: JLR MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: SA11AI.80938
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) .....

Image# 29935481143

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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)
RICK HOWARD
Mailing Address 908 DENNISFORD CT
City: COCKEYSVILLE State: MD Zip Code: 21030
FEC ID number of contributing federal political committee. C
Name of Employer: MERCY ANESTHESIOLOGY ASSOCIATES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79589
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MCCALLUM HOYT
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
75 FRANCIS ST
City: BOSTON State: MA Zip Code: 02115
FEC ID number of contributing federal political committee. C
Name of Employer: BRIGHAM AND WOMENS HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80635
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
MARK HUDSON
Mailing Address 36 LITTLE MINGO RD.
City: FINLEYVILLE State: PA Zip Code: 15332
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PITTSBURGH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80623
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) ..... ▶

Image# 29935481144

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 195
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X 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)
MILTON HUMMER
Mailing Address 4215 CHARING CROSS CIR
City: ANCHORAGE State: AK Zip Code: 99504
FEC ID number of contributing federal political committee. C
Name of Employer: PAAMG
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80470
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL JAKUBOWSKI
Mailing Address 1350 HAWTHORN RD.
City: SCHENECTADY State: NY Zip Code: 12309
FEC ID number of contributing federal political committee. C
Name of Employer: SCHENECTADY ANESTHESIA ASSOC., P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 08 / 2009
Transaction ID: SA11AI.79659
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
DANIEL JANIK
Mailing Address 15605 E. PRENTICE DR.
City: CENTENNIAL State: CO Zip Code: 80015
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF COLORADO, DENVER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79532
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1333.00**

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

Image# 29935481145

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 195
(check only one)
X 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)
W. SCOTT JELLISH
Mailing Address 2160 S 1ST AVE BLDG 103
City: MAYWOOD State: IL Zip Code: 60153
FEC ID number of contributing federal political committee. C
Name of Employer: LOYOLA UNIVERSITY MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80263
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JOANNE JENE
Mailing Address 2221 SW 1ST AVE. #1921
City: PORTLAND State: OR Zip Code: 97201
FEC ID number of contributing federal political committee. C
Name of Employer: OREGON ANESTHESIOLOGY GRO-UP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80683
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JAY JOHANSEN
Mailing Address 1610 QUEENSLAND CT
City: ALPHARETTA State: GA Zip Code: 30005
FEC ID number of contributing federal political committee. C
Name of Employer: EMORY UNIVERSITY HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80074
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) ..... ▶

Image# 29935481146

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 195
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X 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)
SCOTT JOHNSON
Mailing Address P.O. BOX 2897
City: WICHITA State: KS Zip Code: 67201
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA CONSULTING SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80459
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
ROBERT JOHNSTONE
Mailing Address 369 LAKEVIEW DR
City: MORGANTOWN State: WV Zip Code: 26508
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV HEALTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79835
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
KEITH JONES
Mailing Address 619 19TH ST S # JT804
City: BIRMINGHAM State: AL Zip Code: 35249
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ALABAMA AT BIRMINGHAM
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 08 / 2009
Transaction ID: SA11AI.79653
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) ..... ▶

Image# 29935481147

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 195
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X 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)
MONICA JONES
Mailing Address 4465 WEBB RD.
City: CHATTANOOGA State: TN Zip Code: 37416
FEC ID number of contributing federal political committee. C
Name of Employer: ERLANGER MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80272
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
STEPHANIE JONES
Mailing Address 100 LINCOLN RD
City: WAYLAND State: MA Zip Code: 01778
FEC ID number of contributing federal political committee. C
Name of Employer: BETH ISRAEL DEACONESS MED-ICAL CENTER D
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80144
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
GIRISH JOSHI
Mailing Address 5826 BUFFRIDGE TRL
City: DALLAS State: TX Zip Code: 75252
FEC ID number of contributing federal political committee. C
Name of Employer: UT SOUTHWESTERN
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79853
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) ▶

Image# 29935481148

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)
X 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)
PETE KALUSZYK
Mailing Address ANESTHESIA DEPT.
2500 METROHEALTH DR.
City: CLEVELAND State: OH Zip Code: 44109
FEC ID number of contributing federal political committee. C
Name of Employer: METROHEALTH MEDICAL CENTER
Occupation: 2009 PRESIDENT, AAAA
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80582
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
PATRICIA KAPUR
Mailing Address 5350 CORBIN AVE
City: NORTHRIDGE State: CA Zip Code: 91356
FEC ID number of contributing federal political committee. C
Name of Employer: UCLA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80303
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
TRIPTI KATARIA
Mailing Address 2015 SPRING RD STE 510
City: OAK BROOK State: IL Zip Code: 60523
FEC ID number of contributing federal political committee. C
Name of Employer: WITT KIEFFER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79524
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1583.00**

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

Image# 29935481149

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 195
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X 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 KATZ
Mailing Address 2006 LIMESTONE RD., STE. #5
City: WILMINGTON State: DE Zip Code: 19808
FEC ID number of contributing federal political committee. C
Name of Employer: OUTPATIENT ANESTHESIA SPECIALISTS
Occupation: HEALTHCARE
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79581
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JAMES KELLY
Mailing Address 11720 MADISON AVE
City: KANSAS CITY State: MO Zip Code: 64114
FEC ID number of contributing federal political committee. C
Name of Employer: CAA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80301
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ANGELA KENDRICK
Mailing Address 7900 S.W. 191ST AVE.
City: ALOHA State: OR Zip Code: 97007
FEC ID number of contributing federal political committee. C
Name of Employer: OREGON HEALTH SCIENCES UNIV. ANES. DEP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80289
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) ..... ▶

Image# 29935481150

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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)
RUBIN KESNER
Mailing Address 35 HEARTHSTONE DRIVE
City: GANSEVOORT State: NY Zip Code: 12831
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA GROUP OF ALBANY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 337.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79557
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
ROBERT KETTLER
Mailing Address 9200 W. WISCONSIN AVE.
City: MILWAUKEE State: WI Zip Code: 53226
FEC ID number of contributing federal political committee. C
Name of Employer: FROEDTERT MEMORIAL HOSPIT-AL ANES. DEPT
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79598
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
PRASAD KILARU
Mailing Address 50 PENDLETON LN.
City: LONGMEADOW State: MA Zip Code: 01106
FEC ID number of contributing federal political committee. C
Name of Employer: BAYSTATE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79534
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1583.00**

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

Image# 29935481151

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
CHARLES KIM
Mailing Address 1209 FOX TRAIL CT.
City: NAPERVILLE State: IL Zip Code: 60540
FEC ID number of contributing federal political committee. C
Name of Employer: DUPAGE VALLEY ANESTHESIOL-OGISTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79530
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
PHILIP KIM
Mailing Address 3202 SAW MILL RD.
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee. C
Name of Employer: CENTER FOR PAIN MEDICINE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80050
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
STEPHEN KIMATIAN
Mailing Address 4423 KINGS FOREST BLVD
City: RICHFIELD State: OH Zip Code: 44286
FEC ID number of contributing federal political committee. C
Name of Employer: CLEVELAND CLINIC ANESTHES-IOLOGY
Occupation: ASSOCIATE PROFESSOR OF ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79983
Amount of Each Receipt this Period: 500.00

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

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

Image# 29935481152

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
JAMES KINDSCHER
Mailing Address 14204 DEARBORN ST
City: OVERLAND PARK | State: KS | Zip Code: 66223
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF KANSAS MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79905
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ELLEN W. KING
Mailing Address 145 BUCKINGHAM PL
City: NORTH LIBERTY | State: IA | Zip Code: 52317
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF IOWA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79880
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
P. KLOCK
Mailing Address 613 PARK AVE.
City: RIVER FOREST | State: IL | Zip Code: 60305
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CHICAGO
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79895
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) ..... ▶

Image# 29935481153

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 195
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
ROBERT KOEBERT
Mailing Address 541 E ERIE ST UNIT 404
City: MILWAUKEE State: WI Zip Code: 53202
FEC ID number of contributing federal political committee. C
Name of Employer: AURORA MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80574
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
DAVID KOEHLER
Mailing Address 3136 WINSLOW SQ.
City: JACKSONVILLE State: FL Zip Code: 32207
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80869
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DOUGLAS KOEHNTOP
Mailing Address 3408 SKYCROFT DR.
City: MINNEAPOLIS State: MN Zip Code: 55418
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF MINNESOTA MAYO BUILDING
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80460
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) ..... ▶

Image# 29935481154

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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)
WILLIAM KOFKE
Mailing Address ANESTHESIA AND NEUROSURGICAL DEPAR
3400 SPRUCE ST 7 DULLES BLDG
City PHILADELPHIA State PA Zip Code 19104
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF PHILADEPHIA
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80569
Amount of Each Receipt this Period 250.00

B.
Full Name (Last, First, Middle Initial)
JOSEPH KOVELESKIE
Mailing Address 5500 PRYTANIA ST # 435
City NEW ORLEANS State LA Zip Code 70115
FEC ID number of contributing federal political committee. C
Name of Employer TULANE UNIVERSITY MEDICAL CENTER ANEST
Occupation PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 600.00

Date of Receipt M M 10 / D D 04 / Y Y Y Y 2009
Transaction ID: SA11AI.79614
Amount of Each Receipt this Period 500.00

C.
Full Name (Last, First, Middle Initial)
DAVID KRHOVSKY
Mailing Address 2248 SHAWNEE S.E.
City GRAND RAPIDS State MI Zip Code 49506
FEC ID number of contributing federal political committee. C
Name of Employer ANESTHESIA MEDICAL CONSUL-TANTS, P.C.
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 410.00

Date of Receipt M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79531
Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **791.00**

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

Image# 29935481155

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial)
ASHOK KRISHNANEY
Mailing Address 12078 N. LAKE SHORE DR., #5-W
City: MEQUON State: WI Zip Code: 53092
FEC ID number of contributing federal political committee. C
Name of Employer: MIDWEST ANES CONSULT
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80743
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
SHANE KRUITBOSCH
Mailing Address 520 HAMMILL LN
City: RENO State: NV Zip Code: 89511
FEC ID number of contributing federal political committee. C
Name of Employer: SIERRA ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80518
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JOSEPH KRYC
Mailing Address 8360 E CORRINE DR
City: SCOTTSDALE State: AZ Zip Code: 85260
FEC ID number of contributing federal political committee. C
Name of Employer: RED MTN ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80278
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) ..... ▶

Image# 29935481156

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 195
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X 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)
CATHERINE KUHN
Mailing Address 14 KENDALL DRIVE
City: CHAPEL HILL | State: NC | Zip Code: 27517
FEC ID number of contributing federal political committee. C
Name of Employer: DUKE UNIVERSITY MEDICAL SCHOOL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79814
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JANEY KUNKLE
Mailing Address 12830 SKYLINE BLVD.
City: OAKLAND | State: CA | Zip Code: 94619
FEC ID number of contributing federal political committee. C
Name of Employer: ALAMEDA COUNTY MEDICAL CE-NTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79937
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
CHUN KWAN
Mailing Address 18801 OTTER CREEK DR
City: EDMOND | State: OK | Zip Code: 73012
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: 10 / 16 / 2009
Transaction ID: SA11AI.79772
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) ▶

