05/13/2009 16:44

Image# 29933747339

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2009 04 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 05 13 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE [®] D ^UD 0.4 0 1 2009 0.4 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 943984.31 January 1 (b) Cash on Hand at 1174926.65 Begining of Reporting Period 104522.91 536199.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1279449.56 1480184.01 6(a) and 6(c) for Column B) 121304.08 322038.53 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1158145.48 1158145.48 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

0 1 3^D0 м м 0 4 м м 0 4 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 430219.00 87756.00 (i) Itemized (use Schedule A) 15416.50 98507.50 (ii) Unitemized (iii) TOTAL (add 103172.50 528726.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 103172.50 528726.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 1350.41 2473.20 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 104522.91 536199.70 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 104522.91 536199.70 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share

With Federal Funds (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

(from Schedule H6)

Than Political Committees

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 0.00 0.00 Expenditures..... 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 309500.00 119500.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (such as PACs) 0.00 0.00 (add Lines 28(a), (b), and (c)) 1804.08 12538.53 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 121304.08 322038.53

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

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 102 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may n the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS I	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JANET ACARREGUI Mailing Address 1550 BOYSON RD			Date of Receipt
City	State	Zip Code	0 4 1 7 2 0 0 9 Transaction ID: SA11AI.73181
HIAWATHA FEC ID number of contributing federal political committee.	C	52233	Amount of Each Receipt this Period 250.00
Name of Employer LINN CTY ANESTH	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID AGUILAR	Date of Receipt		
Mailing Address 1601 ONEIDA PLA	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State	Zip Code	Transaction ID: SA11AI.73612
OXNARD	CA	93030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OXNARD CAMARILLO ANESTHES- IOLOGY MEDICA Receipt For:		SIOLOGIST	
Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HOWARD ALBERT	•		Date of Receipt
Mailing Address 3938 GLENDENNING RD.			04 27 2009
City	State	Zip Code	Transaction ID: SA11AI.73583
DOWNERS GROVE FEC ID number of contributing	IL .	60515	Amount of Each Receipt this Period
federal political committee.			500.00
Name of Employer WEST CENTRAL ANESTHESIA GROUPE TO THE PROPERTY OF THE PROPERT	Occupation PHYSICIAI		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 102 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) GUY ALIOTTA			Date of Receipt
	Mailing Address 25 KENNEDY DRIVE	04 01 2009		
	City <u>MERIDEN</u>	State CT	Zip Code 06450	Transaction ID: SA11AI.72801 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer MIDSTATE MEDICAL CENTER	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
Б.	Full Name (Last, First, Middle Initial) VALERIE ARKOOSH	1		Date of Receipt
	Mailing Address 530 SPRING LN			04 18 2009
	City WYNDMOOR	State PA	Zip Code 19038	Transaction ID: SA11AI.73214
	FEC ID number of contributing federal political committee.	C	19000	Amount of Each Receipt this Period 500.00
	Name of Employer UNIVERSITY OF PENNSYLVANIA HEALTH AND Receipt For:	Occupation PHYSIC		
	Primary General Other (specify) ▼	Aggregate	500.00]
С.	Full Name (Last, First, Middle Initial) JOEL ARNEY			Date of Receipt
	Mailing Address 4 WINDY HILL CT.	0 4 2 7 2 0 0 9		
	City SUNFISH LAKE	State MN	Zip Code 55077	Transaction ID: SA11AI.73547
	FEC ID number of contributing federal political committee.	C	33077	Amount of Each Receipt this Period 250.00
	Name of Employer RIDGES ANESTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			833.00
f	TOTAL This Period (last page this line number	r only)	······································	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 102 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per y the name and address of any political committee HESIOLOGISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES AUSTGEN Mailing Address 7801 LANTERN RI	D.	Date of Receipt 0 4 3 0 2 0 0 9
City INDIANAPOLIS FEC ID number of contributing	State Zip Code IN 46256	Transaction ID: SA11AI.73624 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JAMES BACHMEIER Mailing Address 952 SOUTH LINCO	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City SALEM	State Zip Code OH 44460	Transaction ID: SA11AI.72891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASSOCIATES IN ANESTHESIOL- OGY, INC. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS BACON	'	Date of Receipt
200 FIRST STREE	•	04 01 2005
City ROCHESTER	State Zip Code MN 55905	Transaction ID: SA11AI.72835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE Beggint For:	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This Page (optional	· 	583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 102 (check only one) X 11a		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) TODD BAILEY			Date of Receipt		
Mailing Address 7502 CROMWELL	DR.		0 4 3 0 2 0 0 9		
City	State	Zip Code	Transaction ID: SA11AI.73738		
ST. LOUIS FEC ID number of contributing federal political committee.	C	63105	Amount of Each Receipt this Period 1000.00		
Name of Employer WAAI	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) ARNA BANERJEE	Date of Receipt				
Mailing Address DEPARTMENT OF	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City State Zip Code NASHVILLE TN 37212			Transaction ID: SA11AI.72822 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	0/212	83.00		
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00			
Full Name (Last, First, Middle Initial) SHAWN BANKS					
Mailing Address 601 NE 36TH ST A	Date of Receipt 0 4 0 1 2 0 0 9				
City MIAMI	State	Zip Code	Transaction ID: SA11AI.72796		
FEC ID number of contributing federal political committee.	C	33137	Amount of Each Receipt this Period 83.00		
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00			
SUBTOTAL of Receipts This Page (optional	<u> </u>		1166.00		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 102 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any per ne name and address of any political committee ESIOLOGISTS POLITICAL ACTION CO		
Full Name (Last, First, Middle Initial) CAROLYN BANNISTER Mailing Address 5102 CHASTLETON	DRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City STONE MOUNTAIN	State Zip Code GA 30087	Transaction ID: SA11AI.72824 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer EMORY HEALTHCARE	Occupation MD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00		
Full Name (Last, First, Middle Initial) ROBERT BEESBURG Mailing Address 152 FORTY LOVE P	T.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.73430	
CHAPIN FEC ID number of contributing federal political committee.	SC 29036	Amount of Each Receipt this Period 500.00	
Name of Employer ACC	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) DANIELLE BELMORE		Date of Receipt	
Mailing Address 6632 WHISPERING			
City PLANO	State Zip Code TX 75024	Transaction ID: SA11AI.72854 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
	•		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL BERRIGAN Mailing Address 900 23RD ST NW City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer MED FACULTY ASSOC Receipt For: Primary General Other (specify)	State Zip Code DC 20037 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 0 9 Transaction ID: SA11AI.73680 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) VIDYA BETHI Mailing Address 1224 HIGHWAY 149 City CLARKSVILLE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General	State Zip Code TN 37040 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER Mailing Address 5014 ASCOT PARKY City TEMPLE FEC ID number of contributing federal political committee. Name of Employer SCOTT AND WHITE MEMORIAL	State Zip Code TX 76502 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SCOTT AND WHITE MEMORIAL HOSPITAL ANES Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 332.00	583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 / 102 (check only one) X 11a 11b 11c 12		
	ad Statements :	Detailed Summary Page	13 14 15 16 1		
Any information copied from such Reports ar or for commercial purposes, other than using	the name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) JEFFREY BLALACK					
Mailing Address P.O. BOX 381168	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City	State	Zip Code	Transaction ID: SA11AI.73659		
GERMANTOWN	TN	38183	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer UNIV OF TN MED GRP		IESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) . STEPHEN BLATT					
	Mailing Address 255 CHESTNUT FLATS LN.				
City	State	Zip Code	Transaction ID: SA11AI.73208		
WAYNESVILLE	NC	28786	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer PLOTT CREEK ANES	Occupatio PHYSICI	AN			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) STEPHEN BOGURSKY	1		Date of Receipt		
Mailing Address 6 DAM LN			04 22 2009		
City BEDFORD	State NH	Zip Code	Transaction ID: SA11AI.73468		
FEC ID number of contributing federal political committee.	C	03110	Amount of Each Receipt this Period 300.00		
Name of Employer ANES CANE GRP	Occupatio ANESTH	n IESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	- + +	e Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional	al)		1300.00		

