

**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

04

01

2009

through

04

30

2009

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

Type or Print Name of Treasurer

THOMAS CONWAY

Signature of Treasurer

Electronically Filed by THOMAS CONWAY

Date

05

13

2009

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		943984.31
(b) Cash on Hand at Beginning of Reporting Period .....	1174926.65	
(c) Total Receipts (from Line 19) .....	104522.91	536199.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1279449.56	1480184.01
7. Total Disbursements (from Line 31) .....	121304.08	322038.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1158145.48	1158145.48
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. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	87756.00	430219.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	15416.50	98507.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	103172.50	528726.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	103172.50	528726.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1350.41	2473.20
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)) .....	104522.91	536199.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	104522.91	536199.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	119500.00	309500.00
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.....	1804.08	12538.53
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))..	121304.08	322038.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121304.08	322038.53

**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) .....	103172.50	528726.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103172.50	528726.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 102

(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)

JANET ACARREGUI

Mailing Address 1550 BOYSON RD.

City

HIAWATHA

State

IA

Zip Code

52233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73181

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID AGUILAR

Mailing Address 1601 ONEIDA PLACE

City

OXNARD

State

CA

Zip Code

93030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OXNARD CAMARILLO ANESTHES-  
IOLOGY MEDICA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73612

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

HOWARD ALBERT

Mailing Address 3938 GLENDENNING RD.

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST CENTRAL ANESTHESIA  
GROUP, LTD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73583

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 102

(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)

GUY ALIOTTA

Mailing Address 25 KENNEDY DRIVE

City

MERIDEN

State

CT

Zip Code

06450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDSTATE MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72801

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

VALERIE ARKOOSH

Mailing Address 530 SPRING LN

City

WYNDMOOR

State

PA

Zip Code

19038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PENNSYLVANIA  
HEALTH AND

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.73214

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JOEL ARNEY

Mailing Address 4 WINDY HILL CT.

City

SUNFISH LAKE

State

MN

Zip Code

55077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDGES 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 Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73547

Amount of Each Receipt this Period

250.00

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

833.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES AUSTGEN

Mailing Address 7801 LANTERN RD.

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSUL OF IN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73624

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES BACHMEIER

Mailing Address 952 SOUTH LINCOLN AVE.

City

SALEM

State

OH

Zip Code

44460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATES IN ANESTHESIOLOG-  
OGY, 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 Y  
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.72891

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS BACON

Mailing Address DEPARTMENT OF ANESTHESIOLOGY  
200 FIRST STREET SW, CH1-140

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC COLLEGE OF ME-  
DICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72835

Amount of Each Receipt this Period

83.00

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

583.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 102

(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)

TODD BAILEY

Mailing Address 7502 CROMWELL DR.

City

ST. LOUIS

State

MO

Zip Code

63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAAI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73738

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

ARNA BANERJEE

Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL

City

NASHVILLE

State

TN

Zip Code

37212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VANDERBILT UNIVERSITY MED-  
ICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72822

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

SHAWN BANKS

Mailing Address 601 NE 36TH ST APT 3407

City

MIAMI

State

FL

Zip Code

33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MIAMI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72796

Amount of Each Receipt this Period

83.00

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

1166.00

**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 10 / 102

(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)

CAROLYN BANNISTER

Mailing Address 5102 CHASTLETON DRIVE

City State Zip Code  
 STONE MOUNTAIN GA 30087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMORY HEALTHCARE

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72824

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT BEESBURG

Mailing Address 152 FORTY LOVE PT.

City State Zip Code  
 CHAPIN SC 29036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73430

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DANIELLE BELMORE

Mailing Address 6632 WHISPERING WOODS CT.

City State Zip Code  
 PLANO TX 75024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PINNACLE ANESTHESIA CONSULTANTS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72854

Amount of Each Receipt this Period

250.00

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

833.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 102

(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 BERRIGAN

Mailing Address 900 23RD ST NW

City

WASHINGTON

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED FACULTY ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

VIDYA BETHI

Mailing Address 1224 HIGHWAY 149

City

CLARKSVILLE

State

TN

Zip Code

37040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73304

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCOTT AND WHITE MEMORIAL  
HOSPITAL ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72838

Amount of Each Receipt this Period

83.00

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

583.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY BLALACK

Mailing Address P.O. BOX 381168

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF TN 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  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73659

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN BLATT

Mailing Address 255 CHESTNUT FLATS LN.

City

WAYNESVILLE

State

NC

Zip Code

28786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLOTT CREEK 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  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73208

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN BOGURSKY

Mailing Address 6 DAM LN

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CANE GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.73468

Amount of Each Receipt this Period

300.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES BOONE

Mailing Address 1156 LOMA VERDE DR

City

EL PASO

State

TX

Zip Code

79936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.72953

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHRIS BOUKEDDES

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73228

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City

HAMPTON COVE

State

AL

Zip Code

35763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAHLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72826

Amount of Each Receipt this Period

125.00

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

875.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 102

(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)

CARLOS BRACALE

Mailing Address 117 E GLOHAVEN PL

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73234

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA BRANDOM

Mailing Address 1118 KING AVE

City

PITTSBURGH

State

PA

Zip Code

15206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PITTSBURGH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72811

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

BARBARA BRANDOM

Mailing Address 1118 KING AVE

City

PITTSBURGH

State

PA

Zip Code

15206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PITTSBURGH

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 Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72989

Amount of Each Receipt this Period

250.00

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

875.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 102

(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 BRANN

Mailing Address 313 E MOORE ST

City

SOUTHPORT

State

NC

Zip Code

28461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRANNESTHESIA 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  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.73346

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JOEL BROMLEY

Mailing Address 2561 OBSERVATORY AVE.