Image# 29935481157

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 195
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X 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)
HUNG-CHI KWOK
Mailing Address 2732 MUIR WOODS DR., SE
City: HAMPTON COVE | State: AL | Zip Code: 35763
FEC ID number of contributing federal political committee. C
Name of Employer: ALABAMA ANES. OF HUNTSVILLE, LLC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: SA11AI.80943
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial)
MARK KYKER
Mailing Address 10810 ONYX DRIVE
City: CARMEL | State: IN | Zip Code: 46032
FEC ID number of contributing federal political committee. C
Name of Employer: CAA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80478
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
ROBERT LAGASSE
Mailing Address 39 IRON GATE RD
City: STAMFORD | State: CT | Zip Code: 06903
FEC ID number of contributing federal political committee. C
Name of Employer: WEILER DIV. OF MONTEFIORE MED. CTR.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80293
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

Image# 29935481158

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 195
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X 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)
DANIAL LAIRD
Mailing Address 809 OLIVE WAY #1803
City: SEATTLE State: WA Zip Code: 98101
FEC ID number of contributing federal political committee. C
Name of Employer: SEATTLE PUGET SOUND VETERANS HOSPITAL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 14 / 2009
Transaction ID: SA11AI.79714
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
TIMOTHY LARSEN
Mailing Address 324 E. STRATFORD LANE
City: APPLETON State: WI Zip Code: 54913
FEC ID number of contributing federal political committee. C
Name of Employer: APPLETON MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80724
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL LASECKI
Mailing Address 3398 RIVIERE DU CHIEN LPN
City: MOBILE State: AL Zip Code: 36693
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTH SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80214
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) ..... ▶

Image# 29935481159

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 195
(check only one)
X 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 LAWRENCE
Mailing Address 231 ALBERT SABIN WAY - P.O. BOX 67
City: CINCINNATI State: OH Zip Code: 45267
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF CINCINNATI COLL OF MED
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80305
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
TODD LEBLEU
Mailing Address 110 29TH AVE N STE 202
City: NASHVILLE State: TN Zip Code: 37203
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: 10 / 18 / 2009
Transaction ID: SA11AI.80332
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
EDWARD LEE
Mailing Address 2165 HERSCHEL ST
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80870
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) ..... ▶

Image# 29935481160

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 195
(check only one)
[X] 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)
MARC LEIB
Mailing Address P.O. BOX 44527
City: PHOENIX State: AZ Zip Code: 85064
FEC ID number of contributing federal political committee. C
Name of Employer: AHCCCS
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80044
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
SCOTT LEIGHTY
Mailing Address 3900 WALNUT CLAY DR.
City: AUSTIN State: TX Zip Code: 78731
FEC ID number of contributing federal political committee. C
Name of Employer: AUSTIN ANESTHESIOLOGY GRO-UP
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 508.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80524
Amount of Each Receipt this Period: 8.00

C.
Full Name (Last, First, Middle Initial)
MARK LEMA
Mailing Address 155 ROXBURY PARK
City: EAST AMHERST State: NY Zip Code: 14051
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. AT BUFFALO ROSWELL PARK CANCER I
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80360
Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1508.00

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

Image# 29935481161

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 195
(check only one)
X 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 LENNON
Mailing Address PO BOX 4758
City: FRISCO State: CO Zip Code: 80443
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTH CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80735
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
BRENDA LEWIS
Mailing Address 646 CHARLES PL.
City: HIGHLAND HEIGHTS State: OH Zip Code: 44143
FEC ID number of contributing federal political committee. C
Name of Employer: CLEVELAND CLINIC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80596
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
CYNTHIA LIEN
Mailing Address 525 E 68TH STREET, RM. M-312-A
City: NEW YORK State: NY Zip Code: 10065
FEC ID number of contributing federal political committee. C
Name of Employer: NEW YORK PRESBYTERIAN HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80073
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) ..... ▶

Image# 29935481162

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 195
(check only one)
X 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 LINDSEY
Mailing Address 2502 S. 186TH CIRCLE
City: OMAHA State: NE Zip Code: 68130
FEC ID number of contributing federal political committee. C
Name of Employer: ORTHOPAEDIC ANESTHESIA SP-ECIALISTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80108
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
PAUL LIPSON
Mailing Address 6425 EDINBURGH DR.
City: NASHVILLE State: TN Zip Code: 37221
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: 10 / 14 / 2009
Transaction ID: SA11AI.79715
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
STEVEN LISCO
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
231 ALBERT SABIN WAY
City: CINCINNATI State: OH Zip Code: 45267
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CINCINNATI COLLEGE OF ME
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80032
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) ▶

Image# 29935481163

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 195
(check only one)
[X] 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)
STEPHEN LONG
Mailing Address 1501 MAPLE AVE STE 301
City: RICHMOND State: VA Zip Code: 23226
FEC ID number of contributing federal political committee. C
Name of Employer: COMMONWEALTH PAIN SPECIALISTS, LLC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80474
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
PETER LOUX
Mailing Address 1606 DRAKE AVE SE
City: HUNTSVILLE State: AL Zip Code: 35802
FEC ID number of contributing federal political committee. C
Name of Employer: COMPREHENSIVE ANESTHESIA SERVICES PC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79965
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
TIMOTHY LUBENOW
Mailing Address 16 ROBIN HOOD RNCH
City: OAK BROOK State: IL Zip Code: 60523
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY ANESTHESIOLOGISTS SC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80429
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

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

Image# 29935481164

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 195
(check only one)
X 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)
LINDA LUCAS
Mailing Address 5013 OLD FEDERAL RD.
City: LOUISVILLE State: KY Zip Code: 40207
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF LOUISVILLE HOSPI-TAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80575
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
PHILIP LUMB
Mailing Address 1200 N STATE ST RM 14-901
City: LOS ANGELES State: CA Zip Code: 90033
FEC ID number of contributing federal political committee. C
Name of Employer: USC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80155
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ANNE LYNN
Mailing Address 6049 51ST AVE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee. C
Name of Employer: SEATTLE CHILD/UNIV WA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80287
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) ..... ▶

Image# 29935481165

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 195
(check only one)
X 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)
SUNDEEP MALIK
Mailing Address 11101 NE 60TH ST
City: KIRKLAND State: WA Zip Code: 98033
FEC ID number of contributing federal political committee. C
Name of Employer: PAS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80916
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
DAVID MANCINI
Mailing Address 1423 CHAPEL STREET
City: NEW HAVEN State: CT Zip Code: 06511
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA ASSOCIATES OF NEW HAVEN
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79519
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
MARK MANDABACH
Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845
City: BIRMINGHAM State: AL Zip Code: 35249
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF ALABAMA - BIRMINGHAM
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 587.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79561
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **358.00**

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

Image# 29935481166

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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 MARATEA
Mailing Address 1504 BAY RD APT 1607
City: MIAMI BEACH | State: FL | Zip Code: 33139
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF MIAMI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79537
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
ALAN MARCO
Mailing Address 7129 JAMESFORD DR
City: TOLEDO | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF TOLEDO COLLEGE OF MED
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79928
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
DAVID MARTIN
Mailing Address 5274 CARRINGTON LANE NW
City: ROCHESTER | State: MN | Zip Code: 55901
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80539
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1625.00**

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

Image# 29935481167

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 195
(check only one)
X 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)
DONALD MARTIN
Mailing Address 19 GENTRY DRIVE
City: PALMYRA | State: PA | Zip Code: 17078
FEC ID number of contributing federal political committee: C
Name of Employer: PENN STATE UNIV. COLLEGE OF MEDICINE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80175
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ROBERT MARTIN
Mailing Address 11721 WELEBIR ST
City: LOMA LINDA | State: CA | Zip Code: 92354
FEC ID number of contributing federal political committee: C
Name of Employer: LOMA LINDA UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80769
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
LINDA MASON
Mailing Address 1665 HALSEY ST
City: REDLANDS | State: CA | Zip Code: 92373
FEC ID number of contributing federal political committee: C
Name of Employer: LOMA LINDA UNIVERSITY MED-ICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79808
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) ..... ▶

Image# 29935481168

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 195
(check only one)
[X] 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 MASSAGEE
Mailing Address 4 LOCH RIDGE CT.
City: GREENSBORO State: NC Zip Code: 27408
FEC ID number of contributing federal political committee. C
Name of Employer: GREENSBORO ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79742
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
SAM MAYEDA
Mailing Address 15804 W. 63RD AVE.
City: GOLDEN State: CO Zip Code: 80403
FEC ID number of contributing federal political committee. C
Name of Employer: PHYSICIAN ANESTHESIA SERV-ICES
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 12 / 2009
Transaction ID: SA11AI.79698
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
STACEY MCCLARTY
Mailing Address 8505 RAMBLING ROSE DR
City: OOLTEWAH State: TN Zip Code: 37363
FEC ID number of contributing federal political committee. C
Name of Employer: ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 753.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79540
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) 583.00

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

Image# 29935481169

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 195
(check only one)
X 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 MCCLEAN
Mailing Address 4615 E. 6TH AVE., PKWY.
City: DENVER | State: CO | Zip Code: 80220
FEC ID number of contributing federal political committee: C
Name of Employer: COLORADO ANES CONSUL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80729
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
BRIAN MCCLURE
Mailing Address 25 BLUEBIRD ST.
City: NEW ORLEANS | State: LA | Zip Code: 70124
FEC ID number of contributing federal political committee: C
Name of Employer: TULANE UNIV. HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 26 / 2009
Transaction ID: SA11AI.80956
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JOSEPH MCCOMB
Mailing Address 104 CETON COURT
City: BROOMALL | State: PA | Zip Code: 19008
FEC ID number of contributing federal political committee: C
Name of Employer: UNITED ANESTHESIA SERVICES
Occupation: PEDIATRIC ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79493
Amount of Each Receipt this Period: 41.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **841.00**

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

Image# 29935481170

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 195
(check only one)
X 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)
DOUG MCEWEN
Mailing Address 5249 WILLOW WOOD DR
City: ABILENE State: TX Zip Code: 79606
FEC ID number of contributing federal political committee. C
Name of Employer: HENDRICK MED CTR
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79775
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
BRIAN MCGLINCH
Mailing Address 1832 22ND AVE NE
City: ROCHESTER State: MN Zip Code: 55906
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC ANESTHESIOLOGY
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79956
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
EDWARD MCGONIGAL
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
601 N. 30TH STREET
City: OMAHA State: NE Zip Code: 68131
FEC ID number of contributing federal political committee. C
Name of Employer: CREIGHTON UNIVERSITY MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80299
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) ▶

