

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

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different  
than previously  
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS  
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)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

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

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

11

19

2007

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. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		631987.13
(b) Cash on Hand at Beginning of Reporting Period .....	820209.86	
(c) Total Receipts (from Line 19) .....	362982.67	1711662.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1183192.53	2343649.14
7. Total Disbursements (from Line 31) .....	73202.22	1233658.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1109990.31	1109990.31
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

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	232561.00	800576.00
(i) Itemized (use Schedule A) .....	26875.50	172611.00
(ii) Unitemized .....	259436.50	973187.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡		
(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) ..... ➡	259436.50	973187.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	103546.17	738475.01
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)) .....	362982.67	1711662.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	362982.67	1711662.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	9000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	9000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	590000.00
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.....	2202.22	634658.83
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))..	73202.22	1233658.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	73202.22	1233658.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	259436.50	973187.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	259436.50	973187.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	9000.00
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	9000.00

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

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

FOR LINE NUMBER: PAGE 6 / 191

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** BASEM ABDELMALAK

Mailing Address 14780 MORGAN TRL

City State Zip Code  
**NOVELTY OH 44072**

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55919

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JOHN ABENSTEIN

Mailing Address 10978 11TH AVE NW

City State Zip Code  
**ORONOCO MN 55960**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAYO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 3 1 / 2 0 0 7**

Transaction ID: SA11A1.56917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** BRUCE ADELMAN

Mailing Address 4896 WOODCLIFF HILL RD

City State Zip Code  
**W BLOOMFIELD MI 48323**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHYS ANES SERV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55993

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** VIRGIL AIROLA

Mailing Address 3841 W LOCUST

City State Zip Code  
**FRESNO CA 93711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PEDIATRIC ANES ASSOC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

**Transaction ID: SA11A1.55912**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RICHARD ALBERTSON

Mailing Address GREEN HILL EC306

City State Zip Code  
**WYNNEWOOD PA 19096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

**Transaction ID: SA11A1.56484**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** PATRICK ALLAIRE

Mailing Address 58991 296TH ST

City State Zip Code  
**CAMBRIDGE IA 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

**Transaction ID: SA11A1.56360**

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) HUGH ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 1924 46TH AVE SW		
City	State	Zip Code
SEATTLE	WA	98116
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.56004
Name of Employer VIRGINIA MASON		Amount of Each Receipt this Period 500.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT ALLEN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 445 W GLEN PL		
City	State	Zip Code
RAPID CITY	SD	57702
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.55893
Name of Employer RAPID CITY REG HOSP		Amount of Each Receipt this Period 500.00
Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN ALLYN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 43 GLENVIEW RD		
City	State	Zip Code
CUMBERLAND	ME	04021
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.55921
Name of Employer SPECTRUM MED GRP		Amount of Each Receipt this Period 250.00
Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

1250.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** GEORGE ALVAREZ

Mailing Address 5323 BAYSHORE BLVD #D

City State Zip Code  
**TAMPA FL 33611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA PED ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.56053

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DAVID ANDERSON

Mailing Address 10720 NALL AVE

City State Zip Code  
**OVERLAND PARK KS 66211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HSSA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.55643

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** STEVEN ANDEWEG

Mailing Address 31 CARRIAGE LN

City State Zip Code  
**HANOVER NH 03755**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DH CLINIC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.56091

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) .....

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

FOR LINE NUMBER: PAGE 10 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOSEPH ANSWINE

Mailing Address 60 KIRBY DR

City	State	Zip Code
ELIZABETHTOWN	PA	17022

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RIVERSIDE ANES ASSOCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JOSEPH ANTOGNINI

Mailing Address 2375 SHOREWOOD ST

City	State	Zip Code
CARMICHAEL	CA	95608

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UC DAVISOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56302

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** JEFFREY APFELBAUM

Mailing Address 2560 GREENVIEW

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UNIV OF CHICAGOOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55634

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 191

(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)

HERNANDO ARANDIA

Mailing Address 2532 MOCCASIN PATH

City State Zip Code  
 LIVERPOOL NY 13090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNY ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56469

Amount of Each Receipt this Period

500.00

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

DON ARNOLD

Mailing Address 469 CONWAY VILLAGE

City State Zip Code  
 ST LOUIS MO 63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAAI

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55951

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

WILLIAM ARNOLD

Mailing Address 106 WHETSTONE PL

City State Zip Code  
 CHARLOTTESVILLE VA 22901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF VIRGINIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56082

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 / 191

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) BRETT ARRON Mailing Address 52 LAKE ST City WAKEFIELD State RI Zip Code 02879 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.56549 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	5		2	0	0	7																							
500.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) SANA ATA Mailing Address 41 MALL RD City BURLINGTON State MA Zip Code 01805 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LAHEY CLINIC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.55831 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
250.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) DOUGLAS BACON Mailing Address 2121 NORTHVIEW LN NE City ROCHESTER State MN Zip Code 55906 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MAYO CLINIC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.55935 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	750.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
750.00																																

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** CAROLYN BANNISTER

Mailing Address 5888 ASHRIDGE CT

City State Zip Code  
 STONE MTN GA 30087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMORY HEALTHCARE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DAVID BARINHOLTZ

Mailing Address 1536 N WIELAND ST

City State Zip Code  
 CHICAGO IL 60610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MOBILE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56350

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** STEVEN BARKER

Mailing Address 5366 N. SUNDOWN DR.

City State Zip Code  
 TUCSON AZ 85718

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

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.56812

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JARED BARLOW

Mailing Address 41 MORNINGSIDE DR

City

GRAND ISLAND

State

NY

Zip Code

14072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV AT BUFFALO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55673

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RODGER BARNETTE

Mailing Address 1202 STRATFORD AVE

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEMPLE UNIV

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CURTIS BAYSINGER

Mailing Address 215 CANTRELL AVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANDERBILT UNIV

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56681

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES BECKER

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  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56083

Amount of Each Receipt this Period

1000.00

**B.**

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  
KANSAS UNIV ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56065

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

RODERICK BEER

Mailing Address 3966 HOLDEN DR

City

ANN ARBOR

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC ANN ARBOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56205

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 191

(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)

BRION BEERLE

Mailing Address P.O. BOX 212289

City State Zip Code  
 ANCHORAGE AK 99521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHUGACH ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56289

Amount of Each Receipt this Period

1000.00

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

TIM BEGER

Mailing Address 6114 MONTECITO AVE

City State Zip Code  
 SCOTTSDALE AZ 85251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANES CONSULT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56352

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

EILEEN BEGIN

Mailing Address 314 ELLSWORTH DR

City State Zip Code  
 SILVER SPRING MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56020

Amount of Each Receipt this Period

500.00

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

2000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 191

(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)

MORDECHAI BERMAN

Mailing Address 7 PLYMOUTH LN

City State Zip Code  
 E BRUNSWICK NJ 08816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMDNJ

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56455

Amount of Each Receipt this Period

500.00

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

ARNOLD BERRY

Mailing Address 30 BATTLERIDGE DR

City State Zip Code  
 ATLANTA GA 30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMORY HEALTHCARE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56380

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

JOHN BIANROSE

Mailing Address 2121 RACE ST

City State Zip Code  
 PHILADELPHIA PA 19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF PENN

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55966

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DAN BIGGS

Mailing Address 7912 NW 39TH ST

City State Zip Code  
 WOODLAWN PARK OK 73008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF OKLAHOMA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56843

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City State Zip Code  
 CHICAGO IL 60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF CHICAGO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55645

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JAMES BLAIR

Mailing Address 8251 RIVER RD PIKE

City State Zip Code  
 NASHVILLE TN 37209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VANDERBILT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56338

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MARY BOLDEN

Mailing Address 124 CROFTON DR

City State Zip Code  
 PITTSBURGH PA 15238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PITTSBURGH ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55837

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** PAUL BONACCI

Mailing Address 735 S HARRISON ST

City State Zip Code  
 DENVER CO 80209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56672

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** JON BOTT

Mailing Address 4322 MARQUETTE DR

City State Zip Code  
 MOBILE AL 36608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTH SERVICES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55531

Amount of Each Receipt this Period

250.00

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

850.00

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

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

FOR LINE NUMBER: PAGE 20 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ARTHUR BOUDREAUX

Mailing Address 4493 PRESERVE DR

City	State	Zip Code
HOOVER	AL	35226

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UABHSFOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR

City	State	Zip Code
HAMPTON COVE	AL	35763

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
COMP ANES SERVOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	7

Transaction ID: SA11A1.56276

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** EDWIN BOWE

Mailing Address 2151 MACKEY PIKE

City	State	Zip Code
NICHOLASVILLE	KY	40356

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UNIVERSITY OF KENTUCKYOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

Transaction ID: SA11A1.56776

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 21 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL BOYER

Mailing Address 4 CLARK BASS BLVD#205

City	State	Zip Code
MCALESTER	OK	74501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11A1.56547

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP BOYLE

Mailing Address 3069 JOYCE ST

City	State	Zip Code
ST CLOUD	MN	56303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC ST CLOUDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55854

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER BRACKEN

Mailing Address 9960 OAKLAND RD

City	State	Zip Code
SAN ANTONIO	TX	78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF TEXASOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55734

Amount of Each Receipt this Period

300.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** THOMAS BRALLIAR

Mailing Address 22089 SHAKER BLVD

City State Zip Code  
 SHAKER HTS OH 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

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

Transaction ID: SA11A1.55484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOHN BRAMHALL

Mailing Address 1723 32ND AVE S

City State Zip Code  
 SEATTLE WA 98144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U OF WASHINGTON

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55906

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JEFFREY BRAND

Mailing Address 44 PLEASANT ST

City State Zip Code  
 MARBLEHEAD MA 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

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55985

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ROBERT BRANDT

Mailing Address 741 MAYFAIR LN

City State Zip Code  
 CARMEL IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULT INDIANAP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** EDWARD BRATZKE

Mailing Address 4761 SHARPSTONE LN

City State Zip Code  
 RALEIGH NC 27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRITICAL HEALTH SYS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** STANLEY BRAUER

Mailing Address 11781 WELEBIR ST

City State Zip Code  
 LOMA LINDA CA 92354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOMA LINDA UNIV ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56222

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) DIRK BROM		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 3320 FOXLEY DR		<b>Transaction ID:</b> SA11A1.55873
City AMES	State IA	Zip Code 50010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VA MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) BRUCE BROOKENS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address P.O. BOX 1217		<b>Transaction ID:</b> SA11A1.55880
City ENGLEWOOD	State CO	Zip Code 80150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SO DENVER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) RONALD BROWN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 3454 LOYOLA LANE		<b>Transaction ID:</b> SA11A1.55344
City MOBILE	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** PATRICIA BROWNE

Mailing Address 559 ATSIM RD

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HOSP OF PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56629

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** RICHARD BROWNING

Mailing Address 359 RUMSTICK 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56558

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** BRIAN BUEHLER

Mailing Address 4317 CAUGHLIN PKWY

City

RENO

State

NV

Zip Code

89519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56688

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** CARRIE BUEHLER

Mailing Address 4317 CAUGHLIN PKWY

City State Zip Code  
**RENO NV 89519**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AAR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 6 / 2 0 0 7**

Transaction ID: SA11A1.56670

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** AMANDA BURDEN

Mailing Address 312 S SMEDLEY ST

City State Zip Code  
**PHILADELPHIA PA 19103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COOPER UNIV HEALTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.56071

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** FREDERICK BURGESS

Mailing Address 593 EDDY ST

City State Zip Code  
**PROVIDENCE RI 02903**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PROVIDENCE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

Transaction ID: SA11A1.56553

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN BUTTERWORTH

Mailing Address 1401 GOLDEN HILL DR

City State Zip Code  
 INDIANAPOLIS IN 46208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDIANA UNIV SCHL MED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ASOKUMAR BUVANENDRAN

Mailing Address 45 E BIRCHWOOD AVE

City State Zip Code  
 HINSDALE IL 60521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RUSH UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** KYLE BYRNE