City

CINCINNATI

State

OH

Zip Code

45208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES GRP PRACTICE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73342

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ALRICK BROOKS

Mailing Address 137 ASHFORD PARK

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEXUS MEDICAL GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73555

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 102

(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)

JOSEPH BROWN

Mailing Address 222 STERLING SPRINGS DR.

City

JOHNSON CITY

State

TN

Zip Code

37604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APC

Occupation

ANESTHESIOLOGITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.72879

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

KATHRYN BUCSHON

Mailing Address 10211 LINCOLN AVE.

City

NEWBURGH

State

IN

Zip Code

47630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEACONESS HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72980

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM BURK

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73236

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 102

(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 BURKAMPER

Mailing Address 1499 CEDAR TREE CT., N.E.

City

SWISHER

State

IA

Zip Code

52338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73187

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY BURKE

Mailing Address 3655 BORDER CREEK COURT

City

DENVER

State

NC

Zip Code

28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST ANESTHESIOLOGY  
CONSULTANTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73549

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

VITO CANCELLARO

Mailing Address 42 FOX HUNT LANE

City

GREER

State

SC

Zip Code

29651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73238

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK CARITHERS

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73240

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD ALAN CARITHERS

Mailing Address 1007 GROVE RD.,

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73242

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

KEITH CARTER

Mailing Address 2417 E. NORTHSIDE DR.

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACKSON ANESTHESIA ASSOCI-  
ATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.73529

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 102

(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)

BAYER CHENG

Mailing Address 1118 ROSS CLARK CIR., #700

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-  
DICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.72963

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

SUBBA CHENUMOLU

Mailing Address 1510 CHANDLER RD SE

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMP ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73203

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD.

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA MED-  
ICAL CENTER D

Occupation

ANESTHESIOLOGIST - ASST PROF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72817

Amount of Each Receipt this Period

83.00

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

1583.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 102

(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)

MARLENE CHUA

Mailing Address 2502 QUAIL CHASE CT

City

SELLERSBURG

State

IN

Zip Code

47172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. ASSOC. OF CLARK COU-  
NTY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73477

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD COLE

Mailing Address 8646 N. OREGON AVE.

City

KANSAS CITY

State

MO

Zip Code

64154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVIVUM ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73728

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GARY COPPA

Mailing Address 4053 ASHWOOD CT.

City

VENTURA

State

CA

Zip Code

93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.72871

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 102

(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 CRUMLEY

Mailing Address 1550 BOYSON RD

City

HIAWATHA

State

IA

Zip Code

52233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73185

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN CUPLIN

Mailing Address 14320 168TH AVE., N.E.

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MATRIX 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  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.73336

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA DAVIDSON

Mailing Address 27 KESWICK DR

City

NEW ALBANY

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73284

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 102

(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)

DONALD DAVIS

Mailing Address 45 SHERINGTON PL.

City

SANDY SPRINGS

State

GA

Zip Code

30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HLTHCR ATL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73178

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

GWEN DAVIS

Mailing Address 45 SHERINGTON PL.

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHSIDE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73176

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS DAVIS

Mailing Address 2545 VALLEY OAKS ESTATES DR

City

WILDWOOD

State

MO

Zip Code

63005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON 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  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73206

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 102

(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)

ABHIJIT DESAI

Mailing Address 831 BOSTON POST RD STE 203

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILFORD ANESTHESIA ASSOCI-  
ATES, INC ANE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73517

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MARK DESTACHE

Mailing Address 633 FAIRMOUNT AVE

City

ST. PAUL

State

MN

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73694

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JERRY DIEHR

Mailing Address 4111 W AZEELE ST

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL GULF TO BAY ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73664

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTIAN DIEZ

Mailing Address 3000 BIRD AVE UNIT 1

City

COCONUT GROVE

State

FL

Zip Code

33133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72797

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

ALICE DIJAMCO

Mailing Address 760 WOOD DUCK CT., N.W.

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOSEPHS HOSPITAL OF  
ATLANTA 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  
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.72961

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ALICE DIJAMCO

Mailing Address 760 WOOD DUCK CT., N.W.

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS SPEC IN 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  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73193

Amount of Each Receipt this Period

500.00

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

1083.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 102

(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)

RHETT DODGE

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73244

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE DREXLER

Mailing Address 2100 E NOCK ST

City

MILWAUKEE

State

WI

Zip Code

53207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST MARY'S ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73636

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN DRYDEN

Mailing Address 8820 MUD CREEK RD

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73661

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 102

(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)

KATRINA DUQUE

Mailing Address 1205 EDMER AVE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT SINAI HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.73398

Amount of Each Receipt this Period

250.00

**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.

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  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.73353

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

S. CHRISTOPHER ELLIS

Mailing Address 10301 HICKMAN MILLS DR.

City

KANSAS CITY

State

MO

Zip Code

64137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73120

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD ELLISON

Mailing Address 5501 WINCHESTER CT.

City

MIDLAND

State

MI

Zip Code

48642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73374

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J. EVANS

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73246

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT FEARS

Mailing Address 2404 WATERFORD DR.