9	SCHEDULE A (FEC Form 3X)	Use separa	ate schedule(s)	FOR LINE NUMBER: PAGE 13 / 102
Γ	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED NECEIP I 3		ummary Page	X 11a 11b 11c 12
			, ., .,	13 14 15 16 17
	Any information copied from such Reports and Stat	n for the purpose of soliciting contributions		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or for commercial purposes, other than using the na	me and address of any po	olitical committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	MITTEE		
	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICA	L ACTION COM	VIIIIEE
Д. А.	Full Name (Last, First, Middle Initial) JAMES BOONE			Date of Receipt
	Mailing Address 1156 LOMA VERDE DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	<u> </u>	Transaction ID: SA11AI.72953
	EL PASO	TX 79936		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation	\ -	1
		ANESTHESIOLOGIS	_	4
	Receipt For:	Aggregate Year-to-Date	V	
	Primary General Other (specify) ▼		250.00	
	Other (Specify)	0 0 0 0 0	0 0 0 0	
- В.	Full Name (Last, First, Middle Initial) CHRIS BOUKEDES			Date of Receipt
	Mailing Address 1007 GROVE RD., #B	M M / D D / Y Y Y Y		
		04 20 2009		
	City	State Zip Code	•	Transaction ID: SA11AI.73228
	GREENVILLE	SC 29605		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation		1
	Receipt For:	ANESTHESIOLOGIS	_	_
	Primary General	Aggregate Year-to-Date	•	.
	Other (specify)		500.00	
– C.	Full Name (Last, First, Middle Initial) GREGORY BOUSKA			Date of Receipt
J .	Mailing Address 3000 BOGEY CIR SE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	,	Transaction ID: SA11Al.72826
	HAMPTON COVE	AL 35763		Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer AAHLLC	Occupation ANESTHESIOLOGIS	ST	
	Receipt For:	Aggregate Year-to-Date	▼	7
	Primary General		E00.00	
	Other (specify) ▼		500.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			875.00
F	contain the tage (optional)		······	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 102 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CARLOS BRACALE Mailing Address 117 E GLOHAVEN	PL	Date of Receipt 0 4 2 0 2 0 0 9
City SIMPSONVILLE	State Zip Code SC 29681	Transaction ID: SA11AI.73234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTH	Occupation	500.00
GREENVILL'E ÂNESTH Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BARBARA BRANDOM Mailing Address 1118 KING AVE		Date of Receipt 0 4 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.72811
<u>PITTSBURGH</u>	PA 15206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00	
Name of Employer UNIVERSITY OF PITTSBURGH Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) BARBARA BRANDOM	•	Date of Receipt
Mailing Address 1118 KING AVE		04 / 15 / Y Y Y Y Y Y Y
City PITTSBURGH	State Zip Code PA 15206	Transaction ID: SA11AI.72989
FEC ID number of contributing federal political committee.	PA 15206	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF PITTSBURGH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	J)	875.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) OHISTOPHER BRANN Mailing Address 313 E MOORE ST City State Zip Code NC 28461 FEC ID number of contributing federal political committee. Name of Employer Research Primary General Other (specify) ▼ 250.00 Transaction ID: SA11AI.73346 Amount of Each Receipt this Period Primary General Other (specify) ▼ 250.00 Date of Receipt Amount of Each Receipt British Primary General Other (specify) ▼ 250.00 Date of Receipt Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing of the state of	SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Ben	Use separate schedule(s) for each category of the Detailed Summary Page orts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 15 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. CHRISTOPHER BRANN Mailing Address 313 E MOORE ST City SOUTHPORT NC 29461 FEC ID number of contributing federal political committee. City Slate Zip Code NC 29461 Amount of Each Receipt this Period Accoupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST Primary General Other (specify) ▼ City State Zip Code OH 45298 City City State Zip Code OH 45298 FEC ID number of contributing federal political committee. City Name of Employer ANES OF PRACTICE ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ City State Zip Code ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Alfick BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code ANOUNT of Each Receipt this Period FEC ID number of contributing federal political committee. City All	or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and address of any political committee to	solicit contributions from such committee.
City State Zip Code NC 28451 FEC ID number of contributing federal political committee. Name of Employer BRANNESTHESIA PA	CHRISTOPHER BRANN		M M / D D / Y Y Y Y
SOUTHPORT FEC ID number of contributing federal political committee. Name of Employer BRANNESTHESIA PA Receipt For: Primary General Other (specify) ▼ Mailing Address 2561 OBSERVATORY AVE. City State Zip Code CINCINNATI OH 45208 FEC ID number of contributing federal political committee. Name of Employer Ave State Since Ave Too Date ▼ Transaction ID: SA11AL73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL73355 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL733555 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL735555 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL735555 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Amount of Each Receipt this Period Transaction ID: SA11AL735555 Transaction ID: SA1			
FEC ID number of contributing federal political committee. Name of Employer BRANNESTHESIA PA Receipt For: Date of Receipt Primary General Primary Genera		•	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOEL BROMLEY Mailing Address 2561 OBSERVATORY AVE. City State Zip Code CINCINNATI OH 45208 FEC ID number of contributing federal political committee. Name of Employer ANES GRP PHACTICE Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Receipt For: Primary General City State Zip Code Alrick Brooks Mailing Address 137 ASHFORD PARK City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID number of contributing federal political committee. City State Zip Code MACON FEC ID Number of Contributing federal political committee. City State Zip Code MACON FEC ID Number of	FEC ID number of contributing	C	
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) JOEL BROMLEY Mailing Address 2561 OBSERVATORY AVE. City State Zip Code CINCINNATI OH 45208 FEC ID number of contributing federal political committee. Name of Employer ANES GRP PRACTICE Receipt For: Primary General Other (specify) ▼ 500.00 City State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: SA11AI.73342 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.73342 Amount of Each Receipt this Period Date of Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: SA11AI.73555 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.73555 Amount of Each Receipt this Period Transaction ID: SA11AI.73555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer NEUS MEDICAL GRP ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 500.00		ANESTHESIOLOGIST	
Amount of Each Receipt Date of Receipt Mailing Address 2561 OBSERVATORY AVE.	Primary General		
City State Zip Code CINCINNATI OH 45208 FEC ID number of contributing federal political committee. Name of Employer ANES GRP PHACTICE Receipt For: Primary General Other (specify) ▼ State Zip Code ANESTHESIOLOGIST Receipt For: Primary General City State Zip Code MACON GA 31210 FEC ID number of contributing federal political committee. C Date of Receipt Mailing Address 137 ASHFORD PARK City State Zip Code MACON GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Nexus Medical GRP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C CCupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ C CCUPATION Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ C CCUPATION Aggregate Year-to-Date ▼ C C CCUPATION Aggregate Year-to-Date ▼ C C CCUPATION AGGRETIC STATES STATE	•)	Date of Receipt
CINCINNATI OH 45208 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer ANES GRP PRACTICE Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code GA 31210 FEC ID number of contributing federal political committee. Name of Employer ANESON GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Neceipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Date of Receipt M	· 	VATORY AVE.	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANES GRP PRACTICE	•	·	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code MACON GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M D 2 7 Y 2 0 0 9 Transaction ID: SA11AI.73555 Amount of Each Receipt this Period FOO.00		C	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code MACON GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	Name of Employer ANES GRP PRACTICE	· · · · · · · · · · · · · · · · · · ·	
ALRICK BROOKS Mailing Address 137 ASHFORD PARK City State Zip Code MACON GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Receipt For: Primary General Other (specify) General Other (specify) State Zip Code Transaction ID: SA11AI.73555 Amount of Each Receipt this Period 500.00	Primary General		
City MACON State Zip Code GA 31210 FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Receipt For: Primary Other (specify) Aggregate Year-to-Date Occupation Angregate Year-to-Date Aggregate Year-to-Date Transaction ID: SA11AI.73555 Amount of Each Receipt this Period 500.00)	Date of Receipt
MACON FEC ID number of contributing federal political committee. C Name of Employer NEXUS MEDICAL GRP Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C 500.00 Amount of Each Receipt this Period 500.00	Mailing Address 137 ASHFOR	D PARK	
FEC ID number of contributing federal political committee. Name of Employer NEXUS MEDICAL GRP Receipt For: Primary General Other (specify) Other (specify) 1250.00	•	•	
Name of Employer NEXUS MEDICAL GRP Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	•		
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	federal political committee.	C	500.00
Primary General Other (specify) ▼ 500.00	Name of Employer NEXUS MEDICAL GRP	·	
SUBTOTAL of Receipts This Page (optional)	Primary General		
	SURTOTAL of Receipts This Page (ontional)	1250.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/102
ľ	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JOSEPH BROWN			Date of Receipt
	Mailing Address 222 STERLING SPRING	GS DR.		04 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.72879
	JOHNSON CITY	TN	37604	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer APC	Occupatio	n IESIOLOGITS	
	Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	1	500.00	
В.	Full Name (Last, First, Middle Initial) KATHRYN BUCSHON			Date of Receipt
	Mailing Address 10211 LINCOLN AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Ctata	Zin Codo	
	City NEWBURGH	State IN	Zip Code	Transaction ID: SA11AI.72980
	•	IIN	47630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DEACONESS HOSP	Occupatio	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General	7 1991 09u.t	1 1 1 1 1 1 1	1
	Other (specify)		250.00	
с. С.	Full Name (Last, First, Middle Initial) WILLIAM BURK			Date of Receipt
	Mailing Address 1007 GROVE RD # B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.73236
	GREENVILLE	SC	29605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer GREENVILLE ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 34.0		1
	Other (specify)		500.00	
_				
ſ	<u> </u>			
	SUBTOTAL of Receipts This Page (optional)			1250.00
-	,		<u>^</u>	

SCHEDULE A	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purpo	ses, other than using the name and TEE (In Full)	s may not be sold or used by any person d address of any political committee to ISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
Full Name (Last, First DAVID BURKAMPER Mailing Address 1	t, Middle Initial) 499 CEDAR TREE CT., N.E. Stat	e Zip Code	Date of Receipt M
SWISHER FEC ID number of c federal political communications		52338	Amount of Each Receipt this Period 250.00
Name of Employer LINN CTY ANESTH Receipt For: Primary Other (specify	Aggre General	pation STHESIOLOGIST egate Year-to-Date ▼ 250.00	
Full Name (Last, First TIMOTHY BURKE Mailing Address 3	et, Middle Initial) 655 BORDER CREEK COUR	т	Date of Receipt 0 4 2 7 2 0 0 9
City DENVER	Stat NC	e Zip Code 28037	Transaction ID: SA11AI.73549 Amount of Each Receipt this Period
REC ID number of c federal political common Name of Employer SOUTHEAST ANE: CONSULTANTS Receipt For: Primary Other (specify	STHESIOLOGY General General	pation SICIAN egate Year-to-Date ▼ 250.00	250.00
Full Name (Last, Fire VITO CANCELLARO Mailing Address 4	t, Middle Initial) 2 FOX HUNT LANE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREER FEC ID number of c		e Zip Code 29651	Transaction ID: SA11AI.73238 Amount of Each Receipt this Period 500.00
federal political comi Name of Employer GREENVILLE ANE	Occup OCCUP	pation STHESIOLOGIST	
Receipt For: Primary Other (specify	General	egate Year-to-Date ▼ 500.00	
SUBTOTAL of Receip	s This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK CARITHERS		Date of Receipt
Mailing Address 1007 GROVE RD	# B	04 20 2009
City	State Zip Code	Transaction ID: SA11AI.73240
GREENVILLE	SC 29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RICHARD ALAN CARITHERS		Date of Receipt
Mailing Address 1007 GROVE RD.	,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State Zip Code SC 29605	Transaction ID: SA11AI.73242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KEITH CARTER		Date of Receipt
Mailing Address 2417 E. NORTHSI	DE DR.	04 25 2009
City JACKSON	State Zip Code MS 39211	Transaction ID: SA11AI.73529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer JACKSON ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00