Mailing Address 69 RUGGLES STREET

City State Zip Code  
 WESTBOROUGH MA 01581

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMMONWEALTH ANESTHESIA  
ASSOC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.55392

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARK CADE</b> Mailing Address 6921 N 118TH CIR City OMAHA State NE Zip Code 68142 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEDICAL ANES ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID: SA11A1.55486</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>STEPHEN CAMPBELL</b> Mailing Address 545 BEVERLY DR City SUMMERVILLE State SC Zip Code 29485 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ANES ASSOC CHARLESTON Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID: SA11A1.55464</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>EDGAR CANADA</b> Mailing Address 5093 VIA CINTA City SAN DIEGO State CA Zip Code 92122 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID: SA11A1.55940</b> Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 29 / 191

(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)

CHRISTEL CARLSON

Mailing Address 10710 S SHERMAN RD

City State Zip Code  
 SPOKANE WA 99224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS ANES GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56435

Amount of Each Receipt this Period

500.00

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

RICHARD CARR

Mailing Address 262 WYNDHAM CIR

City State Zip Code  
 NEW BRIGHTON MN 55112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWIN CITIES ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55897

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

JOSEPH CASSADY

Mailing Address 1215 PLEASANT ST #400

City State Zip Code  
 DES MOINES IA 50309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55947

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 191

(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)  
ELIZABETH CAVANAGH

Mailing Address 9860 OAKHAVEN AVE

City State Zip Code  
ST LOUIS MO 63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56358

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL CHAMPEAU

Mailing Address 1325 HOWARD PMB 516

City State Zip Code  
BURLINGAME CA 94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55695

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL CHAMPEAU

Mailing Address 1325 HOWARD PMB 516

City State Zip Code  
BURLINGAME CA 94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55861

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MICHAEL CHAMPEAU

Mailing Address 1325 HOWARD PMB 516

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.56796

Amount of Each Receipt this Period

-500.00

Full Name (Last, First, Middle Initial)

**B.** CLAIRE CHANDLER

Mailing Address 41 KINGSWAY AVE

City

WINNIPEG

State

ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENCE HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.56926

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JAMES CHAPIN

Mailing Address 1426 N. 133RD ST.

City

OMAHA

State

NE

Zip Code

68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEBRASKA ME-  
DICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55372

Amount of Each Receipt this Period

250.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 191

(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)  
NIELS CHAPMAN

Mailing Address 1538 EAGLE RIDGE PT NE

City State Zip Code  
 ALBUQUERQUE NM 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55839

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY CHARLOP

Mailing Address 680 MISSION STREET  
 33 S

City State Zip Code  
 SAN FRANCISCO CA 94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55417

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
CHARLES CHASE

Mailing Address 2065 VENETIAN WAY

City State Zip Code  
 WINTER PARK FL 32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AGO

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56084

Amount of Each Receipt this Period

1000.00

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

1550.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN CHATELAIN

Mailing Address 1319 S 9TH ST

City State Zip Code  
**FARGO ND 58103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERIT CARE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 0 8 / 2 0 0 7**

Transaction ID: SA11A1.55426

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B.** DAVID CHEEK

Mailing Address 14311 NW DUNBAR LN

City State Zip Code  
**PORTLAND OR 97231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OREGON ANES GRP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

Transaction ID: SA11A1.56541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JACQUES CHELLY

Mailing Address 631 PITCAIRN PL

City State Zip Code  
**PITTSBURGH PA 15232**

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55740

Amount of Each Receipt this Period

600.00

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

1185.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** LORELEE CHELLY

Mailing Address 631 PITCAIRN PL

City State Zip Code  
 PITTSBURGH PA 15232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** FRED CHENEY

Mailing Address 14523 38TH AVE NE

City State Zip Code  
 SEATTLE WA 98155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV WASHINGTON

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CATHERINE CHEUNG

Mailing Address 925 ALLISON MEWS PLACE, NW

City State Zip Code  
 CONCORD NC 28027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHEAST ANESTHESIA AND  
PAIN SPECIALI

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55594

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** TARA CHRONISTER

Mailing Address 82 BRIDLEWOOD PL

City State Zip Code  
**CONCORD NC 28025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHEAST ANES & PAIN**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

**Transaction ID: SA11A1.56503**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**B.** RANDALL CLARK

Mailing Address 21 HYDE PARK CIR

City State Zip Code  
**DENVER CO 80209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIV OF COLORADO**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 6 / 2 0 0 7**

**Transaction ID: SA11A1.56668**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**C.** JERRY COHEN

Mailing Address 2385 NW 14TH PL

City State Zip Code  
**GAINESVILLE FL 32605**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIV FL**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

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

**Transaction ID: SA11A1.55629**

Amount of Each Receipt this Period

**500.00**

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 36 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NORMAN COHEN Mailing Address 735 SW ST CLAIR AVE #710 City State Zip Code PORTLAND OR 97205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OHSU Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56060 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL COLE Mailing Address 10222 N 108TH PL City State Zip Code SCOTTSDALE AZ 85259 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MAYO CLINIC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55671 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) PAUL COLEMAN Mailing Address 3404 MANCHESTER CT City State Zip Code MODESTO CA 95350 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SUTTER GOULD MED GRP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56461 Amount of Each Receipt this Period 225.00

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

1225.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN COLLINS

Mailing Address 12012 TIMBERLAKE DR

City State Zip Code  
CINCINNATI OH 45249

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** LYDIA CONLAY

Mailing Address 32 W OAK DR

City State Zip Code  
HOUSTON TX 77056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAYLOR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56027

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CARL CONRAD

Mailing Address 7117 WILLOW LN AVE NW

City State Zip Code  
MASSILLON OH 44646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMP CARE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55456

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** TIM COOPER

Mailing Address 4417 AUSTIN PASS DR

City State Zip Code  
**ST CHARLES MO 63304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOODS MILL ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

Transaction ID: SA11A1.56545

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JAMES CORMACK

Mailing Address 18 MILLSTONE TERRACE

City State Zip Code  
**BEDFORD NH 03110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACG

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11A1.56747

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** CAREY COSTANTINI

Mailing Address 20 MEDICAL VILLAGE DR

City State Zip Code  
**EDGEWOOD KY 41017**

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

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

Transaction ID: SA11A1.55684

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** GERARD COSTELLO

Mailing Address 7404 N LANDINGS TRL

City State Zip Code  
MUNCIE IN 47303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DELAWARE CTY ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** CHRIS CREIGHTON

Mailing Address 2345 DOUGHERTY FERRY RD

City State Zip Code  
DES PERES MO 63122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED PAIN SPEC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT CROSS

Mailing Address 34969 SE SKOGAN RD

City State Zip Code  
SANDY OR 97067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56272

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAY CUNNINGHAM

Mailing Address 1912 DEEP CREEK RD

City State Zip Code  
 OKLAHOMA CITY OK 73131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFFILIATED ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55904

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** JOSEPH CUNNINGHAM

Mailing Address 6046 NEWPORT CRES

City State Zip Code  
 NORFOLK VA 23505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHESAPEAKE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56031

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ALAN CURLE

Mailing Address 67 PALMERSTON

City State Zip Code  
 ROCHESTER NY 14618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF ROCHESTER

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55859

Amount of Each Receipt this Period

250.00

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** PATRICK CURLING

Mailing Address 8234 MAGNOLIA GLEN DR

City State Zip Code  
HUMBLE TX 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56236

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** SUSAN DOBBS CURLING

Mailing Address 8234 MAGNOLIA GLEN DR

City State Zip Code  
HUMBLE TX 77346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NHA N HOUSTON ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56239

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** SUSAN DOBBS CURLING

Mailing Address 8234 MAGNOLIA GLEN DR

City State Zip Code  
HUMBLE TX 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56624

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 191

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SAUNDRA CURRY

Mailing Address 50 OVERLOOK DR

City State Zip Code  
 CHAPPAQUA NY 10514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COLUMBIA UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56374

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** TOM CUTTER

Mailing Address 745 N KENILWORTH

City State Zip Code  
 OAK PARK IL 60302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF CHICAGO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56258

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** REBECCA DANIEL

Mailing Address 100 BRADFORD LAKE CT

City State Zip Code  
 LEWISVILLE NC 27023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WAKE FOREST UNIV

Occupation  
ANESTHESIA RESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55707

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 191

(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)

PATRICIA DAVIDSON

Mailing Address 4444 SHULL RD

City State Zip Code  
GAHANNA OH 43230

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55483

Amount of Each Receipt this Period

500.00

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

FRED DAVIS

Mailing Address LAHEY CLINIC

City State Zip Code  
BURLINGTON MA 01805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAHEY CLINIC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56037

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

RENEE DAVIS

Mailing Address 6685 MORGANS RUN

City State Zip Code  
LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55462

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** TOM DAVIS

Mailing Address 660 S EUCLID AVE

City State Zip Code  
 ST LOUIS MO 63110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WASHINGTON UNIV

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** STANLEY DEE

Mailing Address 326 E WITCHWOOD LN

City State Zip Code  
 LAKE BLUFF IL 60044

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** KRAIG DE LANZAC

Mailing Address 12 TARA PL

City State Zip Code  
 METAIRIE LA 70002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56088

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** BARBARA DERISO

Mailing Address 244 LYTTON AVE

City State Zip Code  
 PITTSBURGH PA 15213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W PENN ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JAMES DESIMONE

Mailing Address 1818 CAREW ST #220

City State Zip Code  
 FT WAYNE IN 46805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PREFERRED ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MARK DESTACHE

Mailing Address 633 FAIRMOUNT AVE

City State Zip Code  
 ST PAUL MN 55105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOC ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56684

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DIANE DOMBROWSKI

Mailing Address 25 TREASURE DR

City State Zip Code  
TAMPA FL 33609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SPOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JOHN DOMBROWSKI

Mailing Address 5123 WATSON ST

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JOHN DOOLEY

Mailing Address 7 HIGHLAND GREEN CT

City State Zip Code  
BOTTENDORF IA 52722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES & PAIN CONSULT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56487

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 47 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTINE DOYLE Mailing Address 2077 WALNUT GROVE AVE City State Zip Code SAN JOSE CA 95128 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation COAST ANES MED GRP PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.56226 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) CLIFTON DUBOSE Mailing Address 4201 LAKE BREEZE DR City State Zip Code FORT WORTH TX 76132 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CMB ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: SA11A1.56830 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) PEGGY DUKE Mailing Address 3530 PIEDMONT RD PH3 City State Zip Code ATLANTA GA 30305 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation EMORY HEALTHCARE ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.56075 Amount of Each Receipt this Period 500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID DULL Mailing Address 2109 HUNTERS RUN NE City State Zip Code ADA MI 49301 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ANES MED CONSULT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55732 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) BURDETT DUNBAR Mailing Address 3623 GRENNOCH LN City State Zip Code HOUSTON TX 77025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BAYLOR COLL OF MED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56485 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) PETER DUNBAR Mailing Address 7116 82ND AVE SE City State Zip Code MERCER ISLAND WA 98060 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer TALARIA INC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55955 Amount of Each Receipt this Period 500.00

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

1300.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** NORBERT DUTTINGER

Mailing Address 2202 HARLEM RD

City State Zip Code  
 LOVES PARK IL 61114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RAA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55875

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT EARLY

Mailing Address 1418 OLD MILL RD

City State Zip Code  
 WYOMISSING PA 19610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
READING ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** GIFFORD ECKHOUT

Mailing Address 1418 HOLLYTREE PL

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRENTON CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56058

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
STEVEN EDELSTEIN

Mailing Address 57 E. DELAWARE PLACE  
APT. 1102

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOYOLA U. PHYSICIAN FOUND-  
ATION/LUC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.56806

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
GEORGE EDWARDS

Mailing Address 2712 W 116TH ST

City State Zip Code  
LEAWOOD KS 66211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAIN MGMT ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55623

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JAN EHRENWERTH

Mailing Address 4 RANDI DR

City State Zip Code  
MADISON CT 06447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YALE UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55676