Image# 29935481171

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 195
(check only one)
X 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 MCIVOR
Mailing Address 213 VIRGINIA MANOR DR.
City: PITTSBURGH | State: PA | Zip Code: 15215
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PITTSBURGH SCHOOL OF MED
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80363
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JAMES MCMICHAEL
Mailing Address 2911 GREENLEE DR
City: AUSTIN | State: TX | Zip Code: 78703
FEC ID number of contributing federal political committee. C
Name of Employer: CAPITOL ANES ASSN
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80218
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
RICHARD MCNEER
Mailing Address 18340 SW 122 ST.
City: MIAMI | State: FL | Zip Code: 33196
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF MIAMI DEPT OF ANESTHESIO
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79554
Amount of Each Receipt this Period: 83.00

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

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

Image# 29935481172

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 195
(check only one)
X 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 MCNIECE
Mailing Address 4311 N BROADWAY ST
City: INDIANAPOLIS State: IN Zip Code: 46205
FEC ID number of contributing federal political committee. C
Name of Employer: IU ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79874
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
SHARON MERKER
Mailing Address 2517 TOP HILL RD.
City: LOUISVILLE State: KY Zip Code: 40206
FEC ID number of contributing federal political committee. C
Name of Employer: WILLIAMS WAGNER, PSC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80775
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
ALAN MERKOW
Mailing Address 7603 E. 8TH PL.
City: DENVER State: CO Zip Code: 80230
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: 10 / 19 / 2009
Transaction ID: SA11AI.80725
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

Image# 29935481173

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)
X 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)
LAUREN MERRITT
Mailing Address 6032 EVENSONG COVE
City: MEMPHIS State: TN Zip Code: 38120
FEC ID number of contributing federal political committee. C
Name of Employer: METROPOLITAN ANESTHESIA ALLIANCE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80404
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JAMES MESROBIAN
Mailing Address 827 E. BIRCH AVENUE
City: MILWAUKEE State: WI Zip Code: 53217
FEC ID number of contributing federal political committee. C
Name of Employer: AURORA MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 05 / 2009
Transaction ID: SA11AI.79634
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
PETER MESTAD
Mailing Address 5702 W 131ST TER
City: OVERLAND PARK State: KS Zip Code: 66209
FEC ID number of contributing federal political committee. C
Name of Employer: AAKC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80904
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) ..... ▶

Image# 29935481174

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 195
(check only one)
X 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 METRO
Mailing Address 707 LAKE LOUISE CT
City: GIBSONIA State: PA Zip Code: 15044
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF PITTSBURGH MED CTR
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80476
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
CARLOS MIJARES
Mailing Address 7700 SW 176TH ST
City: VILLAGE OF PALMETT State: FL Zip Code: 33157
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF MIAMI SCHOOL OF MEDICINE
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80783
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
J. CLAYTON MILES
Mailing Address 7413 NW 150TH ST
City: OKLAHOMA CITY State: OK Zip Code: 73142
FEC ID number of contributing federal political committee. C
Name of Employer: OKLAHOMA ANESTHESIA CONSU-LTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: SA11AI.79704
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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

Image# 29935481175

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 195
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[X] 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)
PATRICK MILLER
Mailing Address 7105 S BROOKSHIRE CT
City: SPOKANE State: WA Zip Code: 99223
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: 1000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80856
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CHRISTOPHER MILLSON
Mailing Address 2400 WIMBLEDON WAY
City: LAS VEGAS State: NV Zip Code: 89107
FEC ID number of contributing federal political committee. C
Name of Employer: DESERT ANESTHESIOLOGISTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79507
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
MOHAMMED MINHAJ
Mailing Address 5841 S MARYLAND AVE # MC-4028
City: CHICAGO State: IL Zip Code: 60637
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CHICAGO
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79994
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1583.00

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

Image# 29935481176

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 195
(check only one)
X 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)
W. STEPHEN MINORE
Mailing Address 2202 HARLEM RD STE 200
City: LOVES PARK | State: IL | Zip Code: 61111
FEC ID number of contributing federal political committee. C
Name of Employer: RAA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80423
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
KENNETH MIRSKY
Mailing Address 625 LENOX AVE.
City: WESTFIELD | State: NJ | Zip Code: 07090
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF MED DENT NJ
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80179
Amount of Each Receipt this Period: 1000.00

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: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80700
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

Image# 29935481177

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 195
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X 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)
JOE MONK
Mailing Address 6713 LAKEWOOD
City: DALLAS | State: TX | Zip Code: 75214
FEC ID number of contributing federal political committee: C
Name of Employer: PINNACLE PARTNERS IN MEDICINE
Occupation: ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80584
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
WILLIAM MONTGOMERY
Mailing Address 533 AHAKEA STREET
City: HONOLULU | State: HI | Zip Code: 96816
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: 10 / 17 / 2009
Transaction ID: SA11AI.80095
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
ROGER MOORE
Mailing Address 435 E CAMDEN AVE
City: MOORESTOWN | State: NJ | Zip Code: 08057
FEC ID number of contributing federal political committee: C
Name of Employer: DEBORAH HEART & LUNG CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80313
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) ▶

Image# 29935481178

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 195
(check only one)
X 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)
GLAUCIA MOREIRA
Mailing Address 17837 1ST. AVE. S., #292
City: NORMANDY PARK | State: WA | Zip Code: 98148
FEC ID number of contributing federal political committee. C
Name of Employer: PACIFIC ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80181
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JASON MORET
Mailing Address 2165 HERSCHEL ST.
City: JACKSONVILLE | State: FL | Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80871
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
FRANK MORETZ
Mailing Address P. O. BOX 5244
City: ASHEVILLE | State: NC | Zip Code: 28813
FEC ID number of contributing federal political committee. C
Name of Employer: ASHEVILLE ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79953
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) ..... ▶

Image# 29935481179

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 195
(check only one)
X 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 R MORGAN
Mailing Address 1007 GROVE RD # B
City: GREENVILLE State: SC Zip Code: 29605
FEC ID number of contributing federal political committee. C
Name of Employer: GREENVILLE ANESTHESIOLOGY, P.A.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80661
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JOHN MOYERS
Mailing Address 200 HAWKINS DR. DEPT OF ANES.
City: IOWA CITY State: IA Zip Code: 52242
FEC ID number of contributing federal political committee. C
Name of Employer: UIHC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79903
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
CRAIG MUETTERTIES
Mailing Address 128 DEERFIELD CT.
City: GLEN MILLS State: PA Zip Code: 19342
FEC ID number of contributing federal political committee. C
Name of Employer: PINNACLE ANESTHESIA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80497
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) ..... ▶

Image# 29935481180

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 195
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X 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)
JOEL MUMFORD
Mailing Address 221 ELM HILL RD.
City: SPRINGFIELD | State: VT | Zip Code: 05156
FEC ID number of contributing federal political committee: C
Name of Employer: V A MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79503
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
JOEL MUMFORD
Mailing Address 221 ELM HILL RD.
City: SPRINGFIELD | State: VT | Zip Code: 05156
FEC ID number of contributing federal political committee: C
Name of Employer: V A MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 834.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79962
Amount of Each Receipt this Period: 4.00

C.
Full Name (Last, First, Middle Initial)
TIMOTHY MURRAY
Mailing Address P.O. BOX 1373
City: MANKATO | State: MN | Zip Code: 56002
FEC ID number of contributing federal political committee: C
Name of Employer: MANKATO ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79799
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **487.00**

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

Image# 29935481181

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 195
(check only one)
X 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)
ROSS MUSUMECI
Mailing Address 9 LINCOLN STREET
City: WESTON State: MA Zip Code: 02493
FEC ID number of contributing federal political committee. C
Name of Employer: ANES. ASSOC. OF MASSACHUS-ETTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79529
Amount of Each Receipt this Period: 41.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL MUZI
Mailing Address N140W13726 CEDAR LN
City: GERMANTOWN State: WI Zip Code: 53022
FEC ID number of contributing federal political committee. C
Name of Employer: AURORA MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79812
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL NEED
Mailing Address 7632 TIMBER SPRINGS DR.
City: FISHERS State: IN Zip Code: 46038
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHEAST ANESTHESIOLOGIS-TS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79520
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 624.00

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

Image# 29935481182

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 195
(check only one)
X 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)
LUAT NGUYEN
Mailing Address 1255 HILYARD ST.
City: EUGENE State: OR Zip Code: 97401
FEC ID number of contributing federal political committee. C
Name of Employer: SACRED HEART MEDICAL CENT-ER ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80689
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL NICHOLS
Mailing Address 1090 DEVINE CIRCLE
City: ATLANTA State: GA Zip Code: 30319
FEC ID number of contributing federal political committee. C
Name of Employer: NOVA SOUTHEASTERN UNIVERS-ITY ANESTHESI
Occupation: ANESTHESIOLOGIST ASSISTANT
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 504.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2009
Transaction ID: SA11AI.79699
Amount of Each Receipt this Period: 4.00

C.
Full Name (Last, First, Middle Initial)
DAVID NIEGLOS
Mailing Address 700 MELVIN AVE STE 7A
City: ANNAPOLIS State: MD Zip Code: 21401
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA COMPANY LLC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79545
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **504.00**

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

Image# 29935481183

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 195
(check only one)
X 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)
JAY NILSON
Mailing Address 6094 DRY CREEK CIR
City: HIGHLAND State: UT Zip Code: 84003
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 10 / D D 26 / Y Y Y Y 2009
Transaction ID: SA11AI.80957
Amount of Each Receipt this Period: 500.00

B.
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: ANESTHESIA MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2009
Transaction ID: SA11AI.79720
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
L. CHARLES NOVAK
Mailing Address 325 NINTH AVE., BOX 359724
City: SEATTLE State: WA Zip Code: 98104
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF WASHINGTON
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79810
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) ▶

Image# 29935481184

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 195
(check only one)
[X] 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 NUNNALLY
Mailing Address 616 W FULTON ST APT 503
City: CHICAGO State: IL Zip Code: 60661
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF CHICAGO
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80321
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
HOWARD ODOM
Mailing Address 255 IRON MOUNTAIN RD.
City: CANTON State: GA Zip Code: 30115
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH POINT ANESTHESIA
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79914
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
MATTHEW OFFERDAHL
Mailing Address 7551 E PLACITA VENTANA HAYES
City: TUCSON State: AZ Zip Code: 85750
FEC ID number of contributing federal political committee. C
Name of Employer: OLD PUEBLO ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 / 22 / 2009
Transaction ID: SA11AI.80934
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) .....