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCFARLAND CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.72909

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 102

(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 FERSON

Mailing Address 1400 HOLCOMBE BLVD UNIT 409

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D. ANDERSON CANCER 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  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72995

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JUAN FIRNHABER

Mailing Address 4301 W MARKHAM ST LOT 515

City

LITTLE ROCK

State

AR

Zip Code

72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV. OF ARKANSAS FOR MED-  
ICAL SCIENCES

Occupation

ASSISTANT PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.73216

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JAN FISHER

Mailing Address 2213 STATE ROAD, 225 EAST

City

BATTLE GROUND

State

IN

Zip Code

47920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.73003

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 102

(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 FITZPATRICK

Mailing Address 1928 APPLE BLOSSOM DR

City

FLOYDS KNOBS

State

IN

Zip Code

47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC CLARK CTY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73475

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR.

City

FALMOUTH

State

ME

Zip Code

04105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECTRUM MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72828

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

H. FONTENOT

Mailing Address 305 PARK AVE.

City

MONROE

State

LA

Zip Code

71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H JERREL FONTENOT, MD, PHD  
APMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73608

Amount of Each Receipt this Period

500.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 102

(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)

VAFA FOROUGH

Mailing Address 14825 N OUTER 40 STE 100

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73724

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

WALLACE FRIEDMAN

Mailing Address 903 CLEARVIEW DR.

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.72862

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

BRADLEY FRY

Mailing Address 765 MC CLENDON CT.

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73314

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY FUNKE

Mailing Address 2503 LINCOLN AVE.

City

EVANSVILLE

State

IN

Zip Code

47714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES GRP ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73657

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

WAYNE GABRIEL

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE 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  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.73248

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

EDGARDO GARCIA

Mailing Address 3040 WOLF RIDGE CT

City

NEW ALBANY

State

IN

Zip Code

47150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC CLARK CTY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73479

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 102

(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)

EDMUND GARVEY

Mailing Address 133 E. FREDERICK ST.

City

LANCASTER

State

PA

Zip Code

17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA ASSOC OF LANCA-  
STER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73127

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES GLENSKI

Mailing Address 4024 W 104TH TERR

City

OVERLAND PARK

State

KS

Zip Code

66207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES ASSOC OF KC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73686

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GENE GORDON

Mailing Address P.O. BOX 1166

City

SYLACAUGA

State

AL

Zip Code

35150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SYLACAUGA ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72988

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 102

(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)

TERENCE GRAY

Mailing Address 70 BLACK WALNUT LANE

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILFORD ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73110

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

FRANCISCO GRINBERG

Mailing Address 149 EDSON HILL ROAD #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  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73692

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN HAMPEL

Mailing Address 2113 S. PIN OAK DR.

City

SPRINGFIELD

State

MO

Zip Code

65809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OZARK ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73705

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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(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)

BRIAN HECHT

Mailing Address 1600 E. BROADWAY

City

COLUMBIA

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID AMERICA ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.73704

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD HEINDEL

Mailing Address 3635 CATAWBA RD.

City

BLACKSBURG

State

VA

Zip Code

24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACU

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.73581

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW HERLICH

Mailing Address 116 HAVERFORD CIRCLE

City

PITTSBURGH

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCY HOSPITAL OF PITTSBU-  
RGH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.72837

Amount of Each Receipt this Period

83.00

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

583.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 35 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD HOCKADAY

Mailing Address 6 STONEHAVEN WOODS

City

JACKSON

State

TN

Zip Code

38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON 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 Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.73596

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SUNG JAE HONG

Mailing Address 4 HIGBIE CT.

City

GROSSE POINTE FARM

State

MI

Zip Code

48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOHN ANESTHESIOLOGISTS  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.72897

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD HUESING

Mailing Address 8120 E DEL CAPITAN DR

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72846

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 36 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES INGRAM

Mailing Address 9410 FOREST STATION RD.

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73162

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM ISAACS

Mailing Address 3010 W CHARLESTON BLVD STE 150

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY CONSULTANT-  
S, INC. CREDE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.73400

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY JACKSON

Mailing Address 602 W. SECOND ST.

City

BLOOMINGTON

State

IN

Zip Code

47403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLOOMINGTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73357

Amount of Each Receipt this Period

250.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 102

(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)

WENDELL CLYATT JAMES

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73250

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL JANIK

Mailing Address 15605 E. PRENTICE DR.

City

CENTENNIAL

State

CO

Zip Code

80015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO,  
DENVER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72809

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER JENNINGS-KALTWASSER

Mailing Address 30 LAKESHORE CT., #4

City

BRIGHTON

State

MA

Zip Code

02135

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73563

Amount of Each Receipt this Period

1000.00

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

1583.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS JOHANS

Mailing Address 12335 IRONSTONE RD

City

SAINT LOUIS

State

MO

Zip Code

63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAAI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73740

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

JAKE JOHNSON

Mailing Address 212 MCIVER ST.

City

GREENVILLE

State

SC

Zip Code

29601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY,  
PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73252

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP JONES

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

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.72889

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 102

(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)

NATHAN JORGENSEN

Mailing Address 112 HIGHLAND ST.