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) ELIZABETH ELLINAS Mailing Address N87 W15793 KENWOOD BLVD City MENOMONEE FALLS State WI Zip Code 53051 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MCW Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55617 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) MARK ELLIS Mailing Address 1972 MARYLAND AVE City CHARLOTTE State NC Zip Code 28209 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NE ANES & PAIN SPEC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55961 Amount of Each Receipt this Period 500.00
<b>C.</b> 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. <b>C</b> Name of Employer UNIV OF NEBRASKA MED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55883 Amount of Each Receipt this Period 500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 52 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KENNETH ELMASSIAN Mailing Address 2399 PINE HOLLOW DR City LANSING State MI Zip Code 48823 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LANSING ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.55900 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
500.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) ROBIN ELWOOD Mailing Address 18600 WOLF CREEK DR City EDMOND State OK Zip Code 73012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNIV OF OKLAHOMA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.56534 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	5		2	0	0	7																							
500.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) CHRIS EMERSON Mailing Address 2303 W 113TH CT City JENKS State OK Zip Code 74037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AAI Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.56077 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	3		2	0	0	7																							
500.00																																

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL ENTRUP

Mailing Address P.O. BOX 5178

City State Zip Code  
FRAMINGHAM MA 01701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TUFTS NE MED CTR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55660

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
PAT ESCANDON

Mailing Address 873 MOUNTAIN RD

City State Zip Code  
CHESHIRE CT 06410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YALE UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56651

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN EVANS

Mailing Address 59 AQUINAS

City State Zip Code  
LAKE OSWEGO OR 97035

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56354

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 54 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ROBERT EVANS  
Mailing Address 4909 AUDUBON DR

City State Zip Code  
MOBILE AL 36619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOCUSYSOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55860

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN FARRELL  
Mailing Address 5511 TONYAWATHA TRAIL

City State Zip Code  
MONONA WI 53716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN  
MEDICAL FOUNDAOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: SA11A1.56735

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL FELDMAN  
Mailing Address 1480 WEATHERSFIELD DR

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC EASTONOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55703

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RALPH FILLMORE

Mailing Address 1118 ROSS CLARK CIR

City State Zip Code  
 DOTHAN AL 36301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACMG

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JANE FITCH

Mailing Address 7351 BAYLINER LAUNCH

City State Zip Code  
 EDMOND OK 73013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OU

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MARK FLANERY

Mailing Address 32721 111TH PLACE SE

City State Zip Code  
 AUBURN WA 98092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUBURN ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56022

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MICHAEL FLASHBURG

Mailing Address 15 CAMBRIDGE WAY

City State Zip Code  
 WAYSIDE NJ 07702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55662

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** LEE FLEISHER

Mailing Address POB 197

City State Zip Code  
 GWYNEDD VALLEY PA 19437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF PENNSYLVANIA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR

City State Zip Code  
 FALMOUTH ME 04105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPECTRUM MEDICAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56848

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) H J FONTENOT Mailing Address 305 PARK AVE City MONROE State LA Zip Code 71201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56019 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM FRAME Mailing Address 959 MALINDA CT City FORSYTH State IL Zip Code 62535 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AAD Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55895 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS FUHRMAN Mailing Address 925 MITCHELL LN City EVANS State GA Zip Code 30805 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MED COL OF GA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56557 Amount of Each Receipt this Period 250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) CORY FURSE Mailing Address 379 EVIAN WAY City State Zip Code MOUNT PLEASANT SC 29464 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MUSC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55364 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) JAMES FUTRELL Mailing Address 6141 BEDFORD AVE City State Zip Code LOS ANGELES CA 90056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56316 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) TONG GAN Mailing Address BOX 3094 City State Zip Code DURHAM NC 27710 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer DUKE UNIV Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56505 Amount of Each Receipt this Period 250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) DON GANIM Mailing Address 155 WOODLAND MEAD City State Zip Code HAMILTON MA 01982 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BAA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56381 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL GARCIA Mailing Address 3231 W FOUNTAIN BLVD City State Zip Code TAMPA FL 33609 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer FL PEDIATRIC ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56869 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID GARFUNKEL Mailing Address 3 WENDY LN City State Zip Code CLOSTER NJ 07624 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NORTHERN VALLEY ANES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55656 Amount of Each Receipt this Period 250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** J KENT GARMAN

Mailing Address 5038 COURTNEY WAY

City State Zip Code  
 EL DORADO HILLS CA 95762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STANFORD UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56241

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** SCOTT GARRISON

Mailing Address P.O. BOX 18623

City State Zip Code  
 RALEIGH NC 27619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CRITICAL HEALTH SYSTEMS  
OF NC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55335

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** BRENDA GENTZ

Mailing Address P.O. BOX 40428

City State Zip Code  
 TUCSON AZ 85717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF ARIZONA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55641

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** WILLIAM GEZZAR

Mailing Address 1820 WHITECAP CIR

City State Zip Code  
 N FT MYERS FL 33903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MED ANES & PAIN MGMT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JAMES GIBBONS

Mailing Address 13203 GREENBOUGH

City State Zip Code  
 ST LOUIS MO 63146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WESTERN ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JEFFREY GIESE

Mailing Address 4302 MOOSE HOLLOW ROAD

City State Zip Code  
 PARK CITY UT 84098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MILLCREEK ANESTHESIA, INC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55596

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 191

(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)

MARIN GIESECKE

Mailing Address 3738 BLUE BONNET BLVD

City State Zip Code  
 HOUSTON TX 77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYLOR COLLEGE OF MED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56845

Amount of Each Receipt this Period

500.00

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

SUSAN GIESECKE

Mailing Address 3738 BLUE BONNET BLVD

City State Zip Code  
 HOUSTON TX 77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
SPOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56847

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

RICHARD GILBERT

Mailing Address 1107 QUEENS RD

City State Zip Code  
 CHARLOTTE NC 28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SE ANESTH CONSULT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56475

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 63 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JACK GILDAR

Mailing Address 13720 N 85TH PL

City	State	Zip Code
SCOTTSDALE	AZ	85260

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
VALLEY ANESTHOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55846

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** RALPH GLASSER

Mailing Address 2336 W LAKE SHORE DR

City	State	Zip Code
SPRINGFIELD	IL	62712

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ASSOC ANES SPFLDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** BARRY GLAZER

Mailing Address 1433 BREWSTER RD

City	State	Zip Code
INDIANAPOLIS	IN	46260

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56038

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DAVID GLOYNA

Mailing Address 2401 SOUTH 31ST

City

TEMPLE

State

TX

Zip Code

76508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCOTT & WHITE CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55648

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** 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  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** PETER GOLDZWAK

Mailing Address 942 WOOD HOLLOW

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN VALLEY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56569

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

FOR LINE NUMBER: PAGE 65 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL GOSNEY

Mailing Address 108 CHASE DR

City	State	Zip Code
MUSCLE SHOALS	AL	35661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56007

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID GRAF

Mailing Address P.O. BOX 4544

City	State	Zip Code
MORGANTOWN	WV	26504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WVUOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56265

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID GRANT

Mailing Address 2620-H E. BARNETT RD.

City	State	Zip Code
MEDFORD	OR	97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES OF  
MEDFORD, PCOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55938

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES GRANT

Mailing Address 1574 SODON LAKE DR

City State Zip Code  
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOAA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56048

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** TIMOTHY GRANT

Mailing Address 108 BROADLEAF DR

City State Zip Code  
 MACON GA 31210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55432

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ARTHUR GRAY

Mailing Address 5886 KENTUCKY DOWNS

City State Zip Code  
 MACON GA 31210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55442

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ANDREW GREENBERG

Mailing Address P.O. BOX 400

City

FALLSTON

State

MD

Zip Code

21047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CPS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56304

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** 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  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55635

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** FRANCISCO GRINBERG

Mailing Address 149 EDSON HILL RD #6

City

STOWE

State

VT

Zip Code

05672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLETCHER ALLEN HLTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56320

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SCOTT GROUDINE

Mailing Address 21 CARRIAGE HILL DR

City State Zip Code  
 LATHAM NY 12110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALBANY MED CTR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56297

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ORIN GUIDRY

Mailing Address 332 GINNED COTTON ST

City State Zip Code  
 CHARLESTON SC 29492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MUSC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** HELENA GUNNERSON

Mailing Address 8825 ROBERT RD

City State Zip Code  
 DARIEN IL 60661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF IL

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55889

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 69 / 191

(check only one)

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

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)  
MARY ANN GURKOWSKI

Mailing Address 9960 OAKLAND RD

City	State	Zip Code
SAN ANTONIO	TX	78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTHSCSAOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55926

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCISCO GURTADO

Mailing Address 129 BETH ELLEN DR

City	State	Zip Code
LEWISBURG	PA	17837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11A1.56555

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JUAN GUTIERREZ

Mailing Address 3508 BIRCHWOOD LN

City	State	Zip Code
BIRMINGHAM	AL	35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRIC ANES ASSOCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56252

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 191

(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)

KENNETH GUTIERREZ

Mailing Address 3 SIDNEY WAY

City State Zip Code  
SIMSBURY CT 06070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOODLAND ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55916

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

PHILIP HALL

Mailing Address 4942 HARTLAND PKWY

City State Zip Code  
LEXINGTON KY 40315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTH ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56250

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

ROBERT HAM

Mailing Address 150 FIELDSPRINGS CT

City State Zip Code  
MACON GA 31210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55436

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. JAMES HANCOCK**

Mailing Address 18905 CRAGGY MEADOWS

City State Zip Code  
**DAVIDSON NC 28034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NE ANES & PAIN SPEC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ALEX HANNENBERG**

Mailing Address 81 WASHBURN AVE

City State Zip Code  
**WELLESLEY MA 02481**

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RALPH HARDING**

Mailing Address 19913 ROSSFORD AVE

City State Zip Code  
**LAKEWOOD CA 90715**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WVU

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55683

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DAVID HARDMAN  
Mailing Address 228 GALWAY DR

City State Zip Code  
CAPEL HILL NC 27517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUKE UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56218

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
RON HARTER  
Mailing Address 7825 HOLISTON CT

City State Zip Code  
DUBLIN OH 43016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHIO STATE UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55470

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
CRAIG HARTRICK  
Mailing Address 2408 PARK RIDGE

City State Zip Code  
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOAA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56479

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN HATCHETT

Mailing Address 5904 SNOW HILL DR

City State Zip Code  
 SUMMERFIELD NC 27358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREENSBORO ANES PHYS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** STEVE HATTAMER

Mailing Address 27 LUTHERAN DR

City State Zip Code  
 NASHUA NH 03063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NASHUA ANES PARTN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55646

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM HAWK

Mailing Address 7417 AURELIA RD

City State Zip Code  
 OKLAHOMA CITY OK 73121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFFILIATED ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55423

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 191

(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)

GEORGE HEFNER

Mailing Address 11 BRIARWOOD LN

City State Zip Code  
 LINCOLNSHIRE IL 60049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55942

Amount of Each Receipt this Period

500.00

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

H A TILLMANN HEIN

Mailing Address 4251 PARK LAND

City State Zip Code  
 DALLAS TX 75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56228

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

REBECCA HEIN

Mailing Address 4251 PARK LN

City State Zip Code  
 DALLAS TX 75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56322

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** EUGENIE HEITMILLER

Mailing Address 411 RED MEADOWS CT

City State Zip Code  
REISTERSTOWN MD 21136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOHNS HOPKINS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** LAURILYN HELMERS

Mailing Address 19517 65TH AVE NE

City State Zip Code  
KENMORE WA 98028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEATTLE CHILDRENS HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** PETE HENDRICKS

Mailing Address 1590 PANORAMA DR

City State Zip Code  
BIRMINGHAM AL 35216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55949

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES HICKS

Mailing Address 2973 NW 132ND AVE

City State Zip Code  
 PORTLAND OR 97850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55987