Image# 29935481185

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 195
(check only one)
X 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 OFLYNN
Mailing Address 10 WHITE PINE LN.
City: ROSE VALLEY | State: PA | Zip Code: 19063
FEC ID number of contributing federal political committee. C
Name of Employer: SOCIETY HILL ANESTHESIA CONSULTANTS AT
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80513
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JULIE OHLMAN
Mailing Address 1710 COVENTRY LN.
City: MIDLAND | State: TX | Zip Code: 79705
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: 10 / 19 / 2009
Transaction ID: SA11AI.80716
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
COLLEEN OLEARY
Mailing Address 750 E ADAMS ST
DEPT OF ANES
City: SYRACUSE | State: NY | Zip Code: 13210
FEC ID number of contributing federal political committee. C
Name of Employer: SUNY MEDICAL UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80425
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) ..... ▶

Image# 29935481186

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 195
(check only one)
X 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)
KATHLEEN OLEARY
Mailing Address 81 LEXINGTON AVE
City: BUFFALO State: NY Zip Code: 14222
FEC ID number of contributing federal political committee. C
Name of Employer: ROSWELL PARK CANCER INSTITUTE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79522
Amount of Each Receipt this Period: 41.00

B.
Full Name (Last, First, Middle Initial)
VESSELIN ORESHKOV
Mailing Address 800 EAST CARPENTER
City: SPRINGFIELD State: IL Zip Code: 62769
FEC ID number of contributing federal political committee. C
Name of Employer: SANGAMON ASSOC. ANESTHESIOLOGISTS, SC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79777
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DEOFIL ORTEZA
Mailing Address PO BOX 372
City: PRINCETON State: IL Zip Code: 61356
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: 10 / 19 / 2009
Transaction ID: SA11AI.80618
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **791.00**

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

Image# 29935481187

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 195
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X 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 OSWALT
Mailing Address 2500 NORTH STATE STREET
City: JACKSON State: MS Zip Code: 39216
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. ANESTHESIA SERVICES, PLLC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79511
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
CRAIG PALMER
Mailing Address 6641 N PLACITA ALTA REPOSA
City: TUCSON State: AZ Zip Code: 85750
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ARIZONA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79911
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
LEILA MEI PANG
Mailing Address 10 CARLOTTA WAY
City: DEMAREST State: NJ Zip Code: 07627
FEC ID number of contributing federal political committee. C
Name of Employer: COLUMBIA UNIVERSITY
Occupation: PHYSICIAN ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.79672
Amount of Each Receipt this Period: 250.00

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

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

Image# 29935481188

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 195
(check only one)
X 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)
JOHN PAPPAS
Mailing Address 294 BARDEN RD
City: BLOOMFIELD HILLS State: MI Zip Code: 48304
FEC ID number of contributing federal political committee. C
Name of Employer: WILLIAM BEAUMONT HOSPITAL TROY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 1 0 / D D 1 9 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.80631
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MARC PARADIS
Mailing Address 4 WHITMAN POND RD.
City: SIMSBURY State: CT Zip Code: 06070
FEC ID number of contributing federal political committee. C
Name of Employer: UCONN HEALTH CENTER ANES. DEPT.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: M M 1 0 / D D 1 9 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.80530
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
RICHARD PARK
Mailing Address 11299 ROSS CT
City: UNION State: KY Zip Code: 41091
FEC ID number of contributing federal political committee. C
Name of Employer: SEMC ANES. DEPT.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 1 0 / D D 1 7 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.79973
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2500.00**

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

Image# 29935481189

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 195
(check only one)
X 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)
C. LEE PARMLEY
Mailing Address 1211 21ST AVE S
DEPARTMENT OF ANESTHESIOLOGY AND C
City: NASHVILLE State: TN Zip Code: 37212
FEC ID number of contributing federal political committee. C
Name of Employer: VANDERBILT UNIVERSITY MED-ICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 664.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79509
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
HARRY PARR
Mailing Address 4725 TULLY RD.
City: BLOOMFIELD HILLS State: MI Zip Code: 48302
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTH OAKLAND ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79512
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
SRIKANTH PATANKAR
Mailing Address 124 LINCOLN RD.
City: WESTFIELD State: NJ Zip Code: 07090
FEC ID number of contributing federal political committee. C
Name of Employer: NEW JERSEY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80896
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1166.00**

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

Image# 29935481190

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 195
(check only one)
X 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)
REBECCA PATCHIN
Mailing Address 18195 KROSS RD.
City: RIVERSIDE State: CA Zip Code: 92508
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: 830.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79525
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
RITA PATEL
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
3471 5TH AVE STE 910 LSK
City: PITTSBURGH State: PA Zip Code: 15213
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PITTSBURGH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.79996
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
SARAH PATTERSON
Mailing Address 4480 ORTEGA FOREST DR.
City: JACKSONVILLE State: FL Zip Code: 32210
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80872
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1083.00**

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

Image# 29935481191

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 195
(check only one)
[X] 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)
KENNETH PAUKER
Mailing Address 18 SIERRA VISTA
City: LAGUNA NIGUEL State: CA Zip Code: 92677
FEC ID number of contributing federal political committee. C
Name of Employer: CALIF. MEDICAL ASSOCIATES MEDICAL GROU
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79961
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CAROL PEAIRS
Mailing Address 5901 E VIA DEL CIELO
City: PARADISE VALLEY State: AZ Zip Code: 85253
FEC ID number of contributing federal political committee. C
Name of Employer: DEPT OF VETERANS AFFS
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80183
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
LEE PERRIN
Mailing Address 3 POWDERMILL LANE
City: SOUTHBOROUGH State: MA Zip Code: 01772
FEC ID number of contributing federal political committee. C
Name of Employer: CARITAS ST. ELIZABETHS MEDICAL CENTER
Occupation: PHYSICIAN - ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80759
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 2500.00

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

Image# 29935481192

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 195
(check only one)
X 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)
K. PETERS
Mailing Address 180 S 216TH CIR
City: ELKHORN State: NE Zip Code: 68022
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF NEBRASKA MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79979
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARY DALE PETERSON
Mailing Address 210 NAPLES ST.
City: CORPUS CHRISTI State: TX Zip Code: 78404
FEC ID number of contributing federal political committee. C
Name of Employer: DRISCOLL FOUND. CHILDRENS HOSPITAL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80054
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
BEVERLY PHILIP
Mailing Address 75 FRANCIS ST
City: BOSTON State: MA Zip Code: 02115
FEC ID number of contributing federal political committee. C
Name of Employer: BRIGHAM & WOMAN'S HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79779
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) ..... ▶

Image# 29935481193

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 195
(check only one)
X 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)
EDGAR PIERRE
Mailing Address 1800 NW 10TH AVE., T244
City: MIAMI State: FL Zip Code: 33137
FEC ID number of contributing federal political committee. C
Name of Employer: RYDER TRAUMA CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79565
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
JEFFREY PLAGENHOEF
Mailing Address 1118 ROSS CLARK CIRCLE, SUITE 700
City: DOTHAN State: AL Zip Code: 36301
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA CONSULTANTS MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: SA11AI.79700
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
VITA PLISKOW
Mailing Address 3502 OLYMPIC BLVD., W.
City: TACOMA State: WA Zip Code: 98466
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: 10 / 17 / 2009
Transaction ID: SA11AI.80188
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1583.00

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

Image# 29935481194

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 195
(check only one)
X 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 POLLARD
Mailing Address 204 MEREWOOD RD
City: BELMONT State: NC Zip Code: 28012
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHEAST ANESTHESIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 5000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.79970
Amount of Each Receipt this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
REX PONNUDURAI
Mailing Address 12 BOVENSIEPEN CT.
City: ROSELAND State: NJ Zip Code: 07068
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF MEDICINE AND DENTISTRY O
Occupation: PROFESSOR OF ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80501
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
ROBERT PONTE
Mailing Address 1799 LAKESHORE DR. N.
City: ORANGE PARK State: FL Zip Code: 32003
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANES. CONSU-LTANTS, P.A.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80874
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **6500.00**

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

Image# 29935481195

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 195
(check only one)
X 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 POWELL
Mailing Address P.O. BOX 5587
City: BEAUMONT State: TX Zip Code: 77726
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA ASSOCIATES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79504
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
VERNON PRUITT
Mailing Address 201 KIRK LN.
City: DOTHAN State: AL Zip Code: 36305
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA CONSULTANTS ME-D. GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80087
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
EDUARDO QUESADA
Mailing Address 7 PROCLAMATION CT
City: BEDFORD State: NH Zip Code: 03110
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79747
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1583.00**

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

Image# 29935481196

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 195
(check only one)
X 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)
TIMOTHY QUILL
Mailing Address 27 STEVENS RD.
City: HANOVER | State: NH | Zip Code: 03755
FEC ID number of contributing federal political committee. C
Name of Employer: DARTMOUTH HITCHCOCK MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80164
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ANDREW QUINN
Mailing Address 411 MULBERRY LN
City: BELLAIRE | State: TX | Zip Code: 77401
FEC ID number of contributing federal political committee. C
Name of Employer: GHA
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.81015
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
ALVIN RALSTON
Mailing Address 2411 FOUNTAIN VIEW DR STE 200
City: HOUSTON | State: TX | Zip Code: 77057
FEC ID number of contributing federal political committee. C
Name of Employer: GREATER HOUSTON ANESTHESIOLOGY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80290
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) ..... ▶

Image# 29935481197

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 195
(check only one)
X 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 RATZMAN
Mailing Address 1882 LIMEHOUSE ST
City: CARMEL State: IN Zip Code: 46032
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA PAIN CONSULTAN-TS OF IN
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80097
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
SYED RAZVI
Mailing Address ONE ELLIOT WAY, SUITE 200
City: MANCHESTER State: NH Zip Code: 03103
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79744
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
SCOTT REEVES
Mailing Address MUSC - DEPT OF ANESTHESIA
167 ASHLEY AVENUE, SUITE 301
City: CHARLESTON State: SC Zip Code: 29425
FEC ID number of contributing federal political committee. C
Name of Employer: MEDICAL UNIVERSITY OF SOU-TH CAROLINA
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80366
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) ▶

Image# 29935481198

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 195
(check only one)
X 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 REICH
Mailing Address 1 GUSTAVE L LEVY PL BOX 1010
DEPARTMENT OF ANESTHESIOLOGY
City: NEW YORK State: NY Zip Code: 10029
FEC ID number of contributing federal political committee. C
Name of Employer: MOUNT SINAI SCHOOL OF MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80081
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
AUSTIN RICH
Mailing Address 6346 PANORAMA DR.
City: BRENTWOOD State: TN Zip Code: 37027
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: 10 / 09 / 2009
Transaction ID: SA11AI.79664
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL RICHARDSON
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
254 EASTON AVENUE
City: NEW BRUNSWICK State: NJ Zip Code: 08901
FEC ID number of contributing federal political committee. C
Name of Employer: SAINT PETERS UNIVERSITY HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80040
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) ..... ▶

Image# 29935481199

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 195
(check only one)
[X] 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)
DON RICHTER
Mailing Address 15135 STEARNS PL
City: SHAWNEE MISSION State: KS Zip Code: 66221
FEC ID number of contributing federal political committee. C
Name of Employer: MIDWEST ANESTHESIA, ASSOC.
Occupation: PHYSICIAN ANESTHESIOLGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79569
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
ARMANDO ROCES
Mailing Address 2165 HERSCHEL ST.
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80875
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
PETER ROCK
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
22 S GREENE ST STE S11-C00
City: BALTIMORE State: MD Zip Code: 21201
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF MARYLAND SC-HOOL OF MEDIC
Occupation: MARTIN HELRICH PROFESSOR AND CHAIR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79603
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) .....