City

PORTSMOUTH

State

NH

Zip Code

03801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC ANESTHESIA, 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  
0 4 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.73527

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID KALISH

Mailing Address 840 PINE ST STE 770

City

MACON

State

GA

Zip Code

31201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE NEXUS MEDICAL GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73557

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

VIDA KASUBA

Mailing Address 1406 ELIZABETH CT

City

CORAOPOLIS

State

PA

Zip Code

15108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PITTSBURGH ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73105

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 102

(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)

TRIPTI KATARIA

Mailing Address 2015 SPRING RD STE 510

City

OAK BROOK

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WITT KIEFFER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72815

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

BYRON KENNERLY

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73254

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN KILLMAN

Mailing Address 3600 CENTRAL AVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.73034

Amount of Each Receipt this Period

250.00

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

833.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES KIM

Mailing Address 1209 FOX TRAIL CT.

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUPAGE VALLEY ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72799

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KNOX

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73256

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JANE KUGLER

Mailing Address 9739 FIELDCREST DR.

City

OMAHA

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HOSPITAL, OMAHA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.73507

Amount of Each Receipt this Period

500.00

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

1083.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 102

(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 LAGMAN

Mailing Address 3039 HARTWICKE DR.

City

MADISON

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MADISON ANES CONSUL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73292

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN LANE

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73258

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STUART LANE

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73260

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS LAUGHLIN

Mailing Address 1030 BURNING TREE DR.

City

KANSAS CITY

State

MO

Zip Code

64145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73682

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MAXINE LEE

Mailing Address 5432 WOODCHUCK LN.

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY CONSULTANTS  
OF VIRGINIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73230

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MIKE WILLIAM LEPPERT

Mailing Address 2557 INGLESIDE FARM W

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73442

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 102

(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)

NANCYANNE LERNER

Mailing Address 528 BARBERRY LN

City

LOUISVILLE

State

KY

Zip Code

40206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. ASSOC OF CLARK CTY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73483

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

GLORIA LEWIS

Mailing Address 3600 MALONEY RD

City

KNOXVILLE

State

TN

Zip Code

37920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLIA E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73172

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOLLY LI

Mailing Address 3125 HAMILTON MASON RD.

City

HAMILTON

State

OH

Zip Code

45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAC 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  
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.73602

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 102

(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)

DELLA LIN

Mailing Address 1329 LUSITANA ST., #604

City

HONOLULU

State

HI

Zip Code

96813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73666

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID LIND

Mailing Address 148 57TH CT.

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED CTR ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73125

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW LINSENBARDT

Mailing Address 927 MOREHOUSE LN.

City

UNIVERSITY CITY

State

MO

Zip Code

63130

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73707

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 102

(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 LOVEN

Mailing Address 925 ENGLISH OAK DRIVE

City

BISMARCK

State

ND

Zip Code

58501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. ALEXIUS HEART AND LUNG  
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 Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.72959

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BRIT LOVVORN

Mailing Address 107 CAVEL LN

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-  
DICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73718

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN LYSAK

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73261

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 47 / 102

(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)

NEIL MACDONALD

Mailing Address 3246 LINKS MANOR DR.

City

SALEM

State

VA

Zip Code

24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSUL OF VA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73579

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JAMIE MAHER

Mailing Address 19 S LYNWOOD BLVD

City

EASTBOROUGH

State

KS

Zip Code

67207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GALICHA HEART HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73445

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JULIET MAILLET

Mailing Address 7700 TIMBER HILL DR.

City

INDIANAPOLIS

State

IN

Zip Code

46217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY HEIGHTS 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  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72793

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 102

(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)

ALVIN MANALAYSAY

Mailing Address 769 RIVER HILLS DRIVE

City

FENTON

State

MO

Zip Code

63026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S CTY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73711

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS MANDEL

Mailing Address 15395 PROSPECT DR.

City

REDDING

State

CA

Zip Code

96001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHASTA ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73646

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN MANDELBERG

Mailing Address 336 FOREST ST.

City

OAKLAND

State

CA

Zip Code

94618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72987

Amount of Each Receipt this Period

250.00

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 102

(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)

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 ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72805

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT MARSKE

Mailing Address 8342 EAGLE CREST LN.

City

INDIANAPOLIS

State

IN

Zip Code

46234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHO INDY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73359

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA MASTROIANNI

Mailing Address 11 OLDE COUNTRY RD.

City

WOODBIDGE

State

CT

Zip Code

06525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTFORD ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.72991

Amount of Each Receipt this Period

250.00

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

583.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK MATHIS

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73263

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SALLY MCKELLAR

Mailing Address 1829 BAY POINTE DR.

City

HIXSON

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIOLOGY CONSULTANT  
EXCHANGE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.73326

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD MCNEER

Mailing Address 18340 SW 122 ST.

City

MIAMI

State

FL

Zip Code

33196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MIAMI DEPT  
OF ANESTHESIO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72798

Amount of Each Receipt this Period

83.00

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

1583.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM MCRAE

Mailing Address 1118 ROSS CLARK CIRCLE  
SUITE #700

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 Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73753

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN MENIUS

Mailing Address 12770 WYNFIELD PINES

City State Zip Code  
ST. LOUIS MO 63131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOODS MILL 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 Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73730

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

VERNON MERCHANT

Mailing Address 1007 GROVE RD # B

City State Zip Code  
GREENVILLE SC 29605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73265

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT MIDDLETON

Mailing Address 27193 BAILEYS NECK ROAD

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIDEWATER ANESTHESIA ASSC,

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.72917

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MARY MIGLIORI

Mailing Address PO BOX 418

City

BOISE

State

ID

Zip Code

83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73330

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

BURNEY MILLER

Mailing Address 820 S. FIRST ST. TERRACE

City

ODESSA

State

MO

Zip Code

64076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73690

Amount of Each Receipt this Period

300.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 102

(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)

HARRY MILLER

Mailing Address 9663 SANTA MONICA BLVD., #901

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.72936

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN MILLS

Mailing Address 4105 W. 123RD ST.