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** HEATH HIGGINS

Mailing Address 12125 CARDINAL LN

City State Zip Code  
 EDMOND OK 73013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL HIGGINS

Mailing Address 1945 EDENBRIDGE

City State Zip Code  
 NASHVILLE TN 37215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VANDERBILT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56661

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 77 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ALBERT HO

Mailing Address 2033 BRANDON CIRCLE

City	State	Zip Code
CHARLOTTE	NC	28211

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NORTHEAST ANESTHESIA AND  
PAIN SPECIALIOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11A1.55600

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B.** RICK HOWARD

Mailing Address 908 DENNISFORD CT

City	State	Zip Code
COCKEYSVILLE	MD	21030

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MERCY ANES ASSOCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Transaction ID: SA11A1.56683

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JOHN HOYT

Mailing Address 4406 BIRCHWOOD LANE

City	State	Zip Code
ALLISON PARK	PA	15101

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WPAHSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA11A1.56894

Amount of Each Receipt this Period

250.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 191

(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)

MCCALLSEM HOYT

Mailing Address 18 WILKES RD

City State Zip Code  
 RAULEY MA 01969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIGHAM & WOMENS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56243

Amount of Each Receipt this Period

500.00

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

CHESTER HU

Mailing Address 991 BLONCO CIR

City State Zip Code  
 BILLINGS MT 59105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAPC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56378

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

WILLIAM HURFORD

Mailing Address 9250 GIVEN RD

City State Zip Code  
 CINCINNATI OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U CINNCINNATI

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56003

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** BARBARA HURLBERT

Mailing Address 9223 DAVENPORT

City State Zip Code  
 OMAHA NE 68114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF NE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** MICHAEL IVERSON

Mailing Address 330 CHAPEL LOOP

City State Zip Code  
 MANDEVILLE LA 70471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W ST TARMANY ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56086

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** PHILLIP JACOB

Mailing Address 36 UNIVERSITY ST

City State Zip Code  
 PRESQUE ISLE ME 04769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AROOSTOOK MED CTR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55521

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JEFF JACOBS

Mailing Address 11041 PINE LODGE

City

DAVIE

State

FL

Zip Code

33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEVELAND CLINIC FL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** KAREN JACOBS

Mailing Address 11041 PINE LODGE TRL

City

DAVIE

State

FL

Zip Code

33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SPOUSE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JON JACOBY

Mailing Address 2300 N EDWARD ST

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAD

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56714

Amount of Each Receipt this Period

500.00

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ALIRAZA JAFFER

Mailing Address 5070 BROOKDALE ROAD

City State Zip Code  
 BLOOMFIELD HILLS MI 48304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTH OAKLAND ANESTHESIA  
ASSOCIATES

Occupation

ANESTHESIOLOGIST/PAIN MANAGEMENT PHYSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.56758

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** MICHAEL JAKUBOWSKI

Mailing Address 1350 HAWTHORN RD

City State Zip Code  
 SCHENECTADY NY 12309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SCHENECTADY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55710

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** NORAH JANOSY

Mailing Address 4425 SE 45TH AVE

City State Zip Code  
 PORTLAND OR 97206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU/SALMAN CREEK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55828

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JEFFREY JEKOT

Mailing Address 3804 WOODCUTTERS WY

City State Zip Code  
**AUSTIN TX 78746**

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

**Transaction ID: SA11A1.56301**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOANNE JENE

Mailing Address 2221 SW 1ST AVE #1625

City State Zip Code  
**PORTLAND OR 97201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**OREGON ANES GRP**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

**Transaction ID: SA11A1.55991**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM JENKINS

Mailing Address 3938 BLACKSTONE CT

City State Zip Code  
**HAYWARD CA 94542**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID: SA11A1.55522**

Amount of Each Receipt this Period

250.00

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

**1250.00**

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ROBERT JERSTAD

Mailing Address 3611 148TH ST

City State Zip Code  
 URBANDALE IA 50323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56677

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JAY JOHANSEN

Mailing Address 1610 QUEENSLAND CT

City State Zip Code  
 ALPHARETTA GA 30005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMORY UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JOHN JOHNSON

Mailing Address BOX 8458

City State Zip Code  
 SPARTANBURG SC 29305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FOOTHILLS ANES CONSUL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56067

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** STEVEN JOHNSON

Mailing Address 1122 TOLER PL

City State Zip Code  
 NORFOLK VA 23503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATLANTIC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT JOHNSTONE

Mailing Address 369 LAKEVIEW DR

City State Zip Code  
 MORGANTOWN WV 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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DENISE JONES

Mailing Address 2 SO. 155 GLEN AVE

City State Zip Code  
 LOMBARD IL 60148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASA

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56915

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** STEPHANIE JONES

Mailing Address 100 LINCOLN RD

City State Zip Code  
 WAYLAND MA 01778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARVARD MED FAC PRAC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JAMES JUSTICE

Mailing Address 836 NODDY CT

City State Zip Code  
 ARROYO GRANDE CA 93420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMGSM

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** ZEEV KAIN

Mailing Address 6 OCTOBER HILL RD

City State Zip Code  
 WOODBRIDGE CT 06525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YALE UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55971

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** PETE KALUSZYK

Mailing Address 12709 ARLISS DR

City State Zip Code  
 LAKEWOOD OH 44107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
METROHEALTH MED CTR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56340

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** PETER KANE

Mailing Address 4462 LINCKLAEN RD

City State Zip Code  
 CAZENOVIA NY 13035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUNY UPSTATE MED CTR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** PATRICIA KAPUR

Mailing Address 5350 CORBIN AVE

City State Zip Code  
 TARZANA CA 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55998

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** TRIPTI KATARIA

Mailing Address 130 S CANAL #419

City State Zip Code  
 CHICAGO IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WITT KIEFFER

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** CANDANCE KELLER

Mailing Address 8025 LEGEND CREEK DR

City State Zip Code  
 MIRAMAR BEACH FL 32550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56919

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JIM KELLY

Mailing Address 11720 MADISON

City State Zip Code  
 KANSAS CITY MO 64114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARDIOTHORACIC ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56001

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ANGELA KENDRICK

Mailing Address 7900 SW 191ST AVE

City State Zip Code  
 ALOHA OR 97007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** SEAN KENNEDY

Mailing Address 1010 INDIAN CREEK LN

City State Zip Code  
 WYNNEWOOD PA 19096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF PENN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** SCOTT KERCHVILLE

Mailing Address 14 ETON GREEN CIR

City State Zip Code  
 SAN ANTONIO TX 78257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UTHSCSA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56635

Amount of Each Receipt this Period

500.00

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

1000.00

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



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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES KERR

Mailing Address 2165 HERSCHEL ST

City State Zip Code  
 JACKSONVILLE FL 32204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N FL ANES CONSULTS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RUBIN KESNER

Mailing Address 35 HEARTHSTONE DRIVE

City State Zip Code  
 GANSEVOORT NY 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.55405

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT KETTLER

Mailing Address 2570 N 85TH ST

City State Zip Code  
 WAUWATOSA WI 53226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MED COL WISCONSIN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55686

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JON KETZLER

Mailing Address 600 HIGHLAND AVE#3CSC

City State Zip Code  
 MADISON WI 53792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UW HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56234

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** PHILIP KIM

Mailing Address 3202 SAW MILL RD

City State Zip Code  
 NEWTOWN SQ PA 19073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CTR FOR PAIN MED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56247

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** STEVE KIMATIAN

Mailing Address 32 ELM AVE

City State Zip Code  
 HERSHEY PA 17033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PENN STATE MILTON

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56073

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. JAMES KINDSCHER**

Mailing Address 14204 DEARBORN

City State Zip Code  
**OVERLAND PARK KS 66223**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KANSAS UNIV**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

Transaction ID: SA11A1.56371

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM KING**

Mailing Address 5102 CHERRYWOOD CT

City State Zip Code  
**LEAGUE CITY TX 77523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**UNIV OF TEXAS MED**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

Transaction ID: SA11A1.56232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. ALLAN KLOCK**

Mailing Address 613 PARK AVE

City State Zip Code  
**RIVER FOREST IL 60303**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**U CHICAGO**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55882

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAN KNISELY

Mailing Address 6335 MIAMI CT

City State Zip Code  
 LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT KOEBERT

Mailing Address 141 N JEFFERSON ST #405

City State Zip Code  
 MILWAUKEE WI 53202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMMIT ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** HEIDI KOENIG

Mailing Address 507 RIDGEWOOD RD

City State Zip Code  
 LOUISVILLE KY 40207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF LOUISVILLE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56889

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RAINER KOHRS

Mailing Address 6819 E 116TH STREET

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATED ANES INC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** VENKATA KOMANDURI

Mailing Address 395 FRANKSMITH RD

City State Zip Code  
 LONGMEADOW MA 01106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPRINGFIELD ANES SERV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CHRISTOPHER KREUZER

Mailing Address 2045 SCARLET OAK CT NE

City State Zip Code  
 ADA MI 49301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES MED CONSULT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56274

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ASHOK KRISHNANEY

Mailing Address 12078 N LAKE SHORE DR

City State Zip Code  
 MEQUON WI 53092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MIDWEST ANES CONSUL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56536

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** GREGORY KRONBERG

Mailing Address 2205 ISLAND WOOD

City State Zip Code  
 AUSTIN TX 78733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITOL ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JOSEPH KRYC

Mailing Address 8360 E CORRINE DR

City State Zip Code  
 SCOTTSDALE AZ 85260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RED MOUNTAIN ANES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56021

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARK KYKER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 10810 ONYX DR		<b>Transaction ID:</b> SA11A1.55843
City CARMEL	State IN	Zip Code 40032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER LACE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address P.O. BOX 3444		<b>Transaction ID:</b> SA11A1.55852
City TUALATIN	State OR	Zip Code 97062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PVAMC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL LAFLIN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 133 CALABRIA ST		<b>Transaction ID:</b> SA11A1.55855
City APTOS	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMGSC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

750.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

ROBERT LAGASSE

Mailing Address 1825 EASTCHESTER RD

City State Zip Code  
 BRONX NY 10461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTEFIORE MED CTR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55838

Amount of Each Receipt this Period

250.00

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

WILLIAM LANE

Mailing Address 151 GLENEAGLES CIR

City State Zip Code  
 MACON GA 31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55440

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

W ROBERT LANE

Mailing Address 151 GLENEAGLES CRK

City State Zip Code  
 MACON GA 31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56342

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

Use separate schedule(s)  
or 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

Full Name (Last, First, Middle Initial)

**A.** MICHAEL LASECKI

Mailing Address 3398 RIVIERE DU CHIEN

City State Zip Code  
**MOBILE AL 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

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55950

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** GIDEON LAU

Mailing Address 406 FLANDERS

City State Zip Code  
**CHICKASHA OK 73018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GRADY MEM HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55658

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JOHN LAWRENCE

Mailing Address 7100 HOLLYLEAF DR

City State Zip Code  
**BURLINGTON KY 41005**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55459

Amount of Each Receipt this Period

250.00

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

**1250.00**

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

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

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

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** LORRI LEE

Mailing Address 9513 18TH AVE NW

City State Zip Code  
SEATTLE WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U OF WASHINGTON

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** MARK LEMA

Mailing Address 155 ROXBURY PARK

City State Zip Code  
E AMHERST NY 14051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROSWELL PARK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56467

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** NORMAN LEVIN

Mailing Address 10190 BAYWOOD CT

City State Zip Code  
LOS ANGELES CA 90077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56345

Amount of Each Receipt this Period

500.00

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

2250.00

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

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

Use separate schedule(s)  
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☒ 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)  
BRENDA LEWIS  
Mailing Address 646 CHARLES PLACE

City State Zip Code  
HIGHLAND HTS OH 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56910

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL LEWIS  
Mailing Address 9420 SEA TURTLEMANOR

City State Zip Code  
PLANTATION FL 33329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF MIAMI

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56214

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
GREG LIND  
Mailing Address 2825 STOCKYARD RD I-200