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) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) BAYER CHENG			Date of Receipt
Mailing Address 1118 ROSS CLARK	CIR., #700		04 14 2009
City	State	Zip Code	Transaction ID: SA11AI.72963
DOTHAN	AL	36301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) SUBBA CHENUMOLU	I		Date of Receipt
Mailing Address 1510 CHANDLER R	RD SE		04 17 2009
City	State	Zip Code	Transaction ID: SA11AI.73203
HUNTSVILLE	AL	35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer COMP ANES SERV	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) SAMUEL CHERRY			Date of Receipt
Mailing Address 149 LUCERNE BLV	D.		04 01 7 2009
City	State	Zip Code	Transaction ID: SA11AI.72817
BIRMINGHAM	AL	35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNIVERSITY OF ALABAMA MED- ICAL CENTER D	Occupation ANESTH	n ESIOLOGIST - ASST PROF	=
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	332.00]
SUBTOTAL of Receipts This Page (optional)		1583.00
232. 27.12 of Hoodipto Hills Lago (optional	,		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 20 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) A. MARLENE CHUA Mailing Address 2502 QUAIL CHASE (CT		Date of Receipt
City SELLERSBURG	State IN	Zip Code 47172	Transaction ID: SA11AI.73477 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES. ASSOC. OF CLARK COU- NTY Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONALD COLE Mailing Address 8646 N. OREGON AV	/E.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KANSAS CITY FEC ID number of contributing	State MO	Zip Code 64154	Transaction ID: SA11AI.73728 Amount of Each Receipt this Period 500.00
name of Employer ADVIVUM ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GARY COPPA			Date of Receipt
Mailing Address 4053 ASHWOOD CT.			04 / 03 / 4 2009
City <u>VENTURA</u>	State CA	Zip Code 93003	Transaction ID: SA11AI.72871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SLF	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	•	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 102 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID CRUMLEY Mailing Address 1550 BOYSON RD City HIAWATHA FEC ID number of contributing federal political committee. Name of Employer LINN CTY ANESTH Receipt For: Primary General Other (specify)		Zip Code 52233 n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 7 2 0 0 9 Transaction ID: SA11AI.73185 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) STEPHEN CUPLIN Mailing Address 14320 168TH AVE., City WOODINVILLE FEC ID number of contributing federal political committee. Name of Employer MATRIX ANESTHESIA Receipt For: Primary General	State WA C Occupatio PHYSICI	Zip Code 98072 n IAN e Year-to-Date ▼	Date of Receipt M M / 20 / 2009 Transaction ID: SA11AI.73336 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) PATRICIA DAVIDSON Mailing Address 27 KESWICK DR City NEW ALBANY FEC ID number of contributing federal political committee. Name of Employer PREMIER ANESTH Receipt For: Primary General	State OH C Occupatio PHYSICI Aggregate		Date of Receipt M M / 20 / 2009 Transaction ID: SA11AI.73284 Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		•	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 102 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DONALD DAVIS Mailing Address 45 SHERINGTON P City SANDY SPRINGS FEC ID number of contributing federal political committee. Name of Employer CHILDRENS HLTHCR ATL	State Zip Code GA 30350 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GWEN DAVIS Mailing Address 45 SHERINGTON P		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA FEC ID number of contributing federal political committee.	State Zip Code GA 30350	Transaction ID: SA11AI.73176 Amount of Each Receipt this Period 250.00
Name of Employer NORTHSIDE ANES CONSUL Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS DAVIS Mailing Address 2545 VALLEY OAKS	S ESTATES DR	Date of Receipt 0 4 1 7 2 0 0 9
City WILDWOOD	State Zip Code MO 63005	Transaction ID: SA11AI.73206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WASHINGTON UNIV Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 102 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
∠_ A .	Full Name (Last, First, Middle Initial) ABHJIT DESAI			Date of Receipt
	Mailing Address 831 BOSTON POST R	RD STE 203		04 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.73517
	MILFORD FEC ID number of contributing federal political committee.	CT	06460	Amount of Each Receipt this Period 250.00
	Name of Employer MILFORD ANESTHESIA ASSOCI- ATES, INC ANE Receipt For: Primary General Other (specify) ▼		on HESIOLOGIST e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) MARK DESTACHE Mailing Address 633 FAIRMOUNT AVE	:		Date of Receipt
	City ST. PAUL FEC ID number of contributing federal political committee.	State MN	Zip Code 55105	Transaction ID: SA11AI.73694 Amount of Each Receipt this Period 300.00
	Name of Employer ASSOC ANESTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
— с.	Full Name (Last, First, Middle Initial) JERRY DIEHR			Date of Receipt
	Mailing Address 4111 W AZEELE ST			04 30 2009
	City TAMPA	State FL	Zip Code 33609	Transaction ID: SA11AI.73664 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FL GULF TO BAY ANES	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ Mailing Address 3000 BIRD AVE UN City COCONUT GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERISTY OF MIAMI Receipt For: Primary General	State FL C Occupation ANESTH	Zip Code 33133 n IESIOLOGIST a Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ALICE DIJAMCO Mailing Address 760 WOOD DUCK City ATLANTA	CT., N.W. State GA	332.00 Zip Code 30327	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ST. JOSEPHS HOSPITAL OF ATLANTA ANESTH Receipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		500.00
Full Name (Last, First, Middle Initial) ALICE DIJAMCO Mailing Address 760 WOOD DUCK City ATLANTA FEC ID number of contributing	State GA	Zip Code 30327	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer PHYS SPEC IN ANES Receipt For: Primary General Other (specify) ▼	- ' '	n ESIOLOGIST e Year-to-Date 500.00	500.00
SUBTOTAL of Receipts This Page (optional	l)		1083.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RHETT DODGE Mailing Address 1007 GROVE RD., #E City GREENVILLE		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) CATHERINE DREXLER Mailing Address 2100 E NOCK ST		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.73636
MILWAUKEE FEC ID number of contributing federal political committee.	WI 53207	Amount of Each Receipt this Period 250.00
Name of Employer ST MARY'S ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN DRYDEN		Date of Receipt
Mailing Address 8820 MUD CREEK R	D	0 4 3 0 Y Y Y Y Y
City INDIANAPOLIS	State Zip Code IN 46256	Transaction ID: SA11AI.73661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CAI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	1000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p g the name and address of any political committe	person for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) KATRINA DUQUE Mailing Address 1205 EDMER AVE		Date of Receipt
City OAK PARK	State Zip Code IL 60302	Transaction ID: SA11AI.73398 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MOUNT SINAI HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK ELLIS Mailing Address 4070 MARVI AND	AVE	Date of Receipt
Mailing Address 1972 MARYLAND	AVE.	04 20 4 2009
City	State Zip Code	Transaction ID: SA11AI.73353
CHARLOTTE	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NE ANES & PAIN SPEC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) S. CHRISTOPHER ELLIS	•	Date of Receipt
Mailing Address 10301 HICKMAN N	MILLS DR.	0 4 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.73120
KANSAS CITY	MO 64137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 102 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD ELLISON Mailing Address 5501 WINCHESTE	ER CT.		Date of Receipt 0 4 2 0 2 0 0 9
City MIDLAND FEC ID number of contributing federal political committee.	State MI	Zip Code 48642	Transaction ID: SA11AI.73374 Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MICHAEL J. EVANS Mailing Address 1007 GROVE RD	# B		Date of Receipt 0 4 2 0 2 0 0 9
City GREENVILLE FEC ID number of contributing	State SC	Zip Code 29605	Transaction ID: SA11AI.73246 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ROBERT FEARS Mailing Address 2404 WATERFOR	D DR.		Date of Receipt
City AMES FEC ID number of contributing federal political committee.	State IA	Zip Code 50010	Transaction ID: SA11AI.72909 Amount of Each Receipt this Period 250.00
Name of Employer MCFARLAND CLINIC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	FOR LINE NUMBER: PAGE 28 / 102 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and address of any politi	cal committee to so	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID FERSON Mailing Address 1400 HOLCOMBE	BLVD UNIT 409		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOUSTON	State Zip Code TX 77030		Transaction ID: SA11AI.72995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer M.D. ANDERSON CANCER CTR Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) JUAN FIRNHABER Mailing Address 4301 W MARKHA	M ST LOT 515		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.73216
LITTLE ROCK FEC ID number of contributing federal political committee.	AR 72205		Amount of Each Receipt this Period 250.00
Name of Employer UNIV. OF ARKANSAS FOR MED- ICAL SCIENCES Receipt For: Primary General Other (specify) ▼	Occupation ASSISTANT PROFESS Aggregate Year-to-Date	SOR 250.00	
Full Name (Last, First, Middle Initial) JAN FISHER Mailing Address 2213 STATE ROA	D, 225 EAST		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: SA11AI.73003
BATTLE GROUND FEC ID number of contributing federal political committee.	IN 47920		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) MICHAEL FITZPATRICK Mailing Address 1928 APPLE BLOSSC City FLOYDS KNOBS FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC CLARK CTY	State IN C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	,	IESIOLOGIST e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW Mailing Address 38 HEDGEROW DR.	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Zip Code			Transaction ID: SA11AI.72828
	FALMOUTH	ME	04105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer SPECTRUM MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
	Full Name (Last, First, Middle Initial) H. FONTENOT	1		Date of Receipt
	Mailing Address 305 PARK AVE.			0 4 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.73608
	MONROE FEC ID number of contributing federal political committee.	C	71201	Amount of Each Receipt this Period 500.00
	Name of Employer H JERREL FONTENOT, MD, PHD APMC	Occupatio PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		833.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 102 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
·	Full Name (Last, First, Middle Initial) VAFA FOROUGHI			Date of Receipt
	Mailing Address 14825 N OUTER 40 S		75.0.4	04 30 2009
	City CHESTERFIELD	State MO	Zip Code 63017	Transaction ID: SA11AI.73724 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00011	500.00
	Name of Employer PREMIER ANESTHESIA	Occupatio	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) WALLACE FRIEDMAN	Date of Receipt		
	Mailing Address 903 CLEARVIEW DR	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.72862
	NASHVILLE	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AMG P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) BRADLEY FRY	Date of Receipt		
	Mailing Address 765 MC CLENDON C	0 4 2 0 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.73314
	BRENTWOOD	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>ر</u>	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) X 11a 11b 13 14	R: PAGE 31 / 102
or for commerc	n copied from such Reports and ial purposes, other than using the COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of so	pliciting contributions
		SIOLOGISTS	S POLITICAL ACTION COM	MITTEE	
ANTHONY F	Last, First, Middle Initial) FUNKE ress 2503 LINCOLN AVE.				2009
City EVANSVII	LLE	State IN	Zip Code 47714	Transaction ID:	SA11AI.73657 Receipt this Period
	nber of contributing cal committee.	C			250.00
Name of Em ANES GRP			IESIOLOGIST		
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 250.00]	
. WAYNE GAE	Last, First, Middle Initial) BRIEL ress 1007 GROVE RD., #E			Date of Receipt	
	1655 1007 GROVE RD., #B		20 2009		
City <u>GREENVI</u>	116	State SC	Zip Code 29605		SA11AI.73248
FEC ID num	nber of contributing cal committee.	C	29003	Amount or Each	Receipt this Period 500.00
Name of En GREENVIL	nployer LE ANES	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 500.00]	
EDGARDO (Last, First, Middle Initial) GARCIA ress 3040 WOLF RIDGE (OT		Date of Receipt	
City		State	Zip Code		2 0 0 9 SA11Al.73479
NEW ALB		IN	47150	Amount of Each	Receipt this Period
federal politi	nber of contributing cal committee.	C			250.00
	nployer OC CLARK CTY	- 	IESIOLOGIST		
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 250.00]	
SUBTOTAL o	f Receipts This Page (optional) .				1000.00
TOTAL This F	Period (last page this line numbe	r only)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 102 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDMUND GARVEY Mailing Address 133 E. FREDERICK	(ST.		Date of Receipt 0 4 1 7 2 0 0 9
City LANCASTER FEC ID number of contributing	State PA	Zip Code 17602	Transaction ID: SA11AI.73127 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA ASSOC OF LANCA- STER Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) JAMES GLENSKI Mailing Address 4024 W 104TH TEF	RR		Date of Receipt 0 4 3 0 2 0 0 9
City OVERLAND PARK FEC ID number of contributing federal political committee.	State KS	Zip Code 66207	Transaction ID: SA11AI.73686 Amount of Each Receipt this Period 500.00
Name of Employer ANES ASSOC OF KC Receipt For: Primary General Other (specify)	Occupation PHYSICI		
Full Name (Last, First, Middle Initial) GENE GORDON Mailing Address P.O. BOX 1166			Date of Receipt
City SYLACAUGA FEC ID number of contributing federal political committee.	State AL	Zip Code 35150	Transaction ID: SA11AI.72988 Amount of Each Receipt this Period 500.00
Name of Employer SYLACAUGA ANESTH	- ' '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) TERENCE GRAY		Date of Receipt
Mailing Address 70 BLACK WALN	IUT LANE	04 17 2009
City	State Zip Code	Transaction ID: SA11AI.73110
BURLINGTON	CT 06013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer MILFORD ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) FRANCISCO GRINBERG	Date of Receipt	
Mailing Address 149 EDSON HILL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.73692
STOWE	VT 05672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FLETCHER ALLEN HLTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KEVIN HAMPEL	Date of Receipt	
Mailing Address 2113 S. PIN OAK	DR.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.73705
SPRINGFIELD	MO 65809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OZARK ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 102 (check only one) X		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	ress of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) BRIAN HECHT Mailing Address 1600 E. BROADWA	AY		Date of Receipt		
City COLUMBIA	State MO	Zip Code 65203	Transaction ID: SA11AI.73704 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer MID AMERICA ANES Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) DONALD HEINDEL Mailing Address 3635 CATAWBA R	D.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.73581		
BLACKSBURG	VA	24060	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer ACU		SIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) ANDREW HERLICH	Date of Receipt				
Mailing Address 116 HAVERFORD	Mailing Address 116 HAVERFORD CIRCLE				
City	State	Zip Code	Transaction ID: SA11AI.72837		
PITTSBURGH FEC ID number of contributing federal political committee.	C	15228	Amount of Each Receipt this Period 83.00		
Name of Employer MERCY HOSPITAL OF PITTSBU- RGH	<u>'</u>	SIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00			
SUBTOTAL of Receipts This Page (optional	si/)		583.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 102 (check only one) X 11a		
1	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE		
∠ 4 .	Full Name (Last, First, Middle Initial) EDWARD HOCKADAY					
	Mailing Address 6 STONEHAVEN WO	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.73596		
	JACKSON	TN	38305	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer JACKSON CLINIC	Occupation ANESTH	n HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
_ 3.	Full Name (Last, First, Middle Initial) SUNG JAE HONG	Date of Receipt				
	Mailing Address 4 HIGBIE CT.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.72897		
	GROSSE POINTE FARM	MI	48236	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer ST. JOHN ANESTHESIOLOGISTS P.C	Occupation ANESTH	n HESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
_ ;.	Full Name (Last, First, Middle Initial) EDWARD HUESING	1		Date of Receipt		
•	Mailing Address 8120 E DEL CAPITAN	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.72846		
	SCOTTSDALE	AZ	85258	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer SELF	Occupation ANESTH	n IESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00			
	SUBTOTAL of Receipts This Page (optional)			1000.00		
\vdash	CODITION OF THE OFFICE THIS T AGE (OPTIONAL)					