Image# 29935481200

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 195
(check only one)
[X] 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)
CAROL ROSE
Mailing Address 428 GLAIDS DR.
City: PITTSBURGH State: PA Zip Code: 15243
FEC ID number of contributing federal political committee. C
Name of Employer: UPMC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80190
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ANDREW ROSENBERG
Mailing Address 55 FIELD LANE
City: ROSLYN HEIGHTS State: NY Zip Code: 11577
FEC ID number of contributing federal political committee. C
Name of Employer: ANES ASSOC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79840
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
LEE ROSENBERG
Mailing Address 2165 HERSCHEL ST.
City: JACKSONVILLE State: FL Zip Code: 32205
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80877
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) ..... ▶

Image# 29935481201

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 195
(check only one)
[X] 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)
MEG ROSENBLATT
Mailing Address 25 E 86TH ST # 6-D
City: NEW YORK State: NY Zip Code: 10028
FEC ID number of contributing federal political committee. C
Name of Employer: MT SINAI
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79820
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
RICHARD ROSENQUIST
Mailing Address 200 HAWKINS DR.
City: IOWA CITY State: IA Zip Code: 52242
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF IOWA
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79834
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
LAWRENCE ROUTENBERG
Mailing Address 1318 FOX HOLLOW ROAD
City: SCHENECTADY State: NY Zip Code: 12309
FEC ID number of contributing federal political committee. C
Name of Employer: SCHENECTADY ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79852
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) ..... ▶

Image# 29935481202

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 195
(check only one)
[X] 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 ROWLINGSON
Mailing Address BOX 800710, UVA HS
City: CHARLOTTESVILLE State: VA Zip Code: 22908
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF VIRGINIA HLTH SYS-TEM
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80251
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
LAWRENCE ROY
Mailing Address 2420 FREEMAN MANOR DR.
City: JONES State: OK Zip Code: 73049
FEC ID number of contributing federal political committee. C
Name of Employer: OKLAHOMA ANESTHESIA CONSU-LTANTS
Occupation: ANESTHESIOLIGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79502
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
RICHARD RUSCH
Mailing Address 2675 BUCKINGHAM PL
City: BROOKFIELD State: WI Zip Code: 53045
FEC ID number of contributing federal political committee. C
Name of Employer: AAW
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79862
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 1333.00

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

Image# 29935481203

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 195
(check only one)
[X] 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)
DEBORAH RUSY
Mailing Address 412 FARWELL DR
City: MADISON | State: WI | Zip Code: 53704
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF WI HOSP AND CLINICS DEPT OF AN
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80105
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
THOMAS RYAN
Mailing Address 4655 N. MURRAY AVE.
City: MILWAUKEE | State: WI | Zip Code: 53211
FEC ID number of contributing federal political committee. C
Name of Employer: AURORA MED GRP
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79861
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
DEREK SAKATA
Mailing Address DEPARTMENT OF ANESTHESIOLOGY
30 NORTH 1900 EAST, ROOM 3C444
City: SALT LAKE CITY | State: UT | Zip Code: 84132
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF UTAH
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80675
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) ..... ▶

Image# 29935481204

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 195
(check only one)
X 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)
MATTHEW SALOMONE
Mailing Address 7678 HOLLYRIDGE CIR.
City: JACKSONVILLE State: FL Zip Code: 32256
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80878
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
VINCENT SAMUEL
Mailing Address 786 HARBOR ISLE CIRCLE W.
City: MEMPHIS State: TN Zip Code: 38103
FEC ID number of contributing federal political committee. C
Name of Employer: METROPOLITAN ANESTHESIA ALLIANCE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80433
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
THOMAS SANNEMAN
Mailing Address 3578 CHERRY LN.
City: WOODBURY State: MN Zip Code: 55129
FEC ID number of contributing federal political committee. C
Name of Employer: ASSOCIATED ANESTHESIOLOGI-STS, PA
Occupation: RESIDENT
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79955
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) ▶

Image# 29935481205

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 195
(check only one)
X 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)
GINA SCARBORO
Mailing Address 112 SAMUEL LYON WAY
City: SAVANNAH State: GA Zip Code: 31411
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTH UNIVERSITY
Occupation: AA-C
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2009
Transaction ID: SA11AI.80823
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
HOWARD SCHAPIRO
Mailing Address 320 SOUTH ST
City: SOUTH HERO State: VT Zip Code: 05486
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF VERMONT COL-LEGE OF MEDIC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80386
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
CATHERINE SCHOLL
Mailing Address 2007 ROBIN HOOD TRAIL
City: AUSTIN State: TX Zip Code: 78703
FEC ID number of contributing federal political committee. C
Name of Employer: AUSTIN ANESTH GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80718
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) ..... ▶

Image# 29935481206

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 195
(check only one)
X 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)
ARMIN SCHUBERT
Mailing Address 1514 JEFFERSON HWY
City: NEW ORLEANS | State: LA | Zip Code: 70121
FEC ID number of contributing federal political committee. C
Name of Employer: OCHSNER HEALTH CLINIC
Occupation: PROFESSOR AND CHAIR, DEPARTMENT OF ANE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80586
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
DAVID SCHWARTZ
Mailing Address 1194 LINDEN AVE
City: HIGHLAND PARK | State: IL | Zip Code: 60035
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ILLINOIS MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80336
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MIKE SCHWEITZER
Mailing Address 1927 HOLSTEIN LN.
City: LAUREL | State: MT | Zip Code: 59044
FEC ID number of contributing federal political committee. C
Name of Employer: SISTERS OF CHARITY
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80061
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) .....

Image# 29935481207

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 195
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X 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 SELTZER
Mailing Address 12 CHOWNING DR
City: MALVERN State: PA Zip Code: 19355
FEC ID number of contributing federal political committee. C
Name of Employer: THOMAS JEFFERSON UNIVERSITY HOSPITAL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80112
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
DANIEL SEWELL
Mailing Address PO BOX 51947
City: KNOXVILLE State: TN Zip Code: 37950
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY ANESTHESIOLOGISTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80677
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
BARTON SEYMOUR
Mailing Address 5152 CLEAR SPRINGS DR.
City: ADA State: MI Zip Code: 49301
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MEDICAL CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80852
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) ..... ▶

Image# 29935481208

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 195
(check only one)
X 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 SHAPIRO
Mailing Address 88 SOUTHWOOD DR
City: ORINDA | State: CA | Zip Code: 94563
FEC ID number of contributing federal political committee. C
Name of Employer: MACMGI
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80918
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARINA SHINDELL
Mailing Address 12401 E 17TH AVE OFC 707
City: AURORA | State: CO | Zip Code: 80045
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF COLORADO HEALTH & SCI
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80733
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
RICHARD SHOCKLEY
Mailing Address 5 GREENBOUGH LANE
City: WELLESLEY | State: MA | Zip Code: 02482
FEC ID number of contributing federal political committee. C
Name of Employer: ANAES ASSOC OF MA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80920
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) ▶

Image# 29935481209

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 195
(check only one)
[X] 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)
TIMOTHY SIEVERS
Mailing Address 1 ELLIOT WAY, SUITE 200
City: MANCHESTER State: NH Zip Code: 03103
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANESTHESIA, P.L.-L.C.
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79755
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ERIC SIMMONS
Mailing Address 20.W MONROE
City: COLORADO SPRINGS State: CO Zip Code: 80907
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA ASSOCIATES OF COLORADO SPRI
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.79674
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JEAN SIMONSON
Mailing Address 924 20TH AVE. CIR.
City: BLAIR State: NE Zip Code: 68008
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF NEBRASKA MEDICAL CTR.
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.79673
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) .....

Image# 29935481210

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 195
(check only one)
X 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)
EUGENE SINCLAIR
Mailing Address 13185 LEE COURT
City: ELM GROVE State: WI Zip Code: 53122
FEC ID number of contributing federal political committee. C
Name of Employer: N/A
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79801
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
PAUL SKAFF
Mailing Address 28 NORWOOD RD.
City: CHARLESTON State: WV Zip Code: 25314
FEC ID number of contributing federal political committee. C
Name of Employer: GENERAL ANESTHESIA SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80465
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
STEVEN SLACK
Mailing Address 2995 APPLEWAY
City: ANN ARBOR State: MI Zip Code: 48104
FEC ID number of contributing federal political committee. C
Name of Employer: ANES ASSOC OF ANN ARBOR, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80232
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2100.00**

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

Image# 29935481211

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 195
(check only one)
X 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 SMALL
Mailing Address N411 DOAN HALL, DEPT. OF ANES.
City: COLUMBUS State: OH Zip Code: 43210
FEC ID number of contributing federal political committee. C
Name of Employer: THE OHIO STATE UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79848
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
DAVID SMITH
Mailing Address 405 W. HILLWOOD DR.
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: 700.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80807
Amount of Each Receipt this Period: 700.00

C.
Full Name (Last, First, Middle Initial)
GREGORY SMITH
Mailing Address 2138 LOCKLIN LN.
City: WEST BLOOMFIELD State: MI Zip Code: 48324
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTH OAKLAND ANESTHESIA ASSOCIATES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80086
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2700.00**

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

Image# 29935481212

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 195
(check only one)
X 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)
JOSHUA SMITH
Mailing Address 6240 E. FRONTIER PL.
City: TUCSON | State: AZ | Zip Code: 85750
FEC ID number of contributing federal political committee. C
Name of Employer: OLD PUEBLO ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80687
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
WILLIAM SMITH
Mailing Address 949 MAPLE LN
City: JACKSONVILLE | State: FL | Zip Code: 32207
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80880
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
WALTER SOHA
Mailing Address 1090 ARBOR LN.
City: JACKSONVILLE | State: FL | Zip Code: 32207
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80881
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) ▶

Image# 29935481213

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 195
(check only one)
X 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)
KAREN SOUTER
Mailing Address 6244 50TH AVE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF WASHINGTON
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80503
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL SOUTER
Mailing Address 325 9TH AVE BOX 359724
City: SEATTLE State: WA Zip Code: 98104
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF WASHINGTON - HARBORVIEW
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80169
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
RICHARD SPAULDING
Mailing Address 18 BRICK MILL ROAD
City: BEDFORD State: NH Zip Code: 03110
FEC ID number of contributing federal political committee. C
Name of Employer: AMOSKEAG ANES., PLLC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79753
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) ..... ▶