City State Zip Code  
MISSOULA MT 59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MISSOULA ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55850

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

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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

Full Name (Last, First, Middle Initial)

**A.** JOHN LINDSEY

Mailing Address 2502 S 186TH CIR

City State Zip Code  
**OMAHA NE 68130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ORTHO ANES SPEC**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 16 / 2007**

**Transaction ID: SA11A1.56666**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**B.** CATHERINE LINEBERGER

Mailing Address 14 KENDALL DR

City State Zip Code  
**CHAPEL HILL NC 27517**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUKE UNIV**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 13 / 2007**

**Transaction ID: SA11A1.56094**

Amount of Each Receipt this Period

**750.00**

Full Name (Last, First, Middle Initial)

**C.** ALAN LISBON

Mailing Address 2 CROSS ST

City State Zip Code  
**DOVER MA 02030**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BIDMC**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**10 / 13 / 2007**

**Transaction ID: SA11A1.55712**

Amount of Each Receipt this Period

**250.00**

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

**1500.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SUSAN LISMAN

Mailing Address 32 BRASSIC WAY

City State Zip Code  
 N READING MA 01864

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

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ASA LOCKHART

Mailing Address 2106 KENNEBUNK LN

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EAST TX ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JOY LOCKHART

Mailing Address 2106 KENNEBUNK LN

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GOLDEN CABUCEUS

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55668

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LESLIE LONG</b> Mailing Address 1384 KATHWOOD DR City COLUMBIA State SC Zip Code 29206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CRITICAL HLTH SYS SC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: SA11A1.55529</b> Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TIMOTHY LUBENOW</b> Mailing Address 14 SOUTH OAK City HINSDALE State IL Zip Code 60521 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNIV ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: SA11A1.56511</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LINDA LUCAS</b> Mailing Address 5013 OLD FEDERAL RD City LOUISVILLE State KY Zip Code 40207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNIV OF LOUISVILLE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID: SA11A1.56908</b> Amount of Each Receipt this Period 250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) PHILIP LUMB Mailing Address 1386 EDGEHILL PL City PASADENA State CA Zip Code 91103 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer USC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56062 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) ANNE LYNN Mailing Address CHILDRENS HOSPITAL City SEATTLE State WA Zip Code 98115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNIV WASH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56261 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) DAVID MACKEY Mailing Address 4128 DARTMOUTH AVE City W UNIV PL State TX Zip Code 77005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer U OF TX Occupation ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56500 Amount of Each Receipt this Period 500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DURGESH MANKIKAR

Mailing Address 7 REID ST

City State Zip Code  
WEST ORANGE NJ 07052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MT CLAIR ANESTH ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ALAN MARCO

Mailing Address 7129 JAMES FORD DR

City State Zip Code  
TOLEDO OH 43617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF TOLEDO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55468

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** GREGORY MARCOE

Mailing Address 4087 OLD PINE TRAIL

City State Zip Code  
MIDLAND MI 48642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MMAG

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.56763

Amount of Each Receipt this Period

250.00

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

1000.00

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



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

FOR LINE NUMBER: PAGE 105 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOSEPH MARINO

Mailing Address 1 GRACE CT

City

GREENLAWN

State

NY

Zip Code

11740

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** KURT MARKGRAF

Mailing Address 3663 MCKINLEY AVE

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDICAL ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55898

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DAVID MARTIN

Mailing Address 5274 CARRINGTON CIR

City

ROCHESTER

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11A1.56502

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DONALD MARTIN

Mailing Address 19 GENTRY DR

City State Zip Code  
 PALMYRA PA 17078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 PENN STATE UNIV

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55718

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT MARTIN

Mailing Address 11721 WELEBIR ST

City State Zip Code  
 LOMA LINDA CA 92354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 LLU ANES MED GRP

Occupation  
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ERIC MASON

Mailing Address 4313 CEDAR OAK

City State Zip Code  
 RALEIGH NC 27612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CHSNC

Occupation  
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56063

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) LINDA MASON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 1665 HALSEX ST		
City	State	Zip Code
REDLANDS	CA	92373
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.55865
Name of Employer LOMA LINDA ANESTH		Amount of Each Receipt this Period 500.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) TOM MATISKI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 3930 E MOUNTAIN VIEW		
City	State	Zip Code
PHOENIX	AZ	85028
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.55869
Name of Employer METRO ANESTH		Amount of Each Receipt this Period 500.00
Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JEAN-PAUL MATTER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 8385 INDIAN HILL RD		
City	State	Zip Code
CINCINNATI	OH	45243
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.56515
Name of Employer ANES GRP PRAC		Amount of Each Receipt this Period 250.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

1250.00

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

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

FOR LINE NUMBER: PAGE 108 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RANDALL MAYDEW

Mailing Address 6910 WILDGLEN DR

City	State	Zip Code
DALLAS	TX	75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56039

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** MICHAEL MCCORD

Mailing Address 104 ROCK SQUIRREL

City	State	Zip Code
SAN ANTONIO	TX	78231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEJAS ANESTHOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56370

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JAMES MCDONALD

Mailing Address 130 HERITAGE CT

City	State	Zip Code
MACON	GA	31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXUS MED GRPOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: SA11A1.55430

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 191

(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)

PATRICK MCGANNON

Mailing Address 248 BROOKWAVE DR S

City State Zip Code  
 YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC OF YORK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55857

Amount of Each Receipt this Period

250.00

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

JOHN MCGEE

Mailing Address 3719 KEEMAN LN

City State Zip Code  
 GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVANSTON NW HEALTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55981

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

BRIAN MCGLINCH

Mailing Address 1832 22ND AVE NE

City State Zip Code  
 ROCHESTER MN 55906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55983

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES MCGRUFF

Mailing Address 2006 FRANKLIN ST #301

City State Zip Code  
 HUNTSVILLE AL 35801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COMPREHENSIVE ANES SER

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JAMES MCMICHAEL

Mailing Address 2911 GREENLEE DR

City State Zip Code  
 AUSTIN TX 78703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITOL ANESTH ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56035

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DENNIS MCNICHOLL

Mailing Address 26 JOHN ST #1

City State Zip Code  
 BROOKLINE MA 02446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRIGHAM & WOMENS HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55420

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

MICHAEL MENDESZOOM

Mailing Address 451 CLARKSON AVE B2175

City State Zip Code  
 BROOKLYN NY 11203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINGS COUNTY HOSP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56513

Amount of Each Receipt this Period

250.00

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

DAVID MERCIER

Mailing Address 7433 VILLANOVA ST

City State Zip Code  
 DALLAS TX 75225

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56496

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DOUGLAS MERRILL

Mailing Address 221 E COLLEGE #706

City State Zip Code  
 IOWA CITY IA 52240

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

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56571

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 112 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LAUREN MERRITT Mailing Address 6032 ERENSONG LN City State Zip Code MEMPHIS TN 38120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation METRO ANESTH ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56283 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) DAVID MERZEL Mailing Address 6235 N FRESNO ST #103 City State Zip Code FRESNO CA 93710 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation PEDIATRIC ANES ASSOC PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56888 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) JUSTIN MESCHLER Mailing Address 255 RIVERMIST RD City State Zip Code JULIETTE GA 31046 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation NEXUS MED GRP ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55434 Amount of Each Receipt this Period 500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 113 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES MESROBIAN

Mailing Address 827 E BIRCH AVE

City State Zip Code  
 WHITEFISH BAY WI 53217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMMIT ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RAFAEL MIGUEL

Mailing Address 25 TREASURE DR

City State Zip Code  
 TAMPA FL 33609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV SOUTH FLORIDA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** CHRIS MILLSON

Mailing Address 2460 WIMBLEDON DR

City State Zip Code  
 LAS VEGAS NV 89107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DESERT ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56230

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** W STEPHEN MINORE

Mailing Address 2202 HARLEM

City State Zip Code  
 LOVES PARK IL 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

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

Transaction ID: SA11A1.55649

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** KENNETH MIRSKY

Mailing Address 625 LENOX AVE

City State Zip Code  
 WESTFIELD NJ 07090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JAMES ST ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55975

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DONALD M MATHEWS

Mailing Address 9 MONTAGUE TERRACE., APT 1

City State Zip Code  
 BROOKLYN NY 11201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREENWICH MEDICAL ANESTHE-  
SIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55366

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 115 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DANIEL MOCHIZUKI

Mailing Address 305 VINEYARD TOWN CENTER, STE 209

City	State	Zip Code
MORGAN HILL	CA	95037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DANIEL Y. MOCHIZUKI, M.D.,  
A MEDICAL COccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55598

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
GEORGE MOMANY

Mailing Address 5618 S WILLAMETTE

City	State	Zip Code
SPOKANE	WA	99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.E.Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11A1.56633

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JOE MONK

Mailing Address 6713 LAKEWOOD BLVD

City	State	Zip Code
DALLAS	TX	75214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHSTAR ANESTHOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56280

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** WILLIAM MONTGOMERY

Mailing Address 533 AHAKEA ST

City State Zip Code  
HONOLULU HI 96816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STRAUB CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JACK MOORE

Mailing Address 6188 WOOSTER AVE

City State Zip Code  
LOS ANGELES CA 90056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER PERMANENTE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JAMES MOORE

Mailing Address 10833 LECONTE AVE

City State Zip Code  
LOS ANGELES CA 90095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UCLA MED CTR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56349

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 191

(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)

ROGER MOORE

Mailing Address 435 CAMDEN AVE

City State Zip Code  
 MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEBORAH HEART & LUNG

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56466

Amount of Each Receipt this Period

1000.00

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

GWENDOLYN MORASKI

Mailing Address 20 RUTHIES LN

City State Zip Code  
 W SIMSBURY CT 06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOODLAND ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55452

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

FRANK MORETZ

Mailing Address P.O. BOX 5244

City State Zip Code  
 ASHEVILLE NC 28813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASHEVILLE ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56013

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

KERRY MORRISON

Mailing Address 5911 S CEDAR ST

City State Zip Code  
 CASPER WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56212

Amount of Each Receipt this Period

250.00

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

JOHN MORROW

Mailing Address 3466 WARDESTON WAY

City State Zip Code  
 ATLANTA GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMORY UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55848

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

JOHN MOYERS

Mailing Address 417 HUTCHINSON AVE

City State Zip Code  
 IOWA CITY IA 52246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U OF IOWA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55651

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JEFF MUELLER

Mailing Address 9121 E PALM TREE DR

City State Zip Code  
 SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAYO CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56870

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** CRAIG MUETTERTIES

Mailing Address 128 DEERFIELD CT

City State Zip Code  
 GLEN MILLS PA 19342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HAVERFORD ANES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JOEL MUMFORD

Mailing Address 221 ELM HILL RD

City State Zip Code  
 SPRINGFIELD VT 05156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VA HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55726

Amount of Each Receipt this Period

650.00

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

1900.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 191

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ANNMARIE MUNEZ

Mailing Address 8 VALE DR

City State Zip Code  
 S. BURLINGTON VT 05403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLETCHER ALLEN HEALTHCARE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56840

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT MURRAY

Mailing Address 19 ELM PARK BLVD

City State Zip Code  
 PLEASANT RIDGE MI 48069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S OAKLAND ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** TIM MURRAY

Mailing Address 57217 200TH ST

City State Zip Code  
 MANKATO MN 56001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MANKATO ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11A1.55525

Amount of Each Receipt this Period

300.00

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

1100.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** GEORGE MYCHASKIW

Mailing Address 101 BRIDGEVIEW CIR

City State Zip Code  
 RIDGELAND MS 39157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U OF MS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JOSEPH NAPLES

Mailing Address 6565 FANNIN ST

City State Zip Code  
 HOUSTON TX 77030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
METHODIST HOSP

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56267

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL NEED

Mailing Address 7632 TIMBER SPRINGS

City State Zip Code  
 FISHERS IN 46038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHEAST ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55835

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 122 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN NEELD

Mailing Address 3025 RIVER NORTH PKWY

City State Zip Code  
 ATLANTA GA 30528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHSIDE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** MARK NEWMAN