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
` '	STHESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) CHARLES INGRAM					
Mailing Address 9410 FOREST S	Mailing Address 9410 FOREST STATION RD.				
City	State Zip Code	Transaction ID: SA11AI.73162			
COLLIERVILLE FEC ID number of contributing	TN 38017	Amount of Each Receipt this Period			
federal political committee.	C	300.00			
Name of Employer MED ANES GRP	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) NULLIAM ISAACS	Full Name (Last, First, Middle Initial) WILLIAM ISAACS				
	Mailing Address 3010 W CHARLESTON BLVD STE 150				
City	State Zip Code	0 4 2 1 2 0 0 9 Transaction ID: SA11AI.73400			
LAS VEGAS	NV 89102	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer ANESTHESIOLOGY CONSULTANT S, INC. CREDE	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) JEFFREY JACKSON					
Mailing Address 602 W. SECONI	ST.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.73357			
BLOOMINGTON FEC ID number of contributing federal political committee.	IN 47403	Amount of Each Receipt this Period 250.00			
Name of Employer BLOOMINGTON ANES	Occupation ANESTHESIOLOGIST	-			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (opti	onal)	1050.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 37 / 102 (check only one) X
NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	
Full Name (Last, First, Middle Initial) WENDELL CLYATT JAMES Mailing Address 1007 GROVE RD., #	В	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State Zip Code SC 29605	Transaction ID: SA11AI.73250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) B. DANIEL JANIK Mailing Address 15605 E. PRENTICE	DR.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CENTENNIAL FEC ID number of contributing	State Zip Code CO 80015	Transaction ID: SA11AI.72809 Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF COLORADO, DENVER Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) C. JENNIFER JENNINGS-KALTWASSER Mailing Address 30 LAKESHORE CT.	#4	Date of Receipt
City BRIGHTON	State Zip Code MA 02135	Transaction ID: SA11AI.73563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer COMMONWEALTH ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1583.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 102 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pe ng the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS JOHANS Mailing Address 12335 IRONSTOR	NE RD	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAINT LOUIS	State Zip Code MO 63131	Transaction ID: SA11AI.73740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer WAAI	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JAKE JOHNSON Mailing Address 212 MCIVER ST.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State Zip Code SC 29601	Transaction ID: SA11AI.73252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PHILLIP JONES Mailing Address 110 29TH AVE. N	., #202	Date of Receipt
City	State Zip Code TN 37203	0 4 0 5 2 0 0 9 Transaction ID: SA11AI.72889
NASHVILLE FEC ID number of contributing federal political committee.	TN 37203	Amount of Each Receipt this Period 250.00
Name of Employer AMG	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Page (entire	nal)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 102 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POLITICAL ACTION COM	1MITTEE
Full Name (Last, First, Middle Initial) NATHAN JORGENSEN Mailing Address 112 HIGHLAND ST	Г.	Date of Receipt
City PORTSMOUTH	State Zip Code NH 03801	Transaction ID: SA11AI.73527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ATLANTIC ANESTHESIA, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID KALISH		Date of Receipt
Mailing Address 840 PINE ST STE	770	04 27 2009
City	State Zip Code	Transaction ID: SA11AI.73557
MACON FEC ID number of contributing	GA 31201	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer THE NEXUS MEDICAL GRP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) VIDA KASUBA	•	Date of Receipt
Mailing Address 1406 ELIZABETH (CT	0 4 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.73105
CORAOPOLIS	PA 15108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PITTSBURGH ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	(ls	1000.00
TOTAL This Period (last page this line num	aber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) TRIPTI KATARIA Mailing Address 2015 SPRING RD ST City OAK BROOK FEC ID number of contributing federal political committee. Name of Employer WITT KIEFFER Receipt For: Primary General Other (specify)	State IL C Occupatio PHYSICI	Zip Code 60523	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) BYRON KENNERLY Mailing Address 1007 GROVE RD., #E City GREENVILLE FEC ID number of contributing federal political committee.	State SC	Zip Code 29605	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, ·	n IESIOLOGIST e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) KATHRYN KILLMAN Mailing Address 3600 CENTRAL AVE City NASHVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37205	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer AMG Receipt For: Primary General Other (specify) ▼	, '	n IESIOLOGIST e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)	<u> </u>		833.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHARLES KIM			Date of Receipt
Mailing Address 1209 FOX TRAIL CT	Г.		04 01 2009
City NAPERVILLE	State IL	Zip Code 60540	Transaction ID: SA11AI.72799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) RICHARD KNOX			Date of Receipt
Mailing Address 1007 GROVE RD #	В		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.73256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JANE KUGLER			Date of Receipt
Mailing Address 9739 FIELDCREST	DR.		0 4 2 3 2 0 0 9
City OMAHA	State NE	Zip Code 68114	Transaction ID: SA11AI.73507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CHILDRENS HOSPITAL, OMAHA	Occupation PHYSICI		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1083.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/102 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN LAGMAN			Date of Receipt
Mailing Address 3039 HARTWICKE [OR.		04 20 7 2009
City MADISON	State WI	Zip Code 53711	Transaction ID: SA11AI.73292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MADISON ANES CONSUL	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN LANE			Date of Receipt
Mailing Address 1007 GROVE RD # I	В		0 4 2 0 2 0 9
City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.73258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25000	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STUART LANE			Date of Receipt
Mailing Address 1007 GROVE RD # I	В		0 4 2 0 2 0 0 9
City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.73260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	1		1250.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/102 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) THOMAS LAUGHLIN			Date of Receipt
Mailing Address 1030 BURNING TRE	E DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KANSAS CITY	State MO	Zip Code 64145	Transaction ID: SA11AI.73682 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer AAKC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 5432 WOODCHUCK	CLN.		0 4 2 0 7 Y Y Y Y Y Y
City ROANOKE	State VA	Zip Code 24018	Transaction ID: SA11AI.73230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27010	250.00
Name of Employer ANESTHESIOLOGY CONSULTANTS OF VIRGINIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) MIKE WILLIAM LEPPERT			Date of Receipt
Mailing Address 2557 INGLESIDE FA	ARM W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TN	Zip Code	Transaction ID: SA11AI.73442
GERMANTOWN FEC ID number of contributing federal political committee.	C	38139	Amount of Each Receipt this Period 250.00
Name of Employer MED ANES GRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 102 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) NANCYANNE LERNER			Date of Receipt
	Mailing Address 528 BARBERRY LN City	State	Zip Code	0 4 2 2 2 0 0 9 Transaction ID: SA11AI.73483
	LOUISVILLE	KY	40206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer ANES. ASSOC OF CLARK CTY	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) GLORIA LEWIS			Date of Receipt
	Mailing Address 3600 MALONEY RD			04 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.73172
	KNOXVILLE	TN	37920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES MED ALLIA E TN	_ '	IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) JOLLY LI			Date of Receipt
	Mailing Address 3125 HAMILTON MA	SON RD.		04 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HAMILTON	State OH	Zip Code 45011	Transaction ID: SA11AI.73602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AAC INC.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	UBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 102 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DELLA LIN Mailing Address 1329 LUSITANA S	T., #604		Date of Receipt
City HONOLULU FEC ID number of contributing	State HI	Zip Code 96813	Transaction ID: SA11AI.73666 Amount of Each Receipt this Period
federal political committee. Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	250.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID LIND Mailing Address 148 57TH CT.	-		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST DES MOINES	State IA	Zip Code 50266	Transaction ID: SA11AI.73125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MED CTR ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MATTHEW LINSENBARDT			Date of Receipt
Mailing Address 927 MOREHOUSE	LN.		04 / 30 / 4 2009
City UNIVERSITY CITY	State MO	Zip Code 63130	Transaction ID: SA11AI.73707 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WAAI		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) 1		750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for comme	ercial purposes, other than using the COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERIC	CAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name ROGER L				Date of Receipt
Mailing A	ddress 925 ENGLISH OAK D	RIVE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.72959
<u>BISMAF</u>		ND	58501	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		500.00
Name of I ST. ALEX CLINIC	Employer KIUS HEART AND LUNG	Occupatio ANESTH	n IESIOLOGIST	
Receipt F		Aggregate	e Year-to-Date ▼	
	nary ☐ General er (specify) ♥		500.00	
Full Name BRIT LOV	e (Last, First, Middle Initial) VORN			Date of Receipt
Mailing Ad	ddress 107 CAVEL LN			04 30 2009
City		State	Zip Code	Transaction ID: SA11AI.73718
DOTHA	N	AL	36305	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		500.00
Name of I ANESTH DICAL G	Employer ESIA CONSULTANTS ME- ROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt F	or: narv General	Aggregate	e Year-to-Date ▼	_
	er (specify) ▼		500.00	
Full Name	e (Last, First, Middle Initial) LYSAK			Date of Receipt
Mailing Ad	ddress 1007 GROVE RD., #B	ı		04 20 2009
City		State	Zip Code	Transaction ID: SA11AI.73261
<u>GREEN</u>	VILLE	SC	29605	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		500.00
Name of E GREENV	Employer ILLE ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL	of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 102 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NEIL MACDONALD Mailing Address 3246 LINKS MANC City SALEM FEC ID number of contributing federal political committee. Name of Employer ANES CONSUL OF VA	State VA C	Zip Code 24153 n ESIOLOGIST	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMIE MAHER Mailing Address 19 S LYNWOOD B City	BLVD State	Zip Code	Date of Receipt M
EASTBOROUGH FEC ID number of contributing federal political committee. Name of Employer GALICHIA HEART HOSP Receipt For: Primary General Other (specify)		n ESIOLOGIST Year-to-Date V	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JULIET MAILLET Mailing Address 7700 TIMBER HILL	DR.		Date of Receipt
City INDIANAPOLIS FEC ID number of contributing federal political committee.	State IN	Zip Code 46217	Transaction ID: SA11AI.72793 Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY HEIGHTS ANES. Receipt For: Primary General Other (specify)	- + +	ESIOLOGIST Year-to-Date 1000.00]
SUBTOTAL of Receipts This Page (options	al)		1750.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 102 (check only one) X
Any information copied from su or for commercial purposes, ot	her than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Midd ALVIN MANALAYSAY Mailing Address 769 RIV	,		Date of Receipt
City FENTON	State MO	Zip Code	0 4 3 0 2 0 0 9 Transaction ID: SA11AI.73711
FEC ID number of contributed federal political committee.		63026	Amount of Each Receipt this Period 250.00
Name of Employer S CTY ANES ASSOC	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mido	,		Date of Receipt
Mailing Address 15395 I	PROSPECT DR.		0 4 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.73646
REDDING	CA	96001	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		250.00
Name of Employer SHASTA ANES CONSUL	Occupation ANESTH	n HESIOLOGIST	
Receipt For:		e Year-to-Date 🔻	
Primary Ger Other (specify) ▼	neral	250.00	
Full Name (Last, First, Mido STEVEN MANDELBERG	lle Initial)		Date of Receipt
Mailing Address 336 FO	REST ST.		04 15 2009
City OAKLAND	State CA	Zip Code	Transaction ID: SA11AI.72987
FEC ID number of contributed federal political committee.		94618	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	I		

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KURT MARKGRAF Mailing Address 3663 MCKINLEY A City FORT MYERS FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANESTHESIA Receipt For: Primary General	State FL C Occupation ANESTHE	ESIOLOGIST Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 4 D D / 2 0 0 9 Transaction ID: SA11AI.72805 Amount of Each Receipt this Period 83.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBERT MARSKE Mailing Address 8342 EAGLE CRES City INDIANAPOLIS FEC ID number of contributing	ST LN. State IN	Zip Code 46234	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation ANESTHE	ESIOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LINDA MASTROIANNI Mailing Address 11 OLDE COUNTR City WOODBRIDGE FEC ID number of contributing federal political committee.	Y RD. State CT	Zip Code 06525	Date of Receipt 0 4 1 5 2 0 0 9 Transaction ID: SA11AI.72991 Amount of Each Receipt this Period 250.00
Name of Employer HARTFORD ANESTH Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and States of the such Reports and Stat	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 50 / 102 (check only one) X
NAME OF COMMITTEE (In Full)	e name and address of any political committee to	
Full Name (Last, First, Middle Initial) MARK MATHIS Mailing Address 1007 GROVE RD., #E	3	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City GREENVILLE FEC ID number of contributing	State Zip Code SC 29605	Transaction ID: SA11AI.73263 Amount of Each Receipt this Period
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) SALLY MCKELLAR Mailing Address 1829 BAY POINTE D	R.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HIXSON FEC ID number of contributing federal political committee.	State Zip Code TN 37343 C	Transaction ID: SA11AI.73326 Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIOLOGY CONSULTANT EXCHANGE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) RICHARD MCNEER Mailing Address 18340 SW 122 ST.		Date of Receipt
City MIAMI	State Zip Code FL 33196	Transaction ID: SA11AI.72798 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF MIAMI DEPT	Occupation	83.00
OF ANESTHESIO Receipt For: Primary Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional) .	>	1583.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 102 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Д А.	Full Name (Last, First, Middle Initial) WILLIAM MCRAE			Date of Receipt
	Mailing Address 1118 ROSS CLARK SUITE #700	CIRCLE		04 30 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.73753
	DOTHAN FEC ID number of contributing federal political committee.	C	36301	Amount of Each Receipt this Period 500.00
	Name of Employer ACMG	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) JOHN MENIUS			Date of Receipt
	Mailing Address 12770 WYNFIELD P	INES		04 30 2009
	City	State	Zip Code	Transaction ID: SA11Al.73730
	ST. LOUIS	MO	63131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WOODS MILL ANES GRP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	1
_	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) VERNON MERCHANT			Date of Receipt
	Mailing Address 1007 GROVE RD # B	3		04 20 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.73265
	GREENVILLE FEC ID number of contributing federal political committee.	SC C	29605	Amount of Each Receipt this Period 500.00
	Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number			