Image# 29935481214

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 195
(check only one)
X 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)
STANLEY STEAD
Mailing Address 4819 ANDASOL AVENUE
City: ENCINO State: CA Zip Code: 91316
FEC ID number of contributing federal political committee. C
Name of Employer: STEAD HEALTH GROUP, INC.
Occupation: PHYSICIAN AND CEO
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80046
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JOHN STEPHENSON
Mailing Address 5671 PEACHTREE DUNWOODY ROAD
City: ATLANTA State: GA Zip Code: 30342
FEC ID number of contributing federal political committee. C
Name of Employer: PHYSICIAN SPECIALISTS IN ANES., P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79822
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
RICHARD STERN
Mailing Address 46 SPRINGBROOK LN.
City: NEWARK State: DE Zip Code: 19711
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA SERVICES, P.A.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79490
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2025.00**

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

Image# 29935481215

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 195
(check only one)
X 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)
MATTHEW STEVENSON
Mailing Address 2165 HERSCHEL ST.
City: JACKSONVILLE State: FL Zip Code: 32204
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH FLORIDA ANESTHESIA CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80882
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
M. CHRISTINE STOCK
Mailing Address 251 E HURON ST-STE 5-704 FEINBERG PAVILION
City: CHICAGO State: IL Zip Code: 60611
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN UNIVERSITY FEINBERG SCHOO
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80572
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
WILLIAM STROHMEYER
Mailing Address 2401 S 3ST ST
City: TEMPLE State: TX Zip Code: 76508
FEC ID number of contributing federal political committee. C
Name of Employer: SCOTT & WHITE MEMORIAL HO-SP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80722
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) ▶

Image# 29935481216

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 195
(check only one)
X 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)
ERIN SULLIVAN
Mailing Address 200 LOTHROP ST
DEPARTMENT OF ANESTHESIOLOGY PUH C
City PITTSBURGH State PA Zip Code 15213
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF PITTSBURGH
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.79981
Amount of Each Receipt this Period 500.00

B.
Full Name (Last, First, Middle Initial)
RAYMOND SULLIVAN
Mailing Address 20 MEDICAL VILLAGE DR., SUITE 258
City EDGEWOOD State KY Zip Code 41017
FEC ID number of contributing federal political committee. C
Name of Employer INDEPENDENT ANESTHESIOLOG-ISTS
Occupation PYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80679
Amount of Each Receipt this Period 500.00

C.
Full Name (Last, First, Middle Initial)
ROBERT SWAIN
Mailing Address 1435 WINDING RIDGE TER
City COLORADO SPRINGS State CO Zip Code 80919
FEC ID number of contributing federal political committee. C
Name of Employer PIKES PEAK ANESTH
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 19 / Y Y Y Y 2009
Transaction ID: SA11AI.80740
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) ▶

Image# 29935481217

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 195
(check only one)
X 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 SWEEN
Mailing Address 240 MARCHAND CT., N.W.
City: ATLANTA State: GA Zip Code: 30328
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: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80125
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CHRISTOPHER SWIDE
Mailing Address 3181 SW SAM JACKSON PARK RD # UHS-
City: PORTLAND State: OR Zip Code: 97239
FEC ID number of contributing federal political committee. C
Name of Employer: OREGON HEALTH SCIENCE UNIVERSITY
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80633
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
SCOTT SWITZER
Mailing Address 26 FARM HILL RD.
City: WEST HARTFORD State: CT Zip Code: 06107
FEC ID number of contributing federal political committee. C
Name of Employer: MILFORD ANESTHESIA, PC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 253.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79489
Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ▶ **1333.00**

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

Image# 29935481218

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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)
CARL SYLVESTER
Mailing Address 5038 VAN NESS ST NW
City: WASHINGTON State: DC Zip Code: 20016
FEC ID number of contributing federal political committee. C
Name of Employer: CERTIFIED ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79807
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JOHN SZEWCZYK
Mailing Address P.O. BOX 2905
City: LOVES PARK State: IL Zip Code: 61132
FEC ID number of contributing federal political committee. C
Name of Employer: ROCKFORD ANESTHESIA ASSOC.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80163
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JOSEPH SZOKOL
Mailing Address 976 SUNSET RD.
City: WINNETKA State: IL Zip Code: 60093
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHSHORE UNIV
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80307
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) ..... ▶

Image# 29935481219

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 162 / 195
(check only one)
X 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)
RAMARAO TAKKALLAPALLI
Mailing Address 304 FEATHER GLEN
City: RIDGELAND State: MS Zip Code: 39157
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF MISSISSIPPI MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 03 / 2009
Transaction ID: SA11AI.79611
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JOSEPH TALARICO
Mailing Address DEPT. OF ANES. 200 LOTHROP ST. NW 463
City: PITTSBURGH State: PA Zip Code: 15213
FEC ID number of contributing federal political committee. C
Name of Employer: UPMC PRESBYTERIAN
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 369.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79521
Amount of Each Receipt this Period: 41.00

C.
Full Name (Last, First, Middle Initial)
STEPHEN TARVER
Mailing Address 11304 W. 140TH ST.
City: OVERLAND PARK State: KS Zip Code: 66221
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV OF KANSAS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80194
Amount of Each Receipt this Period: 500.00

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

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

Image# 29935481220

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)
X 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)
CAROL TAYLOR
Mailing Address 2426 E AVENIDA DE POSADA
City: TUCSON State: AZ Zip Code: 85718
FEC ID number of contributing federal political committee. C
Name of Employer: ORO VALLEY ANES.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: M M 1 0 / D D 2 0 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.80846
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
JEFFERSON TAYLOR
Mailing Address 3550 GRANDVIEW PKWY APT 1433
City: BIRMINGHAM State: AL Zip Code: 35243
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA RESOURCE MANAG-EMENT, INC.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 1 0 / D D 2 3 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.80940
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JEROME TERRES
Mailing Address P.O. BOX 103
City: LITTLETON State: NH Zip Code: 03561
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: 1095.00

Date of Receipt: M M 1 0 / D D 2 0 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.80797
Amount of Each Receipt this Period: 1095.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2595.00**

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

Image# 29935481221

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 195
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X 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)
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: ANES MED GRP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2009
Transaction ID: SA11AI.80909
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARCY THOMAS
Mailing Address 10615 WOODPECKER RD
City: CHESTERFIELD State: VA Zip Code: 23838
FEC ID number of contributing federal political committee. C
Name of Employer: COMMONWEALTH ANESTHESIA ASSOCIATIS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79494
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
THOMAS THOMAS
Mailing Address 110 29TH AVE. N., #301
City: NASHVILLE State: TN Zip Code: 37203
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MEDICAL GROUP, P.C.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2009
Transaction ID: SA11AI.79721
Amount of Each Receipt this Period: 500.00

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

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

Image# 29935481222

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 195
(check only one)
X 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 THORNER
Mailing Address 1336 WILLIAM ST
City: RIVER FOREST | State: IL | Zip Code: 60305
FEC ID number of contributing federal political committee. C
Name of Employer: ASA
Occupation: ASSOCIATE EXECUTIVE
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80206
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ROSALIE TOCCO-BRADLEY
Mailing Address 3664 DEER RIDGE CT.
City: ANN ARBOR | State: MI | Zip Code: 48105
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA ASSOCIATES OF ANN ARBOR
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.81022
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
PALOMA TOLEDO
Mailing Address 130 N GARLAND CT APT 1309
City: CHICAGO | State: IL | Zip Code: 60602
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80698
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) ▶

Image# 29935481223

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 195
(check only one)
X 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 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: 500.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.79677
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARION TOWERY
Mailing Address 405 AUDUBON CT
City: MADISON State: MS Zip Code: 39110
FEC ID number of contributing federal political committee. C
Name of Employer: JACKSON ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 11 / 2009
Transaction ID: SA11AI.79690
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ANDREW TRAN
Mailing Address 2120 EL PASEO ST APT 2402
City: HOUSTON State: TX Zip Code: 77054
FEC ID number of contributing federal political committee. C
Name of Employer: SELF
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80811
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) ..... ▶

Image# 29935481224

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 195
(check only one)
X 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 TRICARICO
Mailing Address 1650 4TH ST SE
City: ROCHESTER State: MN Zip Code: 55904
FEC ID number of contributing federal political committee. C
Name of Employer: OLMSTED MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 24 / 2009
Transaction ID: SA11AI.80948
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
CHRISTOPHER TROIANOS
Mailing Address 427 HEIGHTS DR
City: GIBSONIA State: PA Zip Code: 15044
FEC ID number of contributing federal political committee. C
Name of Employer: WESTERN PENNSYLVANIA HOSP-ITAL DEPARTME
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79499
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
CHRISTOPHER TROIANOS
Mailing Address 427 HEIGHTS DR
City: GIBSONIA State: PA Zip Code: 15044
FEC ID number of contributing federal political committee. C
Name of Employer: WESTERN PENNSYLVANIA HOSP-ITAL DEPARTME
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 751.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80077
Amount of Each Receipt this Period: 4.00

SUBTOTAL of Receipts This Page (optional) ▶ **587.00**

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

Image# 29935481225

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 168 / 195
(check only one)
X 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)
STEPHEN TUNSTILL
Mailing Address 6978 ALMOURS DR
City: JACKSONVILLE State: FL Zip Code: 32217
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80883
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
GARY TZENG
Mailing Address 582 S REX BLVD
City: ELMHURST State: IL Zip Code: 60126
FEC ID number of contributing federal political committee. C
Name of Employer: DUPAGE VALLEY ANESTHESIOLOGY, LTD
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80507
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MARK UGGERI
Mailing Address 8727 2ND STREET
City: MATTAWAN State: MI Zip Code: 49071
FEC ID number of contributing federal political committee. C
Name of Employer:
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80900
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) ..... ▶

Image# 29935481226

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 195
(check only one)
X 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 UNRUH
Mailing Address ANESTHESIOLOGY DEPT. MS 1034
3901 RAINBOW BLVD.
City KANSAS CITY State KS Zip Code 66160
FEC ID number of contributing federal political committee. C
Name of Employer KANSAS UNIVERSITY MEDICAL CENTER
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80022
Amount of Each Receipt this Period 1000.00

B.
Full Name (Last, First, Middle Initial)
JOSHUA VACANTI
Mailing Address 75 FRANCIS ST
DEPT. OF ANESTHESIA
City BOSTON State MA Zip Code 02115
FEC ID number of contributing federal political committee. C
Name of Employer BRIGHAM AND WOMENS HOSPITAL
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80393
Amount of Each Receipt this Period 500.00

C.
Full Name (Last, First, Middle Initial)
DAVID VAN ALSTINE
Mailing Address 1410 GOODBAR AVE
City MEMPHIS State TN Zip Code 38104
FEC ID number of contributing federal political committee. C
Name of Employer MEDICAL ANESTHESIA GROUP, PA
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt M M 10 / D D 16 / Y Y Y Y 2009
Transaction ID: SA11AI.79725
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) ▶