Mailing Address 206 CONSTANCE SPRG WY

City State Zip Code  
 DURHAM NC 27713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUKE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** L. CHARLES NOVAK

Mailing Address 6502 115TH PL SE

City State Zip Code  
 BELLEVUE WA 98006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF WASHINGTON

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56842

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 123 / 191

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARK NUNNALLY  
Mailing Address 616 W FULTON ST 503

City State Zip Code  
CHICAGO IL 60661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE UNIVERSITY OF CHICAGO

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56643

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD O'FLYNN  
Mailing Address 10 WHITE PINE LN

City State Zip Code  
ROSE VALLEY PA 19063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOCIETY HILL ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56516

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JERRY O'HARA  
Mailing Address 2931 HUNTERS WOODS LN

City State Zip Code  
WILLOUGHBY HILLS OH 44094

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55457

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 191

(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)  
COLLEEN O'LEARY  
Mailing Address 750 E ADAMS ST

City State Zip Code  
SYRACUSE NY 13210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPSTATE MED ANES GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56494

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
KATHLEEN O'LEARY  
Mailing Address 81 LEXINGTON AVE

City State Zip Code  
BUFFALO NY 14222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSWELL PK CANCER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56694

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICK O'NEIL  
Mailing Address 7357 US 52 SOUTH

City State Zip Code  
LAFAYETTE IN 47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56892

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) HOWARD ODOM		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 255 IRON MOUNTAIN RD		<b>Transaction ID:</b> SA11A1.55650
City CANTON	State GA	Zip Code 30115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer N POINT ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) GARY OKUM		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 241 S. 6TH ST., #1112		<b>Transaction ID:</b> SA11A1.55401
City PHILADELPHIA	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TENET PHYSICIAN SERVICES, LLC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) WALTER ORZEPOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 7010 N BARTON CT		<b>Transaction ID:</b> SA11A1.56245
City APPLETON	State WI	Zip Code 54913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RODNEY OSBORN

Mailing Address 607 W THOUSAND OAKS DR

City State Zip Code  
 PEORIA IL 61615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOC ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55887

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RONALD OSBORN

Mailing Address 14621 WHITE OAK DR

City State Zip Code  
 BURNSVILLE MN 55337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RIDGES ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55652

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CHARLES OTTO

Mailing Address 6270 N CAMINO PIMERIA ALTA

City State Zip Code  
 TUCSON AZ 85718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF ARIZONA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56861

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 127 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRIAN OWENS Mailing Address 4727 47TH AVE NE City SEATTLE State WA Zip Code 98111 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer VIRGINIA MASON MED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.56015 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM OWENS Mailing Address 500 NORTH & SOUTH RD #102 City ST LOUIS State MO Zip Code 63130 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.55709 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) AHMET OZTURK Mailing Address 2115 WILTSHIRE BLVD City HUNTINGTON State WV Zip Code 25701 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.56047 Amount of Each Receipt this Period 500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SAM PAGE

Mailing Address 17 WINDSOR TERR LN

City State Zip Code  
 CREVE COEUR MO 63141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WESTERN ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** CRAIG PALMER

Mailing Address 6641 N ALTA REPOSA

City State Zip Code  
 TUCSON AZ 85750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY PHYS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** SCOTT PALMER

Mailing Address 3224 SOMERTON PL

City State Zip Code  
 BURLINGTON NC 27215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BURLINGTON ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56566

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 191

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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

Full Name (Last, First, Middle Initial)

**A.** JOHN PAPPAS

Mailing Address 294 BARDEN RD

City State Zip Code  
 BLOOMFIELD HILLS MI 48304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAM BEAUMONT HOSP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56069

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RICHARD PARK

Mailing Address 11299 ROSS CT

City State Zip Code  
 UNION KY 41091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IAPSC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56018

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** LEE PARMLEY

Mailing Address 1211 21ST AVE S #526

City State Zip Code  
 NASHVILLE TN 37212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VANDERBILT UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56492

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 191

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

HARRY PARR

Mailing Address 4725 TULLY RD

City State Zip Code  
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S OAKLAND ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56278

Amount of Each Receipt this Period

500.00

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

CHETAN PATEL

Mailing Address 7602 TIMBERLY CT

City State Zip Code  
 MCLEAN VA 22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55415

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

RITA PATEL

Mailing Address 107 ROCKY DR

City State Zip Code  
 GREENSBURG PA 15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF PITTSBURGH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55886

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** KEN PAUKER

Mailing Address 18 SIERRA VISTA

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAA MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55979

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DON PEARSON JR

Mailing Address 4326 BEECHWOOD RD

City State Zip Code  
KNOXVILLE TN 37920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY ANESTHESIOLOG-  
ISTS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.56755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** LEE PERRIN

Mailing Address 3 POWDERMILL LN

City State Zip Code  
SOUTHBOROUGH MA 01772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAP ANESTHESIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55970

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 191

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) K R PETERS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 180 TRAILS END		<b>Transaction ID:</b> SA11A1.55923
City ELKHORN	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNMC PHYS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MARY DALE PETERSON		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 210 NAPLES		<b>Transaction ID:</b> SA11A1.56092
City CORPUS CHRISTI	State TX	Zip Code 78404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DRISCOLL CHILDRENS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PAT PETROZZA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address MEDICAL CTR BLVD		<b>Transaction ID:</b> SA11A1.56254
City WINSTON SALEM	State NC	Zip Code 27157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WAKE REG UNIV	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JEFF PLAGENHOEF

Mailing Address 32 HAMPTON WAY

City State Zip Code  
 DOTHAN AL 36305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES CONSULT MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56051

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** VITA PLISKOW

Mailing Address 3502 OLYMPIC BLVD

City State Zip Code  
 UNIVERSITY PL WA 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

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55944

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** RICHARD POLLARD

Mailing Address 204 MEREWOOD RD

City State Zip Code  
 BELMONT NC 28012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHEAST ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55999

Amount of Each Receipt this Period

5000.00

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

6000.00

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

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

FOR LINE NUMBER: PAGE 134 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DONALD PORTELL Mailing Address 325 RIVERWAY DR City State Zip Code VERO BEACH FL 32963 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56896 Amount of Each Receipt this Period 250.00
Name of Employer ANES OF INDIAN RIVER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) KUSUM PRABHAKAR Mailing Address 1336 WYOMING NE #F City State Zip Code ALBUQUERQUE NM 87112 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56308 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) JOHNATHAN PREGLER Mailing Address 2601 ROSCOMARE RD City State Zip Code LOS ANGELES CA 90077 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55964 Amount of Each Receipt this Period 500.00
Name of Employer UCLA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

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

1000.00

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

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

FOR LINE NUMBER: PAGE 135 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL QUALEY

Mailing Address 2341 COUNTRY CLUB DR.

City	State	Zip Code
MASON CITY	IA	50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH IOWA ANESTHESIA ASS-  
OCIATESOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55374

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
TIM QUILL

Mailing Address 27 STEVENS RD

City	State	Zip Code
HANOVER	NH	03755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DHMCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55946

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
ALVIN RALSTON

Mailing Address 2411 FOUNTAINVIEW #200

City	State	Zip Code
HOUSTON	TX	77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER HOUSTON ANESOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56220

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RANDALL RALSTON

Mailing Address 507 TIMBERLEA TRL

City State Zip Code  
 KETTERING OH 45429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KETTERING ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JERI RAMEY

Mailing Address 4011 E 62ND ST

City State Zip Code  
 TULSA OK 74136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MICHELE RANEY

Mailing Address 223 GRAND CANAL

City State Zip Code  
 BALBOA ISLAND CA 92662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56032

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 191

(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)

SALLY RATY

Mailing Address 6414 RUTGERS

City State Zip Code  
 HOUSTON TX 77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYLOR COL OF MED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56332

Amount of Each Receipt this Period

250.00

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

DAVID RATZMAN

Mailing Address 1882 LIMEHOUSE ST

City State Zip Code  
 CARMEL IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES PAIN CONSULT IN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55834

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DAVID REICH

Mailing Address 218 W 15TH ST

City State Zip Code  
 NEW YORK NY 10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MT SINAI MED CTR

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56565

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 138 / 191

(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

<b>A.</b> Full Name (Last, First, Middle Initial) PAUL REIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 115 RIVERSIDE DR		
City NEWPORT NEWS	State VA	Zip Code 23686
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.56562
Name of Employer VAPCS		Amount of Each Receipt this Period 250.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL RICHARDSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 62 KINGLET DR S		
City CRANBURY	State NJ	Zip Code 08512
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.56662
Name of Employer ACNJ		Amount of Each Receipt this Period 500.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) GARY RING		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 7106 ALPHA RD		
City DALLAS	State TX	Zip Code 75240
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> SA11A1.56327
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period 250.00
Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** H DOUGLAS ROBERTS

Mailing Address 4130 MARIPOSA DR

City State Zip Code  
 SANTA BARBARA CA 93110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES ASSOC MED GRP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** KEVIN ROBERTS

Mailing Address 240 WALNUT LN

City State Zip Code  
 SLINGERLANDS NY 12159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALBANY MED CTR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56268

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** WES ROBINSON

Mailing Address 8226 FAIRVIEW RD

City State Zip Code  
 CHARLOTTE NC 28226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SE ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56631

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 140 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
G.L. RODRIQUEZ-FAZZI

Mailing Address 901 40TH AVE, N

City	State	Zip Code
ST PETERSBURG	FL	33703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL PEDIATRIC ASSOCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA11A1.56865

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
ALEC ROOKE

Mailing Address 180 BROOKLINE AVE#340

City	State	Zip Code
BOSTON	MA	02215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL DEACONESSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Transaction ID: SA11A1.56686

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL ROSE

Mailing Address 428 GLAIDO DR

City	State	Zip Code
PITTSBURGH	PA	15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPMCOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA11A1.56824

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 141 / 191

(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)

MEG ROSENBLATT

Mailing Address 25 E 86TH #69

City State Zip Code  
 NEW YORK NY 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 / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.55633

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

RICHARD ROSENQUIST

Mailing Address 2860 MEADOW LARK PL NE

City State Zip Code  
 IOWA CITY IA 52240

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55669

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

DAVID ROTHENBERG

Mailing Address 861 KIMBALL

City State Zip Code  
 HIGHLAND PARK IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55953

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 142 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN ROWLINGSON

Mailing Address 5006 LAKE TREE LN

City State Zip Code  
**CROZET** **VA** **22932**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF VA MED CTR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55934

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B.** LAWRENCE ROY

Mailing Address 2420 FREEMAN MANOR

City State Zip Code  
**JONES** **OK** **73049**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OKLA ANESTH SOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

Transaction ID: SA11A1.56347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** KEITH RUSKIN

Mailing Address 6 TOMAHAWK LN

City State Zip Code  
**WESTPORT** **CT** **06880**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YALE UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

Transaction ID: SA11A1.56488

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 143 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PATRICK RYAN Mailing Address 2909 CAMILLE City COLLEGE STATION State TX Zip Code 77845 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BRAZOS ANES ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55539 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS SAAK Mailing Address 462 CHUKKER VALLEY City ELLISVILLE State MO Zip Code 63021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WAAI Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.56356 Amount of Each Receipt this Period 500.00
<b>C.</b> 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. <b>C</b> Name of Employer AAPA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.55705 Amount of Each Receipt this Period 250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 144 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** FRANK SCAMMAN

Mailing Address 4336 OAKRIDGE TRL NE

City State Zip Code  
IOWA CITY IA 52240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U OF IOWA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** PAUL SCHANER

Mailing Address 133 N HEIDE LN

City State Zip Code  
MCMURRAY PA 15317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** HOWARD SCHAPIRO

Mailing Address 320 SOUTH STREET

City State Zip Code  
SOUTH HERO VT 05486

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLETCHER ALLEN HEALTH CARE

Occupation  
PHYSICIAN-ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.56766

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 145 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SCOTT SCHARTEL