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDWEST ANESTHESIA 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  
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.73066

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER MILLSON

Mailing Address 2400 WIMBLEDON WAY

City

LAS VEGAS

State

NV

Zip Code

89107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESERT ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72830

Amount of Each Receipt this Period

83.00

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

583.00

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

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

FOR LINE NUMBER: PAGE 54 / 102

(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 MOLLOY

Mailing Address 6323 N. KNOX

City

CHICAGO

State

IL

Zip Code

60646

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.73001

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

OLIVER MONTOYA

Mailing Address PO BOX 826

City

JEFFERSONVILLE

State

IN

Zip Code

47131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY ASSOC.OF  
CLARK COUNTY

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.72795

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

RUBEN MONTOYA

Mailing Address 2307 SAINT ANDREWS RD

City

JEFFERSONVILLE

State

IN

Zip Code

47130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLFVIEW ESTATE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73481

Amount of Each Receipt this Period

250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 55 / 102

(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)

DONALD MOORE

Mailing Address 1614 OAKHURST DRIVE

City

OOLTEWAH

State

TN

Zip Code

37363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. CONSULTANTS EXCHANGE

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.73334

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

ROSS MOORE

Mailing Address 65 PINEAPPLE ST.

City

BROOKLYN

State

NY

Zip Code

11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMDNJ

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73541

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL MORGOS

Mailing Address 12707 CRESTMOOR CIR

City

PROSPECT

State

KY

Zip Code

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL CENTER ANESTHESIO-  
LOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.72860

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 102

(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)

PHILLIP MOSCA

Mailing Address 135 SHEFFIELD DRIVE

City

FREEHOLD

State

NJ

Zip Code

07728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73600

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CATHLEEN MUCENSKI

Mailing Address 7870 DENNLER LN

City

CINCINNATI

State

OH

Zip Code

45247

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73464

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City

SPRINGFIELD

State

VT

Zip Code

05156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
V A MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72819

Amount of Each Receipt this Period

83.00

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

833.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 102

(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)

ANDREW MURPHY

Mailing Address 5 OLD LANDMARK DR.

City

ROCHESTER

State

NY

Zip Code

14618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTSIDE ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73455

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM MURPHY

Mailing Address 10821 WEATHER VANE RD

City

RICHMOND

State

VA

Zip Code

23238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSO RICHMOND

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73569

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH MYINT

Mailing Address 800 E. CARPENTER STREET

City

SPRINGFIELD

State

IL

Zip Code

62769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOHN'S HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.73472

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 102

(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 NALAVANY

Mailing Address 1603 CARLISLE PIKE

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HANOVER ANESTHESIA AND PA-  
IN MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72825

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES NIEDERLEHNER

Mailing Address 6609 HIDDEN WOODS CT.

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES CONSUL OF VA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.73033

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

KENNETH OSWALT

Mailing Address 2500 NORTH STATE STREET

City

JACKSON

State

MS

Zip Code

39216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV. ANESTHESIA SERVICES,  
PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72833

Amount of Each Receipt this Period

83.00

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

416.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 59 / 102

(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)

CARMELITA PABLO

Mailing Address 4301 W. MARKHAM, SLOT 515

City

LITTLE ROCK

State

AR

Zip Code

72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV. OF ARKANSAS MED SCI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.73005

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA PAGE

Mailing Address P.O. BOX 365

City

RICHLAND

State

MI

Zip Code

49083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73123

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

REBECCA PAPPALARDO

Mailing Address 8100 RIVER ROAD  
SUITE# 719

City

NORTH BERGEN

State

NJ

Zip Code

07047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN VALLEY ANESTHESI-  
OLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73408

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 102

(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)

C. LEE PARMLEY

Mailing Address 1211 21ST AVE S

DEPARTMENT OF ANESTHESIOLOGY AND C

City

NASHVILLE

State

TN

Zip Code

37212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY MED-  
ICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72831

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

HARRY PARR

Mailing Address 4725 TULLY RD.

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA  
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72823

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

REBECCA PATCHIN

Mailing Address 18195 KROSS RD.

City

RIVERSIDE

State

CA

Zip Code

92508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72803

Amount of Each Receipt this Period

83.00

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

249.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 102

(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)

CHETAN PATEL

Mailing Address 7602 TIMBERLY CT.

City

MC LEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INOVA FAIRFAX HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.72883

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

NILESH PATEL

Mailing Address 3 WOODS RD.

City

WEST LONG BRANCH

State

NJ

Zip Code

07764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73598

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES PEPPIRIEL

Mailing Address 2440 WEST BLOOD RD.

City

EAST AURORA

State

NY

Zip Code

14052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.72901

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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(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)

SETH PERELMAN

Mailing Address 350 ENGLE ST.

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NVA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73495

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

LARRY PETERSEN

Mailing Address 5276 S STIRLING WAY

City

SPRINGFIELD

State

MO

Zip Code

65809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OZARK ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73726

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

PETER PICKERING

Mailing Address 266 E SHORE DR

City

MASSAPEQUA

State

NY

Zip Code

11758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73562

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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(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)

EDGAR PIERRE

Mailing Address 1800 NW 10TH AVE., T244

City

MIAMI

State

FL

Zip Code

33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYDER TRAUMA CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72800

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES PIONTEK

Mailing Address 1495 HEMLOCK DR.