Image# 29935481227

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 170 / 195
(check only one)
X 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 VAN TIMMEREN
Mailing Address 1835 FLOWERS MILL DR. N.E.
City: GRAND RAPIDS | State: MI | Zip Code: 49525
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MED CONSULT
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80843
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
DAVID VARLOTTA
Mailing Address 1303 BAYSHORE BLVD.
City: TAMPA | State: FL | Zip Code: 33606
FEC ID number of contributing federal political committee. C
Name of Employer: UNICOM ANESTHESIA ASSOCIA-TES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 581.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79500
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
DAVID VARLOTTA
Mailing Address 1303 BAYSHORE BLVD.
City: TAMPA | State: FL | Zip Code: 33606
FEC ID number of contributing federal political committee. C
Name of Employer: UNICOM ANESTHESIA ASSOCIA-TES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 585.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80614
Amount of Each Receipt this Period: 4.00

SUBTOTAL of Receipts This Page (optional) ▶ **337.00**

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

Image# 29935481228

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 195
(check only one)
X 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)
SUDHA VED
Mailing Address 3800 RESERVOIR RD NW
DEPT. OF ANESTHESIA
City WASHINGTON State DC Zip Code 20007
FEC ID number of contributing federal political committee. C
Name of Employer GEORGETOWN UNIVERSITY HOS-PITAL
Occupation PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt M M 10 / D D 02 / Y Y Y Y 2009
Transaction ID: SA11AI.79597
Amount of Each Receipt this Period 250.00

B.
Full Name (Last, First, Middle Initial)
HECTOR VILA
Mailing Address 1033 DR MARTIN LUTHER KING JR ST N
City SAINT PETERSBURG State FL Zip Code 33701
FEC ID number of contributing federal political committee. C
Name of Employer FPA
Occupation ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 664.00

Date of Receipt M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79517
Amount of Each Receipt this Period 83.00

C.
Full Name (Last, First, Middle Initial)
J. MICHAEL VOLLERS
Mailing Address 800 MARSHALL ST.
SLOT 203, S-319
City LITTLE ROCK State AR Zip Code 72202
FEC ID number of contributing federal political committee. C
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI
Occupation PROFESSOR OF ANESTHESIOLOGY
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date 830.00

Date of Receipt M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79497
Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional) ▶ **416.00**

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

Image# 29935481229

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 172 / 195
(check only one)
X 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)
DIMITRI VOULGAROPOULOS
Mailing Address 1996 E. CAMINO MIRAVAL
City: TUCSON State: AZ Zip Code: 85718
FEC ID number of contributing federal political committee. C
Name of Employer: SOUTHERN ARIZONA ANESTHES-IA SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2009
Transaction ID: SA11AI.80942
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL WALSH
Mailing Address 200 FIRST STREET S.W. CHARLTON 1-145
City: ROCHESTER State: MN Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC COLLEGE OF ME-DICINE
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80398
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MARK WARNER
Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 FIRST STREET, SW
City: ROCHESTER State: MN Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2009
Transaction ID: SA11AI.80010
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) ▶

Image# 29935481230

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 / 195
(check only one)
[X] 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)
MARY ELLEN WARNER
Mailing Address MAYO CLINIC
City: ROCHESTER State: MN Zip Code: 55905
FEC ID number of contributing federal political committee. C
Name of Employer: MAYO CLINIC COLLEGE OF MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80295
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CHRISTOPHER WASSINK
Mailing Address 3300 EGYPT VALLEY NE
City: ADA State: MI Zip Code: 49301
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MEDICAL CONSULTANTS PC
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 258.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80527
Amount of Each Receipt this Period: 8.00

C.
Full Name (Last, First, Middle Initial)
CHARLES WATSON
Mailing Address 27 STURBRIDGE RD
City: EASTON State: CT Zip Code: 06612
FEC ID number of contributing federal political committee. C
Name of Employer: BRIDGEPORT ANESTHESIA ASSOCIATES, PC
Occupation: ANESTHESIOLOGIST, INTENSIVIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80348
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1508.00**

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

Image# 29935481231

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 195
(check only one)
X 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)
JOSHUA WEBER
Mailing Address 2718 W. 49TH TERRACE
City: WESTWOOD State: KS Zip Code: 66205
FEC ID number of contributing federal political committee. C
Name of Employer: MIDWEST ANESTHESIA ASSOCIATES
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: SA11AI.79600
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
STEPHEN WEDDEL
Mailing Address 1161 PRINCETON DR
City: LONGMONT State: CO Zip Code: 80503
FEC ID number of contributing federal political committee. C
Name of Employer: LONGMONT ANES ASSOC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80738
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
REBECCA HASSOUN WELCH
Mailing Address PEDIATRIC ANESTH. DEPT.
92 W. MILLER ST., MP 305
City: ORLANDO State: FL Zip Code: 32806
FEC ID number of contributing federal political committee. C
Name of Employer: ARNOLD PALMER HOSPITAL FOR CHILDREN
Occupation: MD
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80762
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) ..... ▶

Image# 29935481232

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 195
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X 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 WHALLEY
Mailing Address 6101 PINE RIDGE RD.
City: NAPLES State: FL Zip Code: 34119
FEC ID number of contributing federal political committee. C
Name of Employer: PHYSICIANS REGIONAL MEDIC-AL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80387
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ROBERT WHITCOMB
Mailing Address 221 CHURCH RD.
City: WINNETKA State: IL Zip Code: 60093
FEC ID number of contributing federal political committee. C
Name of Employer: ELMHURST MEMORIAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79940
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
STEVEN WHITEHURST
Mailing Address 200 LOTHROP STREET - PUH C 201
City: PITTSBURGH State: PA Zip Code: 15213
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF PITTSBURGH MEDICAL CENTE
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80171
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) ..... ▶

Image# 29935481233

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 176 / 195
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X 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)
JEANINE WIENER-KRONISH
Mailing Address 66 REVERE ST
City: BOSTON State: MA Zip Code: 02114
FEC ID number of contributing federal political committee. C
Name of Employer: MASSACHUSETTS GEN HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80922
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
DANNY WILKERSON
Mailing Address 4301 W MARKHAM ST # 515
ANESTHESIOLOGY DEPARTMENT
City: LITTLE ROCK State: AR Zip Code: 72205
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ARKANSAS FOR MEDICAL SCI
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80052
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
BRADLEY WILLIAMS
Mailing Address 4805 ALGONQUIN AVE
City: JACKSONVILLE State: FL Zip Code: 32210
FEC ID number of contributing federal political committee. C
Name of Employer: NFAC
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80885
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) ..... ▶

Image# 29935481234

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 195
(check only one)
X 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)
HAMPTON WILLIAMS
Mailing Address 800 E. DAWSON
City: TYLER State: TX Zip Code: 75701
FEC ID number of contributing federal political committee. C
Name of Employer: TRINITY CLINIC ANES. DEPT.
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: SA11AI.80990
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JOHN WILLIAMS
Mailing Address 3550 TERRACE ST
City: PITTSBURGH State: PA Zip Code: 15261
FEC ID number of contributing federal political committee. C
Name of Employer: UPMC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80464
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
KARL WILLMANN
Mailing Address 600 HIGHLAND AVE., B6/319 CSC
City: MADISON State: WI Zip Code: 53792
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF WISCONSIN HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80133
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) ..... ▶

Image# 29935481235

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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X 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)
PAUL WILLOUGHBY
Mailing Address 4 BREWSTER CT
City: SETAUKET | State: NY | Zip Code: 11733
FEC ID number of contributing federal political committee. C
Name of Employer: STONY BROOK UNIVERSITY MEDICAL CENTER
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80751
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MARGARET WILSON
Mailing Address 4242 MEDICAL DR., SUITE #3100
City: SAN ANTONIO | State: TX | Zip Code: 78229
FEC ID number of contributing federal political committee. C
Name of Employer: TEJAS ANESTHESIA, P.A.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80637
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
DAVID WINEK
Mailing Address 110 29TH AVE N STE 202
City: NASHVILLE | State: TN | Zip Code: 37203
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: 10 / 15 / 2009
Transaction ID: SA11AI.79718
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) ..... ▶

Image# 29935481236

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 195
(check only one)
X 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)
DOUGLAS WISEMAN
Mailing Address 615 CAMBRIDGE BLVD, SE
City: GRAND RAPIDS State: MI Zip Code: 49506
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA MEDICAL CONSULTANTS, INC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: SA11AI.80858
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
RICHARD WISSLER
Mailing Address 12 GREAT OAK LANE
City: PITTSFORD State: NY Zip Code: 14534
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF ROCHESTER MED. CTR.
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80824
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
RICHARD WOLMAN
Mailing Address 600 HIGHLAND AVE., ANES. DEPT. B6-319 CLINICAL SCIENCE CTR.
City: MADISON State: WI Zip Code: 53792
FEC ID number of contributing federal political committee. C
Name of Employer: UNIV. OF WISCONSIN SCHOOL OF MED AND P
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79948
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) ..... ▶

Image# 29935481237

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 195
(check only one)
X 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)
KENNETH WOODWARD
Mailing Address 34365 DEERWOOD DR
City: EUGENE State: OR Zip Code: 97405
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWEST ANESTHESIA PHYSICIANS
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80747
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
W. BRADLEY WORTHINGTON
Mailing Address 202 DEER PARK DRIVE
City: NASHVILLE State: TN Zip Code: 37205
FEC ID number of contributing federal political committee. C
Name of Employer: CENTER FOR SPINAL SURGERY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: SA11AI.79950
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
W. HEINRICH WURM
Mailing Address 65 EDGEWATER DR
City: WALTHAM State: MA Zip Code: 02453
FEC ID number of contributing federal political committee. C
Name of Employer: TUFTS-NEW ENGLAND MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 06 / 2009
Transaction ID: SA11AI.79636
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) ..... ▶

Image# 29935481238

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 195
(check only one)
X 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 YAGHMOUR
Mailing Address 401 E ONTARIO ST APT 4401
City: CHICAGO State: IL Zip Code: 60611
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHWESTERN UNIVERSITY
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.80610
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
CHAHINE YAMINE
Mailing Address 1227 EARNESTINE STREET
City: MC LEAN State: VA Zip Code: 22101
FEC ID number of contributing federal political committee. C
Name of Employer: DOMINION ANESTHESIA PLLC
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 830.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.79564
Amount of Each Receipt this Period: 83.00

C.
Full Name (Last, First, Middle Initial)
DAVID YARNALL
Mailing Address 3300 GALLOWS RD.
City: FALLS CHURCH State: VA Zip Code: 22042
FEC ID number of contributing federal political committee. C
Name of Employer: FAIRFAX ANESTHESIA ASSOCIATES ANES DEP
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80492
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1583.00**