	LOGISTS POLITICAL ACTION COMM	
Full Name (Last, First, Middle Initial) ROBERT MIDDLETON Mailing Address 27193 BAILEYS NECK Ro City EASTON FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA ASSC, Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	State Zip Code MD 21601 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ROBERT MIDDLETON Mailing Address 27193 BAILEYS NECK Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	State Zip Code MD 21601 C Occupation ANESTHESIOLOGIST	M M O D O O O O O O O O O O O O O O O O
City EASTON FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA ASSC, Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	State Zip Code MD 21601 C Occupation ANESTHESIOLOGIST	0 4 0 9 2 0 0 9 Transaction ID: SA11AI.72917 Amount of Each Receipt this Period
EASTON FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA ASSC, Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	MD 21601 C Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.72917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer TIDEWATER ANESTHESIA ASSC, Receipt For: Primary General Other (specify) Cother (specify) Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	Occupation ANESTHESIOLOGIST	
federal political committee. Name of Employer TIDEWATER ANESTHESIA ASSC, Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	Occupation ANESTHESIOLOGIST	1000.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	ANESTHESIOLOGIST	1
Primary General Other (specify) Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing		
MARY MIGLIORI Mailing Address PO BOX 418 City BOISE FEC ID number of contributing	1000.00	
Mailing Address PO BOX 418 City BOISE FEC ID number of contributing		Date of Receipt
BOISE FEC ID number of contributing		04 20 2009
FEC ID number of contributing	State Zip Code	Transaction ID: SA11AI.73330
	ID 83701	Amount of Each Receipt this Period
	C	250.00
SELE EMBLOVED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BURNEY MILLER		Date of Receipt
Mailing Address 820 S. FIRST ST. TERRA	CE	0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.73690
ODESSA	MO 64076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
AAKC . ,	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for ea	reparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 53 / 102 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of a	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLIT	ICAL ACTION COM	WIIIIEE
Full Name (Last, First, Middle Initial) HARRY MILLER			Date of Receipt
Mailing Address 9663 SANTA MONI	CA BLVD., #901		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BEVERLY HILLS	State Zip	Code	Transaction ID: SA11AI.72936 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRIAN MILLS	1		Date of Receipt
Mailing Address 4105 W. 123RD ST			0 4 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LEAWOOD	State Zip KS 662	Code	Transaction ID: SA11AI.73066
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 250.00
Name of Employer MIDWEST ANESTHESIA PA.	Occupation ANESTHESIOLO	OGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-		
Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON	1		Date of Receipt
Mailing Address 2400 WIMBLEDON	WAY		0 4
City LAS VEGAS		Code	Transaction ID: SA11AI.72830
FEC ID number of contributing federal political committee.	NV 891		Amount of Each Receipt this Period 83.00
Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)		583.00
TOTAL This Period (last page this line numl	per 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) X 11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statement and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT MOLLOY Mailing Address 6323 N. KNOX City CHICAGO	State Zip Code IL 60646	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer NORTHWESTERN MED Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) OLIVER MONTOYA Mailing Address PO BOX 826 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
JEFFERSONVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY ASSOC.OF CLARK COUNTY Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) RUBEN MONTOYA Mailing Address 2307 SAINT ANDRE	EWS RD	Date of Receipt M
City JEFFERSONVILLE FEC ID number of contributing federal political committee.	State Zip Code IN 47130	Transaction ID: SA11AI.73481 Amount of Each Receipt this Period 250.00
Name of Employer GOLFVIEW ESTATE Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 55 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
•	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Α.	Full Name (Last, First, Middle Initial) DONALD MOORE Mailing Address 1614 OAKHURST DR	IVF		Date of Receipt
				04 20 2009
	City OOLTEWAH	State TN	Zip Code 37363	Transaction ID: SA11AI.73334 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37303	1000.00
	Name of Employer ANES. CONSULTANTS EXCHANGE	Occupation MD	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	
В.	Full Name (Last, First, Middle Initial) ROSS MOORE	I		Date of Receipt
	Mailing Address 65 PINEAPPLE ST.			0 4 2 7 2 0 0 9
	City BROOKLYN	State NY	Zip Code 11201	Transaction ID: SA11AI.73541 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UMDNJ	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) SAMUEL MORGOS	1		Date of Receipt
	Mailing Address 12707 CRESTMOOR	CIR		04 02 7 2009
	City PROSPECT	State KY	Zip Code 40059	Transaction ID: SA11AI.72860 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS	Occupation PHYSIC		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
Γ				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 102 (check only one)
IT	EMIZED RECEIPTS	MIZED RECEIPTS for each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 11
A	ny information copied from such Reports and St for commercial purposes, other than using the	tatements may name and ado	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) PHILLIP MOSCA			Date of Receipt
	Mailing Address 135 SHEFFIELD DRIVI	E		04 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.73600
	FREEHOLD	NJ	07728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) CATHLEEN MUCENSKI			Date of Receipt
	Mailing Address 7870 DENNLER LN			04 22 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.73464
	CINCINNATI	OH	45247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer INDEPENDENT ANESTH	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) JOEL MUMFORD			Date of Receipt
	Mailing Address 221 ELM HILL RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.72819
	SPRINGFIELD	VT	05156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer V A MEDICAL CENTER	Occupation PHYSICI.		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 102 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW MURPHY Mailing Address 5 OLD LANDMARK City ROCHESTER FEC ID number of contributing federal political committee. Name of Employer WESTSIDE ANESTH	State NY C Occupation PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Q 4 2 2 2 0 0 9 Transaction ID: SA11AI.73455 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM MURPHY Mailing Address 10821 WEATHER City RICHMOND	VANE RD State VA	Zip Code 23238	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer ANES ASSO RICHMOND Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) ELIZABETH MYINT Mailing Address 800 E. CARPENTE	ER STREET		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD FEC ID number of contributing federal political committee.	State IL	Zip Code 62769	Transaction ID: SA11AI.73472 Amount of Each Receipt this Period 1000.00
Name of Employer ST. JOHN'S HOSPITAL Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (options	al)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 102 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and addr	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY NALAVANY Mailing Address 1603 CARLISLE PIR City	KE State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HANOVER FEC ID number of contributing federal political committee.	C	17331	Amount of Each Receipt this Period 83.00
Name of Employer HANOVER ANESTHESIA AND PA- IN MEDICINE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIA Aggregate	NYear-to-Date ▼	
Full Name (Last, First, Middle Initial) JAMES NIEDERLEHNER Mailing Address 6609 HIDDEN WOO	DDS CT.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.73033
ROANOKE	VA	24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES CONSUL OF VA	Occupation PHYSICIA	۸N	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH OSWALT			Date of Receipt
Mailing Address 2500 NORTH STAT	E STREET		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State	Zip Code	Transaction ID: SA11AI.72833
JACKSON FEC ID number of contributing federal political committee.	MS C	39216	Amount of Each Receipt this Period 83.00
Name of Employer UNIV. ANESTHESIA SERVICES, PLLC		SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This Page (optional)		416.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION CON	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CARMELITA PABLO		Date of Receipt
Mailing Address 4301 W. MARKHAN City LITTLE ROCK	M, SLOT 515 State Zip Code AR 72205	Transaction ID: SA11AI.73005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIV. OF ARKANSAS MED SCI Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) BARBARA PAGE Mailing Address P.O. BOX 365		Date of Receipt 0 4 1 7 2 0 0 9
City RICHLAND	State Zip Code MI 49083	Transaction ID: SA11AI.73123
FEC ID number of contributing federal political committee.	C 43063	Amount of Each Receipt this Period 500.00
Name of Employer KALAMAZOO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) REBECCA PAPPALARDO		Date of Receipt
Mailing Address 8100 RIVER ROAD SUITE# 719		04 22 2009
City NORTH BERGEN	State Zip Code NJ 07047	Transaction ID: SA11AI.73408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTHERN VALLEY ANESTHESI- OLOGY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee the HESIOLOGISTS POLITICAL ACTION COM	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C. LEE PARMLEY Mailing Address 1211 21ST AVE S		Date of Receipt
City	ANESTHESIOLOGY AND C State Zip Code	0 4 0 1 2 0 0 9 Transaction ID: SA11AI.72831
NASHVILLE FEC ID number of contributing federal political committee.	TN 37212	Amount of Each Receipt this Period 83.00
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 332.00	
Full Name (Last, First, Middle Initial) HARRY PARR Mailing Address 4725 TULLY RD.	L	Date of Receipt 0 4 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.72823
BLOOMFIELD HILLS FEC ID number of contributing federal political committee.	MI 48302	Amount of Each Receipt this Period 83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) REBECCA PATCHIN Mailing Address 18195 KROSS RD		Date of Receipt
City	State Zip Code	0 4 0 1 2 0 0 9 Transaction ID: SA11AI.72803
RIVERSIDE FEC ID number of contributing federal political committee.	CA 92508	Amount of Each Receipt this Period 83.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (option	al)	249.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 102 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) CHETAN PATEL			Date of Receipt
	Mailing Address 7602 TIMBERLY CT. City	State	Zip Code	04 04 2009
	MC LEAN	VA	22102	Transaction ID: SA11AI.72883 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer INOVA FAIRFAX HOSPITAL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) NILESH PATEL	<u> </u>		Date of Receipt
	Mailing Address 3 WOODS RD.	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.73598
	WEST LONG BRANCH	NJ	07764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer NAPA	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
С. С.	Full Name (Last, First, Middle Initial) JAMES PEPPRIELL	•		Date of Receipt
	Mailing Address 2440 WEST BLOOD			04 / 06 / 2009
	City EAST AURORA	State NY	Zip Code 14052	Transaction ID: SA11AI.72901
	FEC ID number of contributing federal political committee.	C	14032	Amount of Each Receipt this Period 250.00
	Name of Employer SELF EMPLOYED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
r	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any persign the name and address of any political committee the HESIOLOGISTS POLITICAL ACTION COM	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SETH PERELMAN Mailing Address 350 ENGLE ST. City ENGLEWOOD FEC ID number of contributing	State Zip Code NJ 07631	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) LARRY PETERSEN Mailing Address 5276 S STIRLING	WAY	Date of Receipt 0 4
City SPRINGFIELD	State Zip Code MO 65809	Transaction ID: SA11AI.73726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OZARK ANES ASSOC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PETER PICKERING Mailing Address 266 E SHORE DR		Date of Receipt 0 4 2 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.73562
MASSAPEQUA FEC ID number of contributing federal political committee.	NY 11758	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 102 (check only one) X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) EDGAR PIERRE Mailing Address 1800 NW 10TH AVF	T044		Date of Receipt
	Mailing Address 1800 NW 10TH AVE.,	1244		04 01 4 2009
	City MIAMI	State FL	Zip Code	Transaction ID: SA11AI.72800
	FEC ID number of contributing federal political committee.	C	33137	Amount of Each Receipt this Period 83.00
	Name of Employer RYDER TRAUMA CENTER	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
В.	Full Name (Last, First, Middle Initial) JAMES PIONTEK Mailing Address 1405 UEAN COK DR	1		Date of Receipt
	Mailing Address 1495 HEMLOCK DR.	04 30 2009		
	City	State	Zip Code	Transaction ID: SA11AI.73722
	LIBERTY FEC ID number of contributing federal political committee.	C	64068	Amount of Each Receipt this Period 500.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) DAVID POWELL			Date of Receipt
	Mailing Address P.O. BOX 5587			$ \begin{bmatrix} \begin{smallmatrix} M & M & M \\ D & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} $
	City BEAUMONT	State TX	Zip Code	Transaction ID: SA11AI.72827
	FEC ID number of contributing federal political committee.	C	77726	Amount of Each Receipt this Period 83.00
	Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
	SUBTOTAL of Receipts This Page (optional)	1		666.00
t	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 102 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	OLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) POLLY PRIMM			Date of Receipt
Mailing Address 793 CAMINO VISTA R	IO		0 4 2 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.73537
<u>BERNALILLO</u>	NM	87004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AANM	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN PUSKER			Date of Receipt
Mailing Address 1007 GROVE RD # B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.73267
GREENVILLE	SC	29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) NAVDIP RANGI			Date of Receipt
Mailing Address 10191 W. SHREWSBL	JRY RUN		04 27 2009
City	State	Zip Code	Transaction ID: SA11AI.73578
COLLIERVILLE	TN	38017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer MAG	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 102 (check only one)			
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
NAME OF COMMITTEE (In F	ull)	S POLITICAL ACTION COM				
Full Name (Last, First, Middle I	nitial)		Date of Receipt			
City DOTHAN	State AL	Zip Code 36301	Transaction ID: SA11AI.73716 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.			500.00			
Name of Employer ANES. CONSULTANTS MED GROUP	ICAL Occupatio	n IESIOLOGIST				
Receipt For: Primary Genera Other (specify) ▼	55 5	e Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle I	nitial)		Date of Receipt			
Mailing Address 1171 S BF	04 30 7 2009					
City ANAHEIM	State CA	Zip Code 92808	Transaction ID: SA11AI.73632			
FEC ID number of contributing federal political committee.		92000	Amount of Each Receipt this Period 500.00			
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Gener		500.00				
Full Name (Last, First, Middle I GARY RICHMAN	nitial)		Date of Receipt			
Mailing Address 19109 ST						
City BOCA RATON	State FL	Zip Code 33498	Transaction ID: SA11AI.73315			
FEC ID number of contributing federal political committee.		33496	Amount of Each Receipt this Period 500.00			
Name of Employer ANESTH ASSOC	Occupatio ANESTH	n IESIOLOGIST				
Receipt For: Primary Genera		e Year-to-Date ▼				
Other (specify)		500.00				
SUBTOTAL of Receipts This Pa	ge (optional)		1500.00			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions
1 \	THESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) CHARLES ROBERSON		Date of Receipt
Mailing Address 125 SUNSET LN		04 01 2009
City	State Zip Code	Transaction ID: SA11AI.72852
TEMPLE	TX 76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SCOTT AND WHITE CLINIC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) VONN ROBERTS		Date of Receipt
Mailing Address 5111 CAVVY RD.		0 4 1 5 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.73015
LINCOLN	NE 68516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASSOC ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
Mailing Address 6005 RIVER RD.		04 30 7 2009
City <u>NORFOLK</u>	State Zip Code VA 23505	Transaction ID: SA11AI.73676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 67 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) A. LYNN ROGERS Mailing Address 11104 KUERTZMILL D	DR.		Date of Receipt
City CINCINNATI	State OH	Zip Code 45249	Transaction ID: SA11AI.73201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES GRP PRACTICE	Occupation PHYSIC	IAN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GLEN ROSENFELD Mailing Address 25 FULTON PLACE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST HARTFORD	State CT	Zip Code 06107	Transaction ID: SA11AI.73406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MILFORD ANSTHESIA ASSOCIA- TES Receipt For: Primary General Other (specify)	Occupation PHYSIC Aggregate		
Full Name (Last, First, Middle Initial) THEODORE ROTHMAN Mailing Address 10 WILDFLOWER CT			Date of Receipt
City	State	Zip Code	0 4 2 0 2 0 0 9 Transaction ID: SA11AI.73268
GREENVILLE FEC ID number of contributing federal political committee.	SC C	29615	Amount of Each Receipt this Period 500.00
Name of Employer GREENVILLE ANESTHESIOLOGY, PA Receipt For:		HESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 68 / 102 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
<u>/</u>			
Full Name (Last, First, Middle Initial) LAWRENCE ROY			Date of Receipt
Mailing Address 2420 FREEMAN MA	ANOR DR.		04 01 7 2009
City	State	Zip Code	Transaction ID: SA11AI.72834
JONES	OK	73049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS	Occupation ANESTH	n ESIOLIGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		332.00	
Full Name (Last, First, Middle Initial) LYNN RUSY			Date of Receipt
Mailing Address 3629 NAGAWICKA	SHORES DR.		04 30 2009
City	State	Zip Code	Transaction ID: SA11AI.73678
HARTLAND	WI	53029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MED COLL OF WI	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS SAAK			Date of Receipt
Mailing Address 462 CHUKKER VAL	LEY		04 30 YYYYY 2009
City	State	Zip Code	Transaction ID: SA11Al.73732
ELLISVILLE	MO	63021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer WAAI	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)		833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee. HESIOLOGISTS POLITICAL ACTION COI	
Full Name (Last, First, Middle Initial) JAMES SALVATORE Mailing Address 10 HASTINGS DR City	State Zip Code	Date of Receipt 0 4 1 7 2 0 0 9 Transaction ID: SA11AI.73205
PUEBLO FEC ID number of contributing federal political committee.	CO 81001	Amount of Each Receipt this Period 500.00
Name of Employer PHYS ANES PUEBLO Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) GINGER SCHNATTER Mailing Address 902 OLD HARROI	DS CREEK RD	Date of Receipt 0 4 2 2 2 0 0 9
City LOUISVILLE	State Zip Code KY 40223	Transaction ID: SA11AI.73485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer NES ASSOC CLARK CTY	Occupation	250.00
Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RAMSEY SFEIR Mailing Address 730 MERRIMAN'S	I NI	Date of Receipt
City WINCHESTER	State Zip Code VA 22601	0 4 2 7 2 0 0 9 Transaction ID: SA11AI.73573
FEC ID number of contributing federal political committee.	C 22001	Amount of Each Receipt this Period 250.00
Name of Employer WINCHESTER ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 102 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN SHAFER Mailing Address 622 W 168TH ST City NEW YORK FEC ID number of contributing federal political committee.	State Zip Code NY 10032	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) MARVIN SHAPIRO Mailing Address 8451 BRIARBIRG	Date of Receipt 0 4 1 2 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.72940
MEMPHIS	TN 38139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEDICAL ANESTHESIA GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HARRY SHERMAN		Date of Receipt
Mailing Address 1007 GROVE RI	D., #B	0 4 2 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.73270
GREENVILLE FEC ID number of contributing federal political committee.	SC 29605	Amount of Each Receipt this Period 500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti-		1750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 102	
	TEMIZED RECEIPTS		for each category of the	(check only one)	
1	IT LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
г				13 14 15 16 17	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE	
А.	Full Name (Last, First, Middle Initial) WILLIAM SHURLEY			Date of Receipt	
	Mailing Address 7954 DEXTER RD			0 4 1 7 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.73174	
	CORDOVA	TN	38016	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer METROPOLITAN ANES ALLIA	Occupation PHYSIC			
	Receipt For:	Aggregate	e Year-to-Date		
	Primary General	33 - 3		1	
	Other (specify) ▼		500.00		
_					
В.	Full Name (Last, First, Middle Initial) DEAN SIDER			Date of Receipt	
	Mailing Address 2699 LEE RD STE 510			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11AI.73604	
	WINTER PARK	FL	32789	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer ANESTHESIOLOGISTS OF GREA-	Occupation			
	TER ORLANDO, Receipt For:			-	
	Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify) ▼		500.00		
с.	Full Name (Last, First, Middle Initial) ALAN SMITH			Date of Receipt	
.	Mailing Address 13 AFTON AVE.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.73272	
	GREENVILLE	SC	29601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer GREENVILLE ANMESTHESIOLOG- Y, PA	Occupation ANESTH	on HESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date	7	
	Primary General	33 0		1	
	Other (specify) ▼		500.00		
-					
				1500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00	
- 1				-	