City

LIBERTY

State

MO

Zip Code

64068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73722

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID POWELL

Mailing Address P.O. BOX 5587

City

BEAUMONT

State

TX

Zip Code

77726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72827

Amount of Each Receipt this Period

83.00

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

666.00

**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)

POLLY PRIMM

Mailing Address 793 CAMINO VISTA RIO

City

BERNALILLO

State

NM

Zip Code

87004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AANM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73537

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN PUSKER

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73267

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

NAVDIP RANGI

Mailing Address 10191 W. SHREWSBURY RUN

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73578

Amount of Each Receipt this Period

300.00

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

1050.00

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



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PULI REDDY

Mailing Address 1118 ROSS CLARK CIRCLE, #700

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. CONSULTANTS MEDICAL  
GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73716

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE REITMAN

Mailing Address 1171 S BROMLEY CT

City

ANAHEIM

State

CA

Zip Code

92808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73632

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GARY RICHMAN

Mailing Address 19109 STREAMSIDE CT.

City

BOCA RATON

State

FL

Zip Code

33498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73315

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHARLES ROBERSON

Mailing Address 125 SUNSET LN

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCOTT AND WHITE 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  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72852

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

VONN ROBERTS

Mailing Address 5111 CAVVY RD.

City

LINCOLN

State

NE

Zip Code

68516

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  
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.73015

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANNE ROGERS

Mailing Address 6005 RIVER RD.

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC ANESTHESIA INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73676

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 102

(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)

LYNN ROGERS

Mailing Address 11104 KUERTZMILL DR.

City

CINCINNATI

State

OH

Zip Code

45249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES GRP PRACTICE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73201

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

GLEN ROSENFELD

Mailing Address 25 FULTON PLACE

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILFORD ANESTHESIA ASSOCIA-  
TES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.73406

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

THEODORE ROTHMAN

Mailing Address 10 WILDFLOWER CT

City

GREENVILLE

State

SC

Zip Code

29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY,  
PA

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73268

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROY

Mailing Address 2420 FREEMAN MANOR DR.

City

JONES

State

OK

Zip Code

73049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OKLAHOMA ANESTHESIA CONSUL-  
TANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72834

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN RUSY

Mailing Address 3629 NAGAWICKA SHORES DR.

City

HARTLAND

State

WI

Zip Code

53029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED COLL OF WI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73678

Amount of Each Receipt this Period

250.00

**C.**

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.

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 Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73732

Amount of Each Receipt this Period

500.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES SALVATORE

Mailing Address 10 HASTINGS DR

City

PUEBLO

State

CO

Zip Code

81001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS ANES PUEBLO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73205

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

GINGER SCHNATTER

Mailing Address 902 OLD HARRODS CREEK RD

City

LOUISVILLE

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NES ASSOC CLARK CTY

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73485

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

RAMSEY SFEIR

Mailing Address 730 MERRIMAN'S LN.

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINCHESTER 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 Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73573

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 102

(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 SHAFER

Mailing Address 622 W 168TH ST PH 5-523

City

NEW YORK

State

NY

Zip Code

10032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA UNIVERSITY MEDIC-  
AL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73606

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MARVIN SHAPIRO

Mailing Address 8451 BRIARBIRCH COVE

City

MEMPHIS

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.72940

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

HARRY SHERMAN

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73270

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM SHURLEY

Mailing Address 7954 DEXTER RD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METROPOLITAN ANES ALLIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73174

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DEAN SIDER

Mailing Address 2699 LEE RD STE 510

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGISTS OF GREATER ORLANDO,

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73604

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN SMITH

Mailing Address 13 AFTON AVE.

City

GREENVILLE

State

SC

Zip Code

29601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANMESTHESIOLOG-  
Y, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73272

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEREMY SMITH

Mailing Address 103 RESEDA LN.

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-  
D. GROUP

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72816

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN SMITH

Mailing Address 1158 DUTCH HOLLOW DR.

City

CHESTERFIELD

State

MO

Zip Code

63017

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73742

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

TONI SMITH

Mailing Address 2301 S. FIRST ST.

City

KIRKSVILLE

State

MO

Zip Code

63501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIRKSVILLE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73715

Amount of Each Receipt this Period

500.00

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

1583.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 102

(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)

TREVOR SMITH

Mailing Address 12 BELFREY DR.

City

GREER

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73274

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL SMULLEN

Mailing Address 2020 N HUBBARD ST

City

MILWAUKEE

State

WI

Zip Code

53212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MACL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73083

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN SNYDER

Mailing Address 277 MORNING CANYON RD.

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73622

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 102

(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)

DON SOKOLIK

Mailing Address 2757 KINSINGTON CIRCLE

City

WESTON

State

FL

Zip Code

33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHERIDAN HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73466

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER SOUTHWICK

Mailing Address 3029 NEW HAMPSHIRE AVE

City

JOPLIN

State

MO

Zip Code

64804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREEMAN 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 Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73720

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

HANS STEINE

Mailing Address 1105 ROLLING CREEK DR. N.E.

City

CEDAR RAPIDS

State

IA

Zip Code

52402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN COUNTY ANESTHESIOLOG-  
ISTS, P.C.