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

Image# 29935481239

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 195
(check only one)
X 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)
H. KENDLE YATES
Mailing Address 1249 CONCORD HUNT DR.
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: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 1 0 / D D 1 2 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.79696
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
CHRISTOPHER YEAKEL
Mailing Address 206 BEAVER LAKE DR.
City: ELGIN State: SC Zip Code: 29045
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: 1000.00

Date of Receipt: M M 1 0 / D D 1 6 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.79907
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JAMES YORK
Mailing Address 126 WENTWORTH DR
City: DOTHAN State: AL Zip Code: 36305
FEC ID number of contributing federal political committee. C
Name of Employer: ANESTHESIA CONSULTANTS ME-D. GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: M M 1 0 / D D 3 1 / Y Y Y Y 2 0 0 9
Transaction ID: SA11AI.81024
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

Image# 29935481240

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 195
(check only one)
[X] 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)
PAUL YOST
Mailing Address 485 SCHOONER WAY
City: SEAL BEACH | State: CA | Zip Code: 90740
FEC ID number of contributing federal political committee: C
Name of Employer: SAMG
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80315
Amount of Each Receipt this Period: 500.00

B.
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: ACE
Occupation: ANESTHESIOLOGIST
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: SA11AI.80406
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
JAMES ZAIDAN
Mailing Address 4986 CHEDWORTH DR
City: STONE MOUNTAIN | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: EMORY UNIVERSITY SCHOOL OF MEDICINE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80156
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) ..... ▶

Image# 29935481241

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 195
(check only one)
X 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 ZAKOWSKI
Mailing Address 8700 BEVERLY BLVD # 8211
City: WEST HOLLYWOOD State: CA Zip Code: 90048
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: 10 / 17 / 2009
Transaction ID: SA11AI.80135
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
JOHN ZANELLA
Mailing Address 877 JEFFERSON AVE
615 CHANDLER BLDG
City: MEMPHIS State: TN Zip Code: 38163
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF TENNESSEE-MEMPHIS
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.80761
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
JOHN ZERWAS
Mailing Address 6702 RIVA RIDGE DR
City: RICHMOND State: TX Zip Code: 77406
FEC ID number of contributing federal political committee. C
Name of Employer: GREATER HOUSTON ANES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.80137
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) ..... ▶

Image# 29935481242

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 195
(check only one)
X 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)
JONATHAN ZUCKER
Mailing Address 1612 SAINT GREGORY DRIVE
City: LAS VEGAS | State: NV | Zip Code: 89117
FEC ID number of contributing federal political committee. C
Name of Employer: UNITEDHEALTH
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 747.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2009
Transaction ID: SA11AI.79526
Amount of Each Receipt this Period: 83.00

B.
Full Name (Last, First, Middle Initial)
DAVID ZVARA
Mailing Address CAMPUS BOX 7010 - N2201 UNC HOSPIT
City: CHAPEL HILL | State: NC | Zip Code: 27599
FEC ID number of contributing federal political committee. C
Name of Employer: UNIVERSITY OF NORTH CAROL-INA SCHOOL OF
Occupation: ANESTHESIOLOGIST
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2009
Transaction ID: SA11AI.80448
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **583.00**

TOTAL This Period (last page this line number only) ..... ▶ **273077.00**

Image# 29935481243

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)
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
3042.48

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2009

Transaction ID: SA17.81073

Amount of Each Receipt this Period
10.72

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	**10.72**
TOTAL This Period (last page this line number only)	**10.72**

Image# 29935481244

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)
21b 22 X 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)
ANNA ESHOO FOR CONGRESS
Mailing Address 555 CAPITOL MALL #1425
City SACRAMENTO State CA Zip Code 95814
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: CA District: 14
Disbursement For: 2010 Primary X General Other (specify)

Transaction ID: SB23.81070
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS
Mailing Address 555 CAPITOL MALL #1425
City SACRAMENTO State CA Zip Code 95814
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: CA District: 14
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81071
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 1500.00

C.
Full Name (Last, First, Middle Initial)
BILL OWENS FOR CONGRESS
Mailing Address PO BOX 1575
City PLATTSBURGH State NY Zip Code 12901
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: NY District: 23
Disbursement For: 2009 Primary General X Other (specify)
Special-General

Transaction ID: SB23.81047
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

Image# 29935481245

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)
21b 22 X 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)
BOYD FOR CONGRESS
Mailing Address PO BOX 15703
City TALLAHASSEE State FL Zip Code 32317
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: FL District: 02
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81051
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1500.00

B.
Full Name (Last, First, Middle Initial)
CARNAHAN IN CONGRESS
Mailing Address 10 G STREET NE SUITE 470
City WASHINGTON State DC Zip Code 20002
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: MO District: 03
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81033
Date of Disbursement 10 / 07 / 2009
Amount of Each Disbursement this Period 500.00

C.
Full Name (Last, First, Middle Initial)
CMTE TO RE-ELECT TRENT FRANKS TO CONGRESS
Mailing Address 12416 N 57TH DRIVE
City GLENDALE State AZ Zip Code 85304
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: AZ District: 02
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81065
Date of Disbursement 10 / 30 / 2009
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) ▶

Image# 29935481246

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)
21b 22 X 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)
COUNTRY FIRST PAC
Mailing Address 228 S WASHINGTON ST #115
City ALEXANDRIA State VA Zip Code 22314
Purpose of Disbursement 2009 CONTRIBUTION
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: 2009 — Primary / General / X Other (specify)

Transaction ID: SB23.81043
Date of Disbursement 10 / 07 / 2009
Amount of Each Disbursement this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
DUNCAN D HUNTER FOR CONGRESS
Mailing Address 9340 FUERTE DR #302
City LA MESA State CA Zip Code 91941
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House / Senate / President
State: CA District: 52
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: SB23.81057
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS CARDOZA
Mailing Address PO BOX 2749
City MERCED State CA Zip Code 95340
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House / Senate / President
State: CA District: 18
Disbursement For: 2010 — Primary / X General / Other (specify)

Transaction ID: SB23.81035
Date of Disbursement 10 / 07 / 2009
Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

Image# 29935481247

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)
21b | 22 | X 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)
HELLER FOR CONGRESS
Mailing Address PO BOX 750580
City LAS VEGAS State NV Zip Code 89136
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House / Senate / President
State: NV District: 02
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: SB23.81045
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 2000.00

B.
Full Name (Last, First, Middle Initial)
JOHN HALL FOR CONGRESS
Mailing Address 499 S CAPITOL ST SW #404
City WASHINGTON State DC Zip Code 20003
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House / Senate / President
State: NY District: 19
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: SB23.81067
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 3000.00

C.
Full Name (Last, First, Middle Initial)
LATOURETTE FOR CONGRESS CMTE
Mailing Address 217 3RD STREET SE
City WASHINGTON State DC Zip Code 20003
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House / Senate / President
State: OH District: 14
Disbursement For: 2010 — X Primary / General / Other (specify)

Transaction ID: SB23.81055
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

Image# 29935481248

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)
21b 22 X 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)
LOEBSACK FOR CONGRESS
Mailing Address PO BOX 1457
City IOWA CITY State IA Zip Code 52244
Purpose of Disbursement
CK VOIDED ORIG ISSUED 09/30/09
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: IA District: 02
Disbursement For: 2010
Primary X General
Other (specify)

Transaction ID: SB23.81060
Date of Disbursement 10 / 23 / 2009
Amount of Each Disbursement this Period
-1000.00

B.
Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS
Mailing Address PO BOX 1457
City IOWA CITY State IA Zip Code 52244
Purpose of Disbursement
CK VOIDED ORIG ISSUED 09/30/09
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: IA District: 02
Disbursement For: Primary General
Other (specify)

Transaction ID: SB23.81061
Date of Disbursement 10 / 23 / 2009
Amount of Each Disbursement this Period
-2000.00

C.
Full Name (Last, First, Middle Initial)
LOEBSACK FOR CONGRESS
Mailing Address PO BOX 1457
City IOWA CITY State IA Zip Code 52244
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: IA District: 02
Disbursement For: 2010
Primary X General
Other (specify)

Transaction ID: SB23.81062
Date of Disbursement 10 / 23 / 2009
Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ..... **-2000.00**

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

Image# 29935481249

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)
21b 22 X 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)
LOEBSACK FOR CONGRESS
Mailing Address PO BOX 1457
City IOWA CITY State IA Zip Code 52244
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: IA District: 02
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81063
Date of Disbursement 10 / 23 / 2009
Amount of Each Disbursement this Period 2000.00

B.
Full Name (Last, First, Middle Initial)
MIKE R FUND
Mailing Address PO BOX 2485
City SPRINGFIELD State VA Zip Code 22152
Purpose of Disbursement 2009 CONTRIBUTION
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: MI District: 08
Disbursement For: 2009 Primary General X Other (specify)

Transaction ID: SB23.81064
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 1500.00

C.
Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS
Mailing Address PO BOX 23219
City JEFFERSON State LA Zip Code 70183
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: LA District: 01
Disbursement For: 2010 Primary X General Other (specify)

Transaction ID: SB23.81068
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

Image# 29935481250

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)
21b 22 X 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)
SCALISE FOR CONGRESS
Mailing Address PO BOX 23219
City JEFFERSON State LA Zip Code 70183
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: LA District: 01
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81069
Date of Disbursement 10 / 30 / 2009
Amount of Each Disbursement this Period 500.00

B.
Full Name (Last, First, Middle Initial)
STEVE ROTHMAN FOR NEW JERSEY
Mailing Address PO BOX 714
City HACKENSACK State NJ Zip Code 07602
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: X House Senate President
State: NJ District: 09
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81053
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1000.00

C.
Full Name (Last, First, Middle Initial)
THE RICHARD BURR COMMITTEE
Mailing Address PO BOX 5928
City WINSTON-SALEM State NC Zip Code 27113
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House X Senate President
State: NC District:
Disbursement For: 2010 X Primary General Other (specify)

Transaction ID: SB23.81049
Date of Disbursement 10 / 13 / 2009
Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

Image# 29935481251

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)

☐ 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)
THE RICHARD BURR COMMITTEE

Mailing Address PO BOX 5928

City: WINSTON-SALEM | State: NC | Zip Code: 27113

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: NC District:

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

Transaction ID: SB23.81072

Date of Disbursement: MM / DD / YYYY: 10 / 30 / 2009

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	**2000.00**
TOTAL This Period (last page this line number only) ▶	**29000.00**

Image# 29935481252

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)

☐ 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)
BROWNBACK FOR GOVERNOR INC

Mailing Address PO BOX 3739

City TOPEKA State KS Zip Code 66604

Purpose of Disbursement
2009 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Transaction ID: SB29.81041
Date of Disbursement 10 / 07 / 2009

Amount of Each Disbursement this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
BANK FEES

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Transaction ID: SB29.81074
Date of Disbursement 10 / 31 / 2009

Amount of Each Disbursement this Period
3359.49

SUBTOTAL of Disbursements This Page (optional) ▶	**5359.49**
TOTAL This Period (last page this line number only) ▶	**5359.49**