Mailing Address 54 BERRYWOOD LN

City State Zip Code  
DRESHER PA 19025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEMPLE UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56713

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DONALD SCHMIT

Mailing Address 1868 MARYLAND AVE

City State Zip Code  
CHARLOTTE NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE ANES PAIN SPEC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55959

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CATHERINE SCHOLL

Mailing Address 2007 ROBINHOOD TRL

City State Zip Code  
AUSTIN TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUSTIN ANES GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56465

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 146 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MARK SCHROEDER

Mailing Address 306 CHEYENNE TR

City State Zip Code  
 MADISON WI 53705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV OF WISC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** FRANK SCHWALBE

Mailing Address 17927 MOLLYPOP LN

City State Zip Code  
 CORNELIUS NC 28031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NE ANES & PAIN SPEC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** ALAN JAY SCHWARTZ

Mailing Address 1000 SHARPLESS RD

City State Zip Code  
 MELROSE PARK PA 19027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHOP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55832

Amount of Each Receipt this Period

250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 147 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MIKE SCHWEITZER

Mailing Address 1927 HOLSTEIN LN

City	State	Zip Code
LAUREL	MT	59044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES PARTNERSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56046

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH SELTZER

Mailing Address 12 CHOWNING DR

City	State	Zip Code
MALVERN	PA	19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON MED COLLOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55670

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
ALVIN SEWELL

Mailing Address 105 COLACHEE DR

City	State	Zip Code
MACON	GA	31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXUS MED GRPOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: SA11A1.55428

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 148 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MICHAEL SIMON

Mailing Address 2400 DUNDEE RD

City State Zip Code  
WINTER HAVEN FL 33884

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** JEAN SIMONSON

Mailing Address 924 20TH AVE CIR

City State Zip Code  
BLAIR NE 68008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNMC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55973

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** EUGENE SINCLAIR

Mailing Address 13185 LEE COURT

City State Zip Code  
ELM GROVE WI 53122

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 / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.55362

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 149 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** MARK SINGLETON

Mailing Address 1805 GREENCREEK DR

City State Zip Code  
 SAN JOSE CA 95124

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56343

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOHN SLAVIK

Mailing Address 806 SHADOWSTONE PLACE

City State Zip Code  
 NASHVILLE TN 37220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTHESIA MEDICAL GROUP,  
PC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ALEX SLUCKY

Mailing Address 3830 E WHITE BAY DR

City State Zip Code  
 HIGHLANDS RANCH CO 80126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTH DENVER ANES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56041

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 150 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ROBERT SMALL

Mailing Address 4259 LYON DR

City State Zip Code  
 COLUMBUS OH 43220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHIO STATE UNIV

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55644

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** GREGORY SMITH

Mailing Address 2138 LOCKLIN LN

City State Zip Code  
 W BLOOMFIELD MI 48324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S OAKLAND ANES ASSOC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL SMITH

Mailing Address 234 MISTY LN

City State Zip Code  
 COPLEY OH 44321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAS INC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56653

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 151 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** ROBERT SNYDER

Mailing Address 2367 DEER VALLEY

City State Zip Code  
 MIDLAND MI 48642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MMAG

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56630

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** KAREN SOUTER

Mailing Address 6244 50TH AVE NE

City State Zip Code  
 SEATTLE WA 98115

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 / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL SOUTER

Mailing Address 6244 50TH AVE NE

City State Zip Code  
 SEATTLE WA 98115

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 / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56369

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 152 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JAMES SPARROW

Mailing Address 944 CASTLEMAINE DR

City	State	Zip Code
BIRMINGHAM	AL	35226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UABOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Transaction ID: SA11A1.56664

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOHN SPIEKER

Mailing Address 1414 SAN RAFAEL DR

City	State	Zip Code
DALLAS	TX	25218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METRO ANES CONSULOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Transaction ID: SA11A1.56679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** NANCY STAATS

Mailing Address 47 ORCHARD LN

City	State	Zip Code
COLTS NECK	NJ	07722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA11A1.56906

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 153 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** TIMOTHY STARCK

Mailing Address 11583 PRESTWICK RD

City State Zip Code  
 BELVIDERE IL 61008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ROCKFORD ANESTHESIOLOGISTS  
 ASSOCIATED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.56780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** STAN STEAD

Mailing Address 4819 ANDASOL AVE

City State Zip Code  
 ENCINO CA 91316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 STEAD HEALTH GRP

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56373

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MARK STEFFEN

Mailing Address 5148 COTTONWOOD LN

City State Zip Code  
 HOLLADAY UT 84117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF-EMPLOYED

Occupation  
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56367

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)  
or 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

Full Name (Last, First, Middle Initial)

**A.** LARRY STEVENER

Mailing Address 1601 BRIDLE PATH

City State Zip Code  
 CORSICANA TX 75110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PINNACLE ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RUSSELL STEWART

Mailing Address 1300 DEER RUN

City State Zip Code  
 MORGANTOWN WV 26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WEST VIRGINIA UNIV

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ANN STILL

Mailing Address 2220 IVY TRACE

City State Zip Code  
 BIRMINGHAM AL 35243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTHESIA RESOURCE MANAG-  
EMENT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.55382

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 155 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RICHARD STILZ

Mailing Address 1253 HERSCHEL AVE

City State Zip Code  
 CINCINNATI OH 45208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** STEPHEN STRELEC

Mailing Address 114 HICKORY HILL RD

City State Zip Code  
 PITTSBURGH PA 15238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAWPH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ERIN SULLIVAN

Mailing Address 650 CANTERBURY LN

City State Zip Code  
 SEWICKLEY PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPP DEPT OF ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55910

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 156 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** RAYMOND SULLIVAN

Mailing Address 2426 STONEWELL TR

City State Zip Code  
 FT MITCHELL KY 44017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INDEPENDENT ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55664

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** R LAWRENCE SULLIVAN

Mailing Address 1345 WEBSTER

City State Zip Code  
 PALO ALTO CA 94301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** STEVEN SWEEN

Mailing Address 240 MARCHAND CT NW

City State Zip Code  
 ATLANTA GA 30328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PSA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55681

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 157 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER SWIDE

Mailing Address 3181 SW SAM JACKSON PK

City State Zip Code  
 PORTLAND OR 97219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55654

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
NEIL SWISSMAN

Mailing Address 11249 GOLDEN CHESTNUT

City State Zip Code  
 LAS VEGAS NV 89131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUMMIT ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56237

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS SWYGERT

Mailing Address 7014 PRESTONESHIRE

City State Zip Code  
 DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTH STAR ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55997

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 158 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

PETER SYBERT

Mailing Address 837 5TH ST 2ND FL

City	State	Zip Code
SANTA ROSA	CA	95404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAMGIOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56306

Amount of Each Receipt this Period

250.00

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

CARL SYLVESTER

Mailing Address 5038 VAN NESS ST NW

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56010

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

RONALD SZABAT

Mailing Address 8307 LARKMEADE TER

City	State	Zip Code
POTOMAC	MD	20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASAOccupation  
ASSOCIATE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56006

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)  
or 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

Full Name (Last, First, Middle Initial)

**A.** JOHN SZEWCZYK

Mailing Address 2202 HARLEM RD

City State Zip Code  
 LOVES PARK IL 61111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROCKFORD ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOSEPH SZOKOL

Mailing Address 976 SUNSET RD

City State Zip Code  
 WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVANSTON NW HEALTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56090

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** SANJIWAN TARABADKAR

Mailing Address 148 HOWARD OAKS DR

City State Zip Code  
 MACON GA 31210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEXUS MED GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55438

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 160 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. STEVE TARVER**

Mailing Address 11304 W 140TH ST

City	State	Zip Code
OVERLAND PARK	KS	66221

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KU MED CENTEROccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55878

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. THOMAS TEMPLETON**

Mailing Address 5504 BROOKBERRY FARM RD

City	State	Zip Code
WINSTON-SALEM	NC	27106

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WAKE FOREST UNIVOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.55749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. JEROME TERRES**

Mailing Address 27 INDIAN PIPE RD BOX815

City	State	Zip Code
FRANCONIA	NH	03580

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55631

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 161 / 191

(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)

GARY THAL

Mailing Address 250 S 17TH ST #201

City State Zip Code  
 PHILADELPHIA PA 19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BMS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56563

Amount of Each Receipt this Period

250.00

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

MACK THOMAS

Mailing Address 244 BEVERLY DR

City State Zip Code  
 METAIRIE LA 70001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSCHNER

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55989

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

SCOTT THOMPSON

Mailing Address 1215 PLEASANT #400

City State Zip Code  
 DES MOINES IA 50309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56281

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 162 / 191

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SYDNEY THOMSON

Mailing Address 6224 HIDDEN MEADOW

City State Zip Code  
 SAN JOSE CA 95135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
COAST ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56045

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ROSALIE TOCCO-BRADLEY

Mailing Address 3664 DEER RIDGE CT

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES ASSOC ANN ARBOR

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** PALOMA TOLEDO

Mailing Address 130 N GARLAND CT #1309

City State Zip Code  
 CHICAGO IL 60602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWESTERN UNIV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55866

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 163 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ROBERT TREADWAY</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3100 BRIAR STREAM RUN		<b>Transaction ID: SA11A1.55337</b>	
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27612</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>CRITICAL HEALTH SYSTEMS, INC.</b>	Occupation <b>ANESTHESIOLOGIST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KEVIN TREMPER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 7227 PLEASANT LAKE		<b>Transaction ID: SA11A1.56290</b>	
City <b>ANN ARBOR</b>	State <b>MI</b>	Zip Code <b>48103</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>U OF MICHIGAN</b>	Occupation <b>PHYSICIAN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>GARY TZENG</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 7753 VAN BUREN STREET UNIT 514		<b>Transaction ID: SA11A1.55394</b>	
City <b>FOREST PARK</b>	State <b>IL</b>	Zip Code <b>60130</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DVA</b>	Occupation <b>PHYSICIAN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

1500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 164 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** GARY TZENG

Mailing Address 830 S CLINTON AVE

City State Zip Code  
 OAK PARK IL 60304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RVA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56712

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** BENJAMIN UNGER

Mailing Address 315 E. 90TH ST.  
 APT. 3E

City State Zip Code  
 NEW YORK NY 10128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CUMC DEPT. OF ANESTHESIOLOG-  
 OGY

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.56751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** UNIDENTIFIED UNIDENTIFIED

Mailing Address 520 N NORTHWEST HWY

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56458

Amount of Each Receipt this Period

1.00

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

751.00

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

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

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

FOR LINE NUMBER: PAGE 165 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

GREGORY UNRUH

Mailing Address 21215 W 106TH

City State Zip Code  
 OLATHE KS 66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KS UNIV PHYS INC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.55678

Amount of Each Receipt this Period

500.00

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

BARBARA VARLOTTA

Mailing Address 1303 BAYSHORE BLVD

City State Zip Code  
 TAMPA FL 33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56675

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD

City State Zip Code  
 TAMPA FL 33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICOM ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56673

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 166 / 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** DOUG VAUGHN

Mailing Address 20 YORK ST EP 3-608

City State Zip Code  
**NEW HAVEN CT 06504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**YALE NEW HAVEN HOSP**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55891

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** HECTOR VILA

Mailing Address 4304 AZEDE ST

City State Zip Code  
**TAMPA FL 33609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLORIDA PED ASSOC**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.56079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CHRISTOPHER VISCOMI

Mailing Address 50 HILLCREST RD.