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements mathe name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JEREMY SMITH Mailing Address 103 RESEDA LN.			Date of Receipt
City	State	Zip Code	0 4 0 1 2 0 0 9 Transaction ID: SA11AI.72816
DOTHAN	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ANESTHESIA CONSULTANTS ME- D. GROUP	Occupatio STAFF A	n ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) STEPHEN SMITH	<u> </u>		Date of Receipt
Mailing Address 1158 DUTCH HOLL	04 / 30 / 4 / 2009		
City	State	Zip Code	Transaction ID: SA11AI.73742
CHESTERFIELD	MO	63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer WAAI	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date V	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) TONI SMITH	•		Date of Receipt
Mailing Address 2301 S. FIRST ST.			04 / 30 / 2009
City KIRKSVILLE	State MO	Zip Code 63501	Transaction ID: SA11AI.73715
		00001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer KIRKSVILLE ANES ASSOC	- ' '	IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional			1583.00

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) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) TREVOR SMITH Mailing Address 12 BELFREY DR. City GREER FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For:	State Zip Code SC 29650 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DANIEL SMULLEN Mailing Address 2020 N HUBBARD S		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MILWAUKEE FEC ID number of contributing federal political committee. Name of Employer MACL Receipt For: Primary General Other (specify) ▼	State Zip Code WI 53212 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Transaction ID: SA11AI.73083 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) STEVEN SNYDER Mailing Address 277 MORNING CAN' City CORONA DEL MAR FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	ON RD. State Zip Code CA 92625 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 102 (check only one) X 11a
or for commercial purposes, other NAME OF COMMITTEE (In Fu	than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF	ANESTHESIOLOGIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle I DON SOKOLIK			Date of Receipt
Mailing Address 2757 KINS	SINGTON CIRCLE		04 22 2009
City	State	Zip Code	Transaction ID: SA11AI.73466
WESTON	<u>FL</u>	33332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SHERIDAN HEALTHCARE	Occupati PHYSIC		
Receipt For:	Aggrega	te Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle I CHRISTOPHER SOUTHWICK	nitial)		Date of Receipt
Mailing Address 3029 NEW	/ HAMPSHIRE AVE		0 4 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.73720
JOPLIN	MO	64804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer FREEMAN HEALTH	Occupati ANEST	on HESIOLOGIST	
Receipt For:		te Year-to-Date ▼	
Primary Genera Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle I	nitial)		Date of Receipt
	LING CREEK DR. N.E.		0 4 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.73183
CEDAR RAPIDS	IA	52402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer LINN COUNTY ANESTHESIC ISTS, P.C.	Occupati ANEST	on HESIOLOGIST	
Receipt For: Primary Genera Other (specify) ▼		te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(t't)		1250.00

NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to	n for the purpose of soliciting contributions osolicit contributions from such committee.
AMERICAN SOCIETY OF AN		
Full Name (Last, First, Middle Initia	ESTHESIOLOGISTS POLITICAL ACTION COM)	MITTEE
ADAM STRIKER Mailing Address 10301 HICKM	AN MILLS DR., #100	Date of Receipt 0 4 3 0 2 0 0 9
City KANSAS CITY	State Zip Code MO 64137	Transaction ID: SA11AI.73713 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AAKC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initia ALFONSO TAGLIAVIA Mailing Address 5 PERRYRID	,	Date of Receipt
		04 27 2009
City <u>GREENWICH</u>	State Zip Code CT 06830	Transaction ID: SA11AI.73558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREENWICH ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initia ALFONSO TAGLIAVIA		Date of Receipt
Mailing Address 5 PERRYRID	GE RD	0 4 3 0 Y Y Y Y Y Y Y
City GREENWICH	State Zip Code CT 06830	Transaction ID: SA11AI.73655
FEC ID number of contributing federal political committee.	CT 06830	Amount of Each Receipt this Period 250.00
Name of Employer GAA	Occupation PHYSICIAN	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (o	ptional)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 102 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEANA TARZIERS Mailing Address P.O. BOX 1025 City FAIRHOPE FEC ID number of contributing federal political committee. Name of Employer EASTERN SHORE ANESTHESIA	State Zip Code AL 36533 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	M.D. Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) NAYANA THAKER Mailing Address 1410 GUTFORD RE		Date of Receipt 0 4 2 2 2 0 0 9
City JEFFERSONVILLE FEC ID number of contributing federal political committee.	State Zip Code IN 47129	Transaction ID: SA11AI.73474 Amount of Each Receipt this Period 250.00
Name of Employer CLARK COUNTY Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) SHELLY THANNUM Mailing Address 1315 BULL CREEK	LN	Date of Receipt 0 4 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLLIERVILLE	State Zip Code TN 38017	Transaction ID: SA11AI.73462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANESTHESIA GRP	Occupation	250.00
Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 102 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	1MITTEE
Full Name (Last, First, Middle Initial) JAMES THOMAS			Date of Receipt
Mailing Address 1403 N MADISON S	Γ		04 17 2009
City	State	Zip Code	Transaction ID: SA11Al.73116
RAYMORE	MO	64083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA ASSOCIATES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) MARCY THOMAS			Date of Receipt
Mailing Address 10615 WOODPECKE	ER RD		04 01 7 2009
City	State	Zip Code	Transaction ID: SA11AI.72812
CHESTERFIELD	VA	23838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) PAUL THOMPSON			Date of Receipt
Mailing Address 2804 WOODBURY			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.73709
COLUMBIA	MO	65203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MAAC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)		.	1333.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 102 (check only one) X 11a
or for commercial put	poses, other than using the nat IITTEE (In Full)	me and add	r not be sold or used by any persor dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee. MITTEE
SYDNEY THOMSO Mailing Address City SAN JOSE FEC ID number of federal political co	6224 HIDDEN MEADOW f contributing mmittee.	State CA C C Occupation ANESTH	ESIOLOGIST	Date of Receipt M M M / 20 / 2009 Transaction ID: SA11AI.73355 Amount of Each Receipt this Period 500.00
	First, Middle Initial)	Aggregate	Year-to-Date ▼ 500.00]
	N 701 7TH AVE. S.	Ctata	7'- Onda	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City EDMONDS		State WA	Zip Code 98020	Transaction ID: SA11AI.73595 Amount of Each Receipt this Period
FEC ID number of federal political co	mmittee.	C		250.00
Name of Employe PACIFIC ANEST		Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (spec	General fify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, I MICHAEL TOBIN Mailing Address	First, Middle Initial) 2211 N OAK PARK AVE			Date of Receipt 0 4 2 0 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.73226
CHICAGO		IL	60707	Amount of Each Receipt this Period
FEC ID number of federal political co		C		250.00
ILDREN		Occupation PHYSICIA	AN	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Rec	eipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 79 / 102 (check only one) X 11a 11b 11c 12 15 16 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any po	olitical committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL TOMLIN Mailing Address 3683 POWER PLACE City CARMEL FEC ID number of contributing federal political committee.	State Zip Code IN 46033		Date of Receipt M M M / 20 / 2009 Transaction ID: SA11AI.73290 Amount of Each Receipt this Period
Name of Employer NORTHSIDE ANES SERV Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIS Aggregate Year-to-Date		-
Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS Mailing Address 427 HEIGHTS DR			Date of Receipt 0 4 0 1 0 1 0 9
City GIBSONIA	State Zip Code PA 15044		Transaction ID: SA11AI.72810
FEC ID number of contributing federal political committee.	PA 15044	1 1	Amount of Each Receipt this Period 83.00
Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIS Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) GERALD TULL			Date of Receipt
Mailing Address 35 BONITA ST.			04 20 7 2009
City RANCHO MIRAGE	State Zip Code CA 92270	· 	Transaction ID: SA11AI.73308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1	250.00
Name of Employer EISENHOWER MED CENTER - DEPT OF ANESTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date	250.00	- -
SUBTOTAL of Receipts This Page (optional)			583.00

any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. A. MARERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE A. MARERICAN SOCIETY OF ANESTHESIOLOGIST POLITICAL ACTION COMMITTEE Date of Receipt Political committee Political Committee to solicit contribution political committee Political Com	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) X 11a
Full Name (Last, First, Middle Initial) GREG VANZANT Mailing Address P.O. BOX 102 City State Zip Code CLEBURNE TX 76033 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Phrimary Office (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) PAMELA VARNER Mailing Address 3503 PINE RIDGE RD. City State Zip Code BIRMINGHAM AL 38213 FEC ID number of contributing federal political committee. C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Agregate Year-to-Date GREG VANZANT Mailing Address P.O. BOX 102		ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
City State Zip Code TX 76033 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 1033 DR MARTIN LUTHER KING JR ST N Other (specify) ▼ Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 1033 DR MARTIN LUTHER KING JR ST N City State Zip Code ANSTHE SIOLOGIST AND ANSTHESIOLOGIST ANSTHESIOLOGIST AND ANSTHESIOLOGIST ANSTHESIOLOG	GREG VANZANT			M M / D D / Y Y Y Y
State Zip Code Transaction ID: SA11Al.73422	· · · · · · · · · · · · · · · · · · ·		•	Transaction ID: SA11AI.73743
SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PAMELA VARNER Mailing Address 3503 PINE RIDGE RD. City BIRMINGHAM AL 35213 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF AL-BIRMINGH-AMM Receipt For: Primary General Other (specify) ▼ City State Zip Code AL 35213 Amount of Each Receipt his Period ANESTHESIOLOGIST AMM Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.73422 Amount of Each Receipt his Period Transaction ID: SA11AI.73422 Amount of Each Receipt his Period Date of Receipt Transaction ID: SA11AI.73422 Transaction ID: SA11AI.73422 Amount of Each Receipt his Period Transaction ID: SA11AI.73440 Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt his Period Transaction ID: SA11AI.72840 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: SA11AI.72840 Amount of Each Receipt his Period Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: SA11AI.72840 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: SA11AI.72840 Amount of Each Receipt His Period Amount of Each Receipt his Period Transaction ID: SA11AI.72840 Amount of Each Receipt His Period Transaction ID: SA11AI.72840 Amount of Each Receipt His Period Transaction ID: SA11AI.72840 Amount of Each Receipt His Period Transaction ID: SA11AI.72840		C		250.00
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) PAMELA VARNER Mailing Address 3503 PINE RIDGE RD.	Name of Employer SELF-EMPLOYED			
Date of Receipt Mailing Address 3503 PINE RIDGE RD. City State Zip Code AL 35213 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code AL 35213 Amount of Each Receipt this Period Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M	Primary General	Aggregate		
City BIRMINGHAM AL 35213 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF AL-BIRMINGH- AM Receipt For: Primary General Other (specify) ▼ Name of Employer Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Para and Am Amiling Address 1033 DR MARTIN LUTHER KING JR ST N City Saint Petersburg FL 33701 Para of Employer Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.73422 Amount of Each Receipt this Period Transaction ID: SA11AI.73422 Amount of Each Receipt this Period Transaction ID: SA11AI.73422 Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period	PAMELA VARNER			Date of Receipt
BIRMINGHAM AL 35213 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF AL-BIRMINGH- AM Receipt For: Primary General Other (specify) ▼ City State Zip Code SAINT PETERSBURG FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Amount of Each Receipt this Period 249.00	Mailing Address 3503 PINE RIDGE R	D.		
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF AL-BIRMINGH- ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 1033 DR MARTIN LUTHER KING JR ST N City State Zip Code SAINT PETERSBURG FL 33701 FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Primary General Occupation ANESTHESIOLOGIST Receipt Transaction ID: SA11AI.72840 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 249.00	•		·	
UNIVERSITY OF AL-BIRMINGH- AM Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 1033 DR MARTIN LUTHER KING JR ST N City State Zip Code SAINT PETERSBURG FL 33701 FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Name of Employer FPA Receipt For: AMBESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 249.00	FEC ID number of contributing		33213	1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HECTOR VILA Mailing Address 1033 DR MARTIN LUTHER KING JR ST N City State Zip Code SAINT PETERSBURG FL 33701 FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00 Date of Receipt M M M O 1 D D O 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1033 DR MARTIN LUTHER KING JR ST N City State Zip Code SAINT PETERSBURG FL 33701 FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 4	Primary General	Aggregate		
City State Zip Code Transaction ID: SA11AI.72840 SAINT PETERSBURG FL 33701 FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Primary General Other (specify) ▼ Od 1 2 0 0 9 Transaction ID: SA11AI.72840 Amount of Each Receipt this Period 83.0	HECTOR VILA	ITHER KING	JR ST N	<u> </u>
SAINT PETERSBURG FL 33701 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer FPA Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 83.0 Amount of Each Receipt this Period 83.0				04 01 2009
Receipt For: Primary Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 249.00	-		•	
Receipt For: Primary General Other (specify)		C		83.00
Primary General Other (specify) ▼ 249.00	Name of Employer FPA			
1000.0	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional))	1333.00

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) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to a solution of the solution of	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS Mailing Address 800 MARSHALL ST. SLOT 203, S-319 City LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF ARKANSAS FOR	State Zip Code AR 72202 C Occupation	Date of Receipt M M M
MEDICAL SCI Receipt For: Primary General Other (specify) ▼	PROFESSOR OF ANESTHESIOLO Aggregate Year-to-Date ▼ 332.00	GY]
Full Name (Last, First, Middle Initial) RATKO VUJICIC Mailing Address 640 AMBERLY CRO	SSINGS State Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FORT MILL FEC ID number of contributing federal political committee.	SC 29708	Transaction ID: SA11AI.73108 Amount of Each Receipt this Period 250.00
Name of Employer V PAIN CLINIC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TERESA WALKER Mailing Address 3519 RIVIERE DU C	HIEN RD.	Date of Receipt O 4 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MOBILE FEC ID number of contributing federal political committee.	State Zip Code AL 36693	Transaction ID: SA11AI.73097 Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1333.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN WALSH Mailing Address 53 FOWLER AVE.		Date of Receipt
City	State Zip Code	0 4 1 9 2 0 0 9 Transaction ID: SA11AI.73224
ROSWELL	GA 30075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NFAA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JENNIFER WEIFORD		Date of Receipt
Mailing Address 2009 W. 68TH STRE		04 30 7 2009
City	State Zip Code	Transaction ID: SA11AI.73688
MISSION HILLS	KS 66208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOCIATES OF KC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LYNDA TORFREDA WELLS		Date of Receipt
Mailing Address 4098 WOOD LANE		04 11 2009
City	State Zip Code	Transaction ID: SA11AI.72932
KESWICK	VA 22947	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIVERSITY OF VIRGINIA	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information period from such Penerts and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 102 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PHILLIP WHITAKER		Date of Receipt
Mailing Address 3612 SHANTARA LN.		04 30 2009
City	State Zip Code	Transaction ID: SA11AI.73648
PLANO	TX 75093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RANDALL WILHOIT		Date of Receipt
Mailing Address 1007 GROVE RD., #B		0 4 2 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.73276
GREENVILLE	SC 29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GREENVILLE ANESTHESIOLOGY, PA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KAREN WILLIAMS		Date of Receipt
Mailing Address 2707 WOODLAKE RD		0 4 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.73160
MITCHELVILLE	MD 20721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer GEORGE WASHINGTON UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	I Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) PATRICK WILLIAMS Mailing Address 1007 GROVE RD # B	В		Date of Receipt
City	State	Zip Code	0 4 2 0 2 0 0 9 Transaction ID: SA11AI.73278
GREENVILLE	SC	29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY- .P.A. Receipt For:		n IESIOLOGIST e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) 3. WILLIAM WOMACK			Date of Receipt
Mailing Address P.O. BOX 1025			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.73423
FAIRHOPE	AL	36533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EASTERN SHORE ANES	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JONATHAN WRIGHT			Date of Receipt
Mailing Address 1007 GROVE RD., #	‡B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.73280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHAHINE YAMINE Mailing Address 1227 EARNESTINE S City MC LEAN FEC ID number of contributing federal political committee. Name of Employer DOMINION ANESTHESIA PLLC Receipt For: Primary General Other (specify)		Date of Receipt M M M D D D Z D O D Transaction ID: SA11AI.72802 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) ERVIN YEN Mailing Address 1111 N. LEE ST., SU City OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer ERVIN S YEN, MD, PC Receipt For: Primary General Other (specify)	State Zip Code OK 73103 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 9 Transaction ID: SA11AI.73591 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) INHO YOON Mailing Address 1007 GROVE RD # B City GREENVILLE FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: Primary General Other (specify)	State Zip Code SC 29605 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M 20 2009 Transaction ID: SA11AI.73282 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .		1583.00