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73183

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 102

(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)

ADAM STRIKER

Mailing Address 10301 HICKMAN MILLS DR., #100

City State Zip Code  
 KANSAS CITY MO 64137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AAKC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73713

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALFONSO TAGLIAVIA

Mailing Address 5 PERRYRIDGE RD

City State Zip Code  
 GREENWICH CT 06830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREENWICH ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73558

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ALFONSO TAGLIAVIA

Mailing Address 5 PERRYRIDGE RD

City State Zip Code  
 GREENWICH CT 06830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GAA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73655

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 102

(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)

JEANA TARZIERS

Mailing Address P.O. BOX 1025

City

FAIRHOPE

State

AL

Zip Code

36533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN SHORE ANESTHESIA

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72848

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

NAYANA THAKER

Mailing Address 1410 GUTFORD RD

City

JEFFERSONVILLE

State

IN

Zip Code

47129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLARK COUNTY

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73474

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLY THANNUM

Mailing Address 1315 BULL CREEK LN

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL ANESTHESIA GRP

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73462

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES THOMAS

Mailing Address 1403 N MADISON ST

City

RAYMORE

State

MO

Zip Code

64083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73116

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MARCY THOMAS

Mailing Address 10615 WOODPECKER RD

City

CHESTERFIELD

State

VA

Zip Code

23838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMONWEALTH ANESTHESIA  
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72812

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL THOMPSON

Mailing Address 2804 WOODBURY

City

COLUMBIA

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAAC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73709

Amount of Each Receipt this Period

250.00

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

1333.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 102

(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)

SYDNEY THOMSON

Mailing Address 6224 HIDDEN MEADOW CT.

City

SAN JOSE

State

CA

Zip Code

95135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COAST ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73355

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT TIMONEN

Mailing Address 701 7TH AVE. S.

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC ANESTHESIA, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73595

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL TOBIN

Mailing Address 2211 N OAK PARK AVE

City

CHICAGO

State

IL

Zip Code

60707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHRINERS HOSPITALS FOR CH-  
ILDREN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73226

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 102

(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 TOMLIN

Mailing Address 3683 POWER PLACE

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHSIDE ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73290

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN PENNSYLVANIA HOSP-  
ITAL DEPARTME

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72810

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD TULL

Mailing Address 35 BONITA ST.

City

RANCHO MIRAGE

State

CA

Zip Code

92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EISENHOWER MED CENTER -  
DEPT OF 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 Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.73308

Amount of Each Receipt this Period

250.00

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

583.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 102

(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)

GREG VANZANT

Mailing Address P.O. BOX 102

City

CLEBURNE

State

TX

Zip Code

76033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73743

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PAMELA VARNER

Mailing Address 3503 PINE RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF AL-BIRMINGH-  
AM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.73422

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

HECTOR VILA

Mailing Address 1033 DR MARTIN LUTHER KING JR ST N

City

SAINT PETERSBURG

State

FL

Zip Code

33701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72840

Amount of Each Receipt this Period

83.00

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

1333.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 102

(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)

J. MICHAEL VOLLERS

Mailing Address 800 MARSHALL ST.  
SLOT 203, S-319

City State Zip Code  
LITTLE ROCK AR 72202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ARKANSAS FOR  
MEDICAL SCI

Occupation  
PROFESSOR OF ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72806

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

RATKO VUJICIC

Mailing Address 640 AMBERLY CROSSINGS

City State Zip Code  
FORT MILL SC 29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
V PAIN CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73108

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

TERESA WALKER

Mailing Address 3519 RIVIERE DU CHIEN RD.

City State Zip Code  
MOBILE AL 36693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73097

Amount of Each Receipt this Period

1000.00

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

1333.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 102

(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 WALSH

Mailing Address 53 FOWLER AVE.

City

ROSWELL

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NFAA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.73224

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER WEIFORD

Mailing Address 2009 W. 68TH STREET

City

MISSION HILLS

State

KS

Zip Code

66208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOCIATES OF KC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73688

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

LYNDA TORFREDA WELLS

Mailing Address 4098 WOOD LANE

City

KESWICK

State

VA

Zip Code

22947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF VIRGINIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.72932

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 102

(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)

PHILLIP WHITAKER

Mailing Address 3612 SHANTARA LN.

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.73648

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

RANDALL WILHOIT

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY,  
PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73276

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN WILLIAMS

Mailing Address 2707 WOODLAKE RD.

City

MITCHELVILLE

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE WASHINGTON UNIV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73160

Amount of Each Receipt this Period

200.00

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

950.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 102

(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 WILLIAMS

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY-  
P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73278

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM WOMACK

Mailing Address P.O. BOX 1025

City

FAIRHOPE

State

AL

Zip Code

36533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTERN SHORE ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73423

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN WRIGHT

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73280

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 102

(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)

CHAHINE YAMINE

Mailing Address 1227 EARNESTINE STREET

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOMINION ANESTHESIA PLLC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72802

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

ERVIN YEN

Mailing Address 1111 N. LEE ST., SUITE 236

City

OKLAHOMA CITY

State

OK

Zip Code

73103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERVIN S YEN, MD, PC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.73591

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

INHO YOON

Mailing Address 1007 GROVE RD # B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.73282

Amount of Each Receipt this Period

500.00

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

1583.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 102

(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 YOUNG

Mailing Address 36 RIO VISTA

City

ST. LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.73118

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TIM YUEN

Mailing Address 11633 GORHAM AVE., #17

City

LOS ANGELES

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.73317

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH YUN

Mailing Address 4543 SHOOTING STAR AVE.