City State Zip Code  
**BURLINGTON VT 05401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FLETCHER ALLEN HEALTH CARE**

Occupation  
**ANESTHESIOLOGIST**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.55581

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 191

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** SALVATORE VITALE

Mailing Address 26 RAMBLEWOOD CT

City	State	Zip Code
NISKAYUNA	NY	12309

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ANES GRP ALBANYOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11A1.56518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** PATRICK VLAHOS

Mailing Address 135 DEVONWOOD DR

City	State	Zip Code
PITTSBURGH	PA	15241

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** J MICHAEL VOLLERS

Mailing Address 8 EQUENNES DR

City	State	Zip Code
LITTLE ROCK	AR	72223

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UAMSOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	7

Transaction ID: SA11A1.56011

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 191

(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)  
DIMITRI VOULGARPOULOS

Mailing Address 1996 E CAMINO MIRA VAL

City State Zip Code  
TUCSON AZ 85718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SO AZ ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56690

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

J MARK WAGNER

Mailing Address 6634 KLEIN ST NW

City State Zip Code  
OLYMPIA WA 98502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OLYMPIA ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.55445

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

MICHAEL WALSH

Mailing Address 200 FIRST ST SW

City State Zip Code  
ROCHESTER MN 55905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAYO CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56353

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 191

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. MARK WARNER**

Mailing Address 3535 BAMBER VALLEY RD SW

City	State	Zip Code
ROCHESTER	MN	55902

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MAYO CLINICOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56287

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MARY ELLEN WARNER**

Mailing Address 1ST ST SW MAYO CLINIC

City	State	Zip Code
ROCHESTER	MN	55905

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MAYO CLINICOccupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Transaction ID: SA11A1.56285

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DAVID WATLING**

Mailing Address 1718 E. SOUTH RIDGE DR.

City	State	Zip Code
SPOKANE	WA	99223

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ANESTHESIA ASSOCIATES, P.-  
S.Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

Transaction ID: SA11A1.55397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** CHARLES WATSON

Mailing Address 27 STURBRIDGE RD.

City State Zip Code  
**EASTON CT 06612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRIDGEPORT ANESTHESIA ASS-  
OCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 0 2 / 2 0 0 7**

Transaction ID: SA11A1.55370

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** EDWARD WEGRZYNOWICZ

Mailing Address 3570 ROLLING MEADOWS DR.

City State Zip Code  
**ABERDEEN SD 57401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 0 1 / 2 0 0 7**

Transaction ID: SA11A1.55352

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** STEVEN WEISSMAN

Mailing Address 155 BALTIC CIRCLE

City State Zip Code  
**TAMPA FL 33606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNICOM ANESTHESIA ASSOC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 3 0 / 2 0 0 7**

Transaction ID: SA11A1.56816

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** REBECCA WELCH

Mailing Address 2101 FOREST CLUB

City State Zip Code  
 ORLANDO FL 32804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ORMC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ERIC WERNER

Mailing Address 3804 ROYAL FOX DR

City State Zip Code  
 ST CHARLES IL 60174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WCAG

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JAMES WEST

Mailing Address 5229 CONSGROVE COVE

City State Zip Code  
 MEMPHIS TN 38117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDICAL ANES GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.56822

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DAVID WHALLEY  
Mailing Address 4223 SNOWBERRY

City State Zip Code  
NAPLES FL 34119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES ASSOC NAPLES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55968

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT WHITCOMB  
Mailing Address 221 CHURCH ROAD

City State Zip Code  
WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ELMHURST ANESTHESIOLOGISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.56785

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
STEVEN WHITEHURST  
Mailing Address 103 REGISTRY LN

City State Zip Code  
BADEN PA 15005

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 / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56344

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 191

(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)

DALE WICKSTRUM

Mailing Address P.O. BOX 9499

City

WINTER HAVEN

State

FL

Zip Code

33883

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56029

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ANN WILHITE

Mailing Address 10136 CHEROKEE RD

City

RICHMOND

State

VA

Zip Code

23235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMONWEALTH ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56225

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN WILLIAMS

Mailing Address 5004 W GROVE LN

City

GIBSONIA

State

PA

Zip Code

15044

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.56542

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DAVID WILLIAMSON

Mailing Address 318 WILSHIRE PL

City State Zip Code  
CORPUS CHRISTI TX 78411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULF SHORE ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.55450

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
PAUL WILLOUGHBY

Mailing Address 4 BREWSTER CT

City State Zip Code  
SETAUKET NY 11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY @ STONY BROOK

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.55907

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
MARGARET WILSON

Mailing Address 5670 VERBENA

City State Zip Code  
SAN ANTONIO TX 78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEJAS ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.55674

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 191

(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)

DOUG WISEMAN

Mailing Address 615 CAMBRIDGE BLVD

City State Zip Code  
 GRAND RAPIDS MI 49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED CONSULT

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56363

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

RICHARD WOLMAN

Mailing Address 913 PEBBLE BEACH DR

City State Zip Code  
 MADISON WI 53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF WISC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.55632

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

BYRON WORK

Mailing Address 3749 LYNNFIELD DR

City State Zip Code  
 VA BEACH VA 23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC ANESTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.56263

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** EDWARD YAGHMOUR

Mailing Address 401 E ONTARIO #4401

City State Zip Code  
**CHICAGO IL 60611**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWESTERN MED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 4 / 2 0 0 7**

Transaction ID: SA11A1.56299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** CHAHINE YAMINE

Mailing Address 1227 EARNESTINE ST

City State Zip Code  
**MCLEAN VA 22101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DOMINION ANES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 5 / 2 0 0 7**

Transaction ID: SA11A1.56498

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** CHRISTOPHER YEAKEL

Mailing Address 206 BEAVER LAKE DR

City State Zip Code  
**ELGIN SC 29045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANES CONSUL COLUMBIA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 1 3 / 2 0 0 7**

Transaction ID: SA11A1.55957

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 191

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHRIS YOUNG Mailing Address 7 CARRIAGE HILL City SIGNAL MTN State TN Zip Code 37377 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ACE ANESTH Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.56490 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	5		2	0	0	7																							
500.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) MARK ZAKOWSKI Mailing Address 8700 BEVERLY BLVD City LOS ANGELES State CA Zip Code 90048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.56336 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		1	4		2	0	0	7																							
250.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) SAMI ZAMZAM Mailing Address 2979 EAGLE ROCK CT. City RENO State NV Zip Code 89511 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SIERRA ANESTHESIA, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.55384 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		0	3		2	0	0	7																							
500.00																																

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** JOHN ZERWAS

Mailing Address 6702 RIVA RIDGE DR

City State Zip Code  
 RICHMOND TX 77469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEMORIAL HERMANN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.56657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JOEL ZIVOT

Mailing Address 41 KINGSWAY

City State Zip Code  
 WINNIPEG ZZ

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U OF MANITOBA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.56924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JONATHAN ZUCKER

Mailing Address 1612 ST GREGORY DR

City State Zip Code  
 LAS VEGAS NV 89117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56017

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) .....

232561.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 191

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637227.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA17.56988

Amount of Each Receipt this Period

2298.50

INTEREST INCOME

**B.** Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738475.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: SA17.56991

Amount of Each Receipt this Period

101247.67

CD MATURED

SUBTOTAL of Receipts This Page (optional) .....

103546.17

TOTAL This Period (last page this line number only) .....

103546.17

# **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)

PAGE 180 / 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. BOUSTANY FOR CONGRESS**

Mailing Address 2501 WISCONSIN AVE NW #304

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 7

Transaction ID: SB23.56951

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City  
THE WOODLANDS

State  
TX

Zip Code  
77387

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 8

Transaction ID: SB23.55327

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CAMPAC**

Mailing Address 2501 WISCONSIN AVE NW #304

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
2007 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.56948

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 191

☐ 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

Full Name (Last, First, Middle Initial)

**A. CARDOZA FOR CONGRESS**

Mailing Address P.O. BOX 2749

City  
MERCED

State  
CA

Zip Code  
95340

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: SB23.56982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. CIRO RODRIGUEZ FOR CONGRESS**

Mailing Address 236 MASSACHUSETTS AVE NE #508

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: SB23.56970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. COLEMAN FOR SENATE '08**

Mailing Address 680 TRANSFER RD

City  
ST PAUL

State  
MN

Zip Code  
55114

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Transaction ID: SB23.56986

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 / 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. COMM TO RE-ELECT TRENT FRANKS**

Mailing Address P.O. BOX 1082

City  
SPRINGFIELDState  
VAZip Code  
22151

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 2

Transaction ID: SB23.56980

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC SENATE CAMPAIGN COMM**

Mailing Address P.O. BOX 96047

City  
WASHINGTONState  
DCZip Code  
20077Purpose of Disbursement  
2007 CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.56934

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE BACA**

Mailing Address P.O. BOX 71276

City  
WASHINGTONState  
DCZip Code  
20024

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: SB23.56960

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. GIFFORDS FOR CONGRESS**

Mailing Address P.O. BOX 12886

City  
TUCSON

State  
AZ

Zip Code  
85732

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: SB23.56944

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. GIFFORDS FOR CONGRESS**

Mailing Address P.O. BOX 12886

City  
TUCSON

State  
AZ

Zip Code  
85732

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: SB23.56946

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. HALL FOR CONGRESS**

Mailing Address P.O. BOX 711

City  
ROCKWALL

State  
TX

Zip Code  
75087

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 4

Transaction ID: SB23.56972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. HOUSE CONSERVATIVE FUND**

Mailing Address P.O. BOX 2752

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
2007 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.56974

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. JUDGE JOHN CARTER FOR CONGRESS COMM**

Mailing Address P.O. BOX 6930

City  
ROUND ROCK

State  
TX

Zip Code  
78683

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 31

Transaction ID: SB23.56928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. KLEIN FOR CONGRESS**

Mailing Address 21301 POWERLINE RD #204

City  
BOCA RATON

State  
FL

Zip Code  
33433

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.56976

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. LACY CLAY FOR CONGRESS**

Mailing Address P.O. BOX 4544 #300

City  
ST LOUIS

State  
MO

Zip Code  
63108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 1

Transaction ID: SB23.56940

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 636

City  
ANNANDALE

State  
VA

Zip Code  
22003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 5

Transaction ID: SB23.56932

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. BOX 1441

City  
TOPEKA

State  
KS

Zip Code  
66601

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: SB23.56954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. MCCONNELL SENATE COMMITTEE '08**

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.55323

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MCCONNELL SENATE COMMITTEE '08**

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.55325

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. NEAL FOR CONGRESS**

Mailing Address 76 MAGNOLIA TERR

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: SB23.56978

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 YOUNGFIELD ST #264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 7

Transaction ID: SB23.56936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. ROBERTS FOR SENATE**

Mailing Address 228 S WASHINGTON ST #B20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Transaction ID: SB23.56958

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. ROSKAM FOR CONGRESS**

Mailing Address P.O. BOX 713

City WHEATON State IL Zip Code 60189

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: SB23.56956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. STARK RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 75214

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.56968

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. SUE MYRICK FOR CONGRESS**

Mailing Address P.O. BOX 37091

City  
CHARLOTTE

State  
NC

Zip Code  
28237

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 9

Transaction ID: SB23.56930

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. SULLY FUND**

Mailing Address P.O. BOX 650552

City  
POTOMAC FALLS

State  
VA

Zip Code  
20165

Purpose of Disbursement  
2007 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.56938

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR HENRY CUELLAR**

Mailing Address P.O. BOX 6147

City  
LAREDO

State  
TX

Zip Code  
78042

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: SB23.56962

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR HENRY CUELLAR**

Mailing Address P.O. BOX 6147

City  
LAREDO

State  
TX

Zip Code  
78042

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: SB23.56964

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address 6850 AUSTIN CENTRE BLVD #180

City  
AUSTIN

State  
TX

Zip Code  
78731

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Transaction ID: SB23.56942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** VAN HOLLEN FOR CONGRESS

Mailing Address 10605 CONCORD ST #202

City  
KENSINGTON

State  
MD

Zip Code  
20895

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 8

Transaction ID: SB23.56984

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

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) .....

71000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. NORTHERN TRUST CO**

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
VISA BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.56989

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2197.72

Full Name (Last, First, Middle Initial)

**B. NORTHERN TRUST CO**

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
STOP PAYMENT CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.56990

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

4.50

**SUBTOTAL** of Disbursements This Page (optional) .....

2202.22

**TOTAL** This Period (last page this line number only) .....

2202.22