City

MIDDLETON

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN  
DEPT. OF ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.73521

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 87 / 102

(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)

JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITEDHEALTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Transaction ID: SA11AI.72804

Amount of Each Receipt this Period

83.00

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

83.00

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

87756.00

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

FOR LINE NUMBER: PAGE 88 / 102

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2473.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: SA17.73754

Amount of Each Receipt this Period

1350.41

INTEREST INCOME

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

1350.41

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

1350.41



# **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 89 / 102

☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC	<b>Transaction ID:</b> SB23.72759 <b>Date of Disbursement</b>
Mailing Address 607 14TH STREET NW, SUITE 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	<b>Transaction ID:</b> SB23.72789 <b>Date of Disbursement</b>
Mailing Address 555 CAPITOL MALL #1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	<b>Transaction ID:</b> SB23.72775 <b>Date of Disbursement</b>
Mailing Address 3069 CONQUISTA CT	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City LAS VEGAS State NV Zip Code 89121 Purpose of Disbursement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BLUE DOG PAC	<b>Transaction ID:</b> SB23.72788 <b>Date of Disbursement</b>
Mailing Address 236 MASSACHUSETTS AVE NE #508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	<b>Transaction ID:</b> SB23.72764 <b>Date of Disbursement</b>
Mailing Address PO BOX 42169	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22204 Purpose of Disbursement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>3000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS	<b>Transaction ID:</b> SB23.72738 <b>Date of Disbursement</b>
Mailing Address PO BOX 2106	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 9</div> </div>
City MONTGOMERY State AL Zip Code 36102 Purpose of Disbursement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CAMPAC</b>	<b>Transaction ID:</b> SB23.72791 <b>Date of Disbursement</b>
Mailing Address 5915 EASTMAN AVE #100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>CANTOR FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.72782 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City RICHMOND State VA Zip Code 23226	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<div> <div>2500.00</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) <b>CEDILLO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.72773 <b>Date of Disbursement</b>
Mailing Address 1212 S VICTORY BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div>
City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	<div> <div>2500.00</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

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

**10000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	<b>Transaction ID:</b> SB23.72739 <b>Date of Disbursement</b>
Mailing Address 255 S 17TH ST, #603	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH	<b>Transaction ID:</b> SB23.72741 <b>Date of Disbursement</b>
Mailing Address PO BOX 7292	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 9</div> </div>
City CHICAGO State IL Zip Code 60680	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CLAY JR FOR CONGRESS	<b>Transaction ID:</b> SB23.72743 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 4544 #300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 0 9</div> </div>
City ST LOUIS State MO Zip Code 63108	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>3500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

State: District:

**32500.00**

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA	<b>Transaction ID:</b> SB23.72766 <b>Date of Disbursement</b>
Mailing Address 555 CAPITOL MALL #1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 9</div> </div>
City State Zip Code SACRAMENTO CA 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS	<b>Transaction ID:</b> SB23.72753 <b>Date of Disbursement</b>
Mailing Address 721 S BREAS CANYON RD #7	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City State Zip Code DIAMOND BAR CA 91789	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	<b>Transaction ID:</b> SB23.72757 <b>Date of Disbursement</b>
Mailing Address PO BOX 16128	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City State Zip Code HOUSTON TX 77222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City  
HOUSTON

State  
TX

Zip Code  
77222

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 29

**Transaction ID:** SB23.72776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address 700 12TH STREET NW, SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: GA District: 11

**Transaction ID:** SB23.72786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

GRASSLEY COMMITTEE

Mailing Address P.O. BOX 1000

City  
DES MOINES

State  
IA

Zip Code  
50304

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: IA District:

**Transaction ID:** SB23.72780

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**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GRIFFITH FOR CONGRESS

Mailing Address PO BOX 2916

City  
HUNTSVILLE

State  
AL

Zip Code  
35804

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: AL District: 05

**Transaction ID:** SB23.72767

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 711

City  
ROCKWALL

State  
TX

Zip Code  
75087

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 04

**Transaction ID:** SB23.72768

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address P.O. BOX 750580

City  
LAS VEGAS

State  
NV

Zip Code  
89136

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NV District: 02

**Transaction ID:** SB23.72781

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

4000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIRK FOR CONGRESS

Mailing Address P.O. BOX 8

City  
WINNETKAState  
ILZip Code  
60093

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.72744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

LANCE FOR CONGRESS

Mailing Address PO BOX 225

City  
COLONIAState  
NJZip Code  
07067

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.72772

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City  
TOPEKAState  
KSZip Code  
66601

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.72737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

# **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 98 / 102

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KS District: 02

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

**Transaction ID:** SB23.72746

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P.O. BOX 1406

City HICKORY State NC Zip Code 28603

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 10

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

**Transaction ID:** SB23.72754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 110-B EAST BROAD ST

City FALLS CHURCH State VA Zip Code 22046

Purpose of Disbursement  
2009 CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB23.72751

Date of Disbursement

/   /

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) .....

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

# **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 101 / 102

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALLY HERGER FOR CONGRESS COMM

Mailing Address PO BOX 1500

City  
CHICO

State  
CA

Zip Code  
95927

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 02

Transaction ID: SB23.72783

Date of Disbursement

/   /

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) .....

119500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.73755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1804.08

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

1804.08

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

1804.08