ITEM Any info	EDULE A (FEC Form 3X) IZED RECEIPTS ormation copied from such Reports and State	ements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 102 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	ommercial purposes, other than using the na ME OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHESIC	ame and add	dress of any political committee to	solicit contributions from such committee.
4. <u>Chf</u>	Name (Last, First, Middle Initial) RISTOPHER YOUNG ing Address 36 RIO VISTA			Date of Receipt
City		State	Zip Code	0 4 1 7 2 0 0 9 Transaction ID: SA11AI.73118
<u>ST.</u>	LOUIS	MO	63124	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		500.00
	ne of Employer STERN ANESTH	Occupation ANESTH	n ESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) YUEN			Date of Receipt
Mail	ing Address 11633 GORHAM AVE., #	‡ 17		04 20 2009
City		State	Zip Code	Transaction ID: SA11AI.73317
LO:	S ANGELES	CA	90049	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		250.00
Nam SEL	ne of Employer F-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) ZABETH YUN			Date of Receipt
Mail	ing Address 4543 SHOOTING STAR	AVE.		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	DDLETON	State WI	Zip Code 53562	Transaction ID: SA11AI.73521
-			33362	Amount of Each Receipt this Period
fede	CID number of contributing oral political committee.	C		250.00
<u>DEF</u>	ne of Employer VERSITY OF WISCONSIN PT. OF ANEST		ESIOLOGIST	
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
SURT	OTAL of Receipts This Page (optional)			1000.00
3321				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 102									
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a									
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE									
Full Name (Last, First, Middle Initial) JONATHAN ZUCKER Mailing Address 1612 SAINT GREGOF City	RY DRIVE	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y									
LAS VEGAS	NV	2ip Code 89117	Transaction ID: SA11AI.72804 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.00									
Name of Employer UNITEDHEALTH	Occupation ANESTH	n ESIOLOGIST										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 332.00										

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) 11a 11b 11c 12 13 14 15 16 🔀 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Date of Receipt
	Mailing Address 50 S LASALLE			04 30 2009
	City	State	Zip Code	Transaction ID: SA17.73754
	CHICAGO	IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1350.41
	Name of Employer	Occupation	n	INTEREST INCOME
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2473.20	

SUBTOTAL of Receipts This Page (optional)	•	1350.41
TOTAL This Period (last page this line number only)	<u> </u>	1350.41

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC			Transaction ID: SB23.72759 Date of Disbursement
Mailing Address 607 14TH STREET NW,	SUITE 800		04
,	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 CONTRIBUTION			2500.00
Candidate Name		Category/ Type	
Senate President X	ment For: 2009 Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.72789
ANNA ESHOO FOR CONGRESS			Date of Disbursement
Mailing Address 555 CAPITOL MALL #142	25		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
,	State Zip Code CA 95814		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
Candidate Name		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: CA District: 14			
Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS			Transaction ID: SB23.72775 Date of Disbursement
Mailing Address 3069 CONQUISTA CT			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & 9 \end{smallmatrix} \end{bmatrix} $
	State Zip Code NV 89121		Amount of Each Disbursement this Period
Purpose of Disbursement		• •	2000.00
Candidate Name		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: NV District: 01	·		
SUBTOTAL of Disbursements This Page (optional)		_	6500.00

SCHEDULE B (FEC Form 3)	′ Use sep	arate schedule(s)	FOR LINE (check only		PAGE 90 / 102
ITEMIZED DISBURSEMENT	Detailed	category of the Summary Page	21b 27	22 X 23 28a 28b	24 25 2 28c 29
Any Information copied from such Reports are or for commercial purposes, other than using					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	POLITICAL ACT	TION COMMI	TTEE	
Full Name (Last, First, Middle Initial) BLUE DOG PAC				Transaction ID: Date of Disburse	ement
Mailing Address 236 MASSACHU	SETTS AVE NE	# 508		04 2	9 / 2009
City WASHINGTON	State DC	Zip Code 20002		Amount of Each	Disbursement this Perio
Purpose of Disbursement 2009 CONTRIBUTION			•		2500.00
Candidate Name			Category/ Type		
Office Sought: House Senate President State: District:	Disbursement For: Primary X Other (spe	2009 General			
Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS				Transaction ID: Date of Disburse	ement
Mailing Address PO BOX 42169				04 2	2 7 2009
City ARLINGTON	State VA	Zip Code 22204		Amount of Each	Disbursement this Perio
Purpose of Disbursement					3000.00
Candidate Name			Category/ Type		
Office Sought: X House Senate President State: IA District: 01	Disbursement For: X Primary Other (specification)	2010 General			
Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS				Transaction ID: Date of Disburse	ement
Mailing Address PO BOX 2106				04 000	1 2009
City MONTGOMERY	State AL	Zip Code 36102		Amount of Each	Disbursement this Perio
Purpose of Disbursement					2000.00
Candidate Name			Category/ Type		
Senate President	Disbursement For: X Primary Other (specific points)	2010 General ecify)			
State: AL District: 02	and the same				7500.00
SUBTOTAL of Disbursements This Page (control of Total This Period (last page this line num					7,300.00
E6AN026	ioci Oiliy)		············ P	FEC Schedul	e B (Form 3X) (Revised

SCHEDULE B (FEC Form 3X)

Any Information copied from such Reports and Statement or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGY Full Name (Last, First, Middle Initial) CAMPAC Mailing Address 5915 EASTMAN AVE #100 City State Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	nd address of any political Arguments of any pol	ed by any person al committee to s CTION COMM Category/ Type	22 X 23 24 25 2 28a 28b 28c 29 3 n for the purpose of soliciting contributions solicit contributions from such committee
or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGY Full Name (Last, First, Middle Initial) CAMPAC Mailing Address 5915 EASTMAN AVE #100 City State Senate President Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	CTION COMM Category/ Type	Transaction ID: SB23.72791 Date of Disbursement M M M / D D D / Y Y Y O Y O Y Amount of Each Disbursement this Period
AMERICAN SOCIETY OF ANESTHESIOLOG Full Name (Last, First, Middle Initial) CAMPAC Mailing Address 5915 EASTMAN AVE #100 City State: Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	Category/ Type	Transaction ID: SB23.72791 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CAMPAC Mailing Address 5915 EASTMAN AVE #100 City Sta MIDLAND M Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	Category/ Type	Transaction ID: SB23.72791 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CAMPAC Mailing Address 5915 EASTMAN AVE #100 City Stample MIDLAND M Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	Туре	Date of Disbursement M 4 M / D 2 9 / Y Y Y O 9 Y Amount of Each Disbursement this Period
Mailing Address 5915 EASTMAN AVE #100 City Sta MIDLAND M Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	Туре	Amount of Each Disbursement this Period
City State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ate Zip Code I 48640 ent For: 2009 rimary General	Туре	Amount of Each Disbursement this Period
MIDLAND M Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	ent For: 2009 rimary General	Туре	
2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	rimary General	Туре	_
Office Sought: Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	rimary General	Туре	
Senate President State: District: Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813	rimary General		
CANTOR FOR CONGRESS Mailing Address P.O. BOX 17813			
			Transaction ID: SB23.72782 Date of Disbursement
City Str			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
RICHMOND V	ate Zip Code A 23226		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
	ent For: 2010 rimary General other (specify)		
Full Name (Last, First, Middle Initial) CEDILLO FOR CONGRESS			Transaction ID: SB23.72773 Date of Disbursement
Mailing Address 1212 S VICTORY BLVD			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Sta BURBANK C	ate Zip Code A 91502		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
President X C	rimary General Other (specify)		
State: CA District: 32 Special-P	rimary		
SUBTOTAL of Disbursements This Page (optional)		>	10000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use sepa	rate schedule(s) category of the	FOR LINE (check only	
	Detailed S	Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addres	ss of any political	committee to sol	icit contributions from such committee
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS F	POLITICAL AC	TION COMMI	
Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	00			Transaction ID: SB23.72739 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 255 S 17TH ST, #6				
City PHILADELPHIA	State PA	Zip Code 19103		Amount of Each Disbursement this Period
Purpose of Disbursement				1500.00
Candidate Name			Category/ Type	
Office Sought: X Senate President State: PA District:	sbursement For: X Primary Other (spe	2010 General cify)		
Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH				Transaction ID: SB23.72741 Date of Disbursement
Mailing Address PO BOX 7292				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City CHICAGO	State IL	Zip Code 60680		Amount of Each Disbursement this Period
Purpose of Disbursement			0 0	1000.00
Candidate Name			Category/ Type	
Office Sought: X House Senate President State: IL District: 01	sbursement For: X Primary Other (spe	2010 General cify)		
Full Name (Last, First, Middle Initial) CLAY JR FOR CONGRESS				Transaction ID: SB23.72743 Date of Disbursement
Mailing Address P.O. BOX 4544 #30	00			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{bmatrix}\begin{smallmatrix}D&0&0\\0&8\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{bmatrix}&Y&Y&Y&0&0\\0&2&0&0&9\end{bmatrix}\end{bmatrix}$
City ST LOUIS	State MO	Zip Code 63108		Amount of Each Disbursement this Period
Purpose of Disbursement				3500.00
Candidate Name			Category/ Type	
Senate President	sbursement For: X Primary Other (spe	2010 General		
State: MO District: 01 SUBTOTAL of Disbursements This Page (opt	ional)			6000.00
TOTAL This Period (last page this line number				
E6AN026	··· ••••••••••••••••••••••••••••••••••		············· F	FEC Schedule B (Form 3X) (Revised

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule		iy one)
	for each category of the Detailed Summary Pag	e 21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the result. NAME OF COMMITTEE (In Full)	name and address of any politi	cal committee to se	olicit contributions from such committee
AMERICAN SOCIETY OF ANESTHESI	OLOGISTS POLITICAL /	ACTION COMM	ITTEE
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS			Transaction ID: SB23.72790 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2501 WISCONSIN AV	/E NW #304		
City WASHINGTON	State Zip Code DC 20007		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	ursement For: 2010 X Primary Genera Other (specify) ▼	al	
State: MI District: 04 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.72761
DEMOCRATIC CONGRESSIONAL CA	MPAIGN COMM		Date of Disbursement
Mailing Address 430 S CAPITOL ST S	E, 2ND FL		$\begin{bmatrix} \begin{smallmatrix} M & M \\ M & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D \end{smallmatrix} & \begin{smallmatrix} M & Y & Y & Y & Y & Y \\ D & D & D & D & D \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Perio
,			Amount of Each Disbursement this Perio
WASHINGTON Purpose of Disbursement		Category/ Type	
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name		Туре	
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President	DC 20003 ursement For: 2009 Primary Genera X Other (specify) ▼	Туре	Transaction ID: SB23.72755 Date of Disbursement
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	DC 20003 ursement For: 2009 Primary General X Other (specify) ▼ GN COMM	Туре	12500.00 Transaction ID: SB23.72755
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAI	DC 20003 ursement For: 2009 Primary General X Other (specify) ▼ GN COMM	Туре	Transaction ID: SB23.72755 Date of Disbursement M M M D D D Y Y Y Y O Y 9 Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAI Mailing Address 120 MARYLAND AVE City WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION	DC 20003 ursement For: 2009 Primary General X Other (specify) GN COMM NE State Zip Code	Type	Transaction ID: SB23.72755 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAI Mailing Address 120 MARYLAND AVE City WASHINGTON Purpose of Disbursement	DC 20003 ursement For: 2009 Primary General X Other (specify) GN COMM NE State Zip Code	Туре	Transaction ID: SB23.72755 Date of Disbursement M M / D D D Y Y Y Y O Y 9 Y Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAI Mailing Address 120 MARYLAND AVE City WASHINGTON Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	DC 20003 ursement For: 2009 Primary General X Other (specify) GN COMM NE State Zip Code	Category/ Type	Transaction ID: SB23.72755 Date of Disbursement M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 94 / 102 (check only one))2
ľ	FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21	b Ľ	22 28a	X 23 28b	24 28c		25 [29	26 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL										
∠ A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA					Date o	f Disbur		.72766	3	
	Mailing Address 555 CAPITOL MALL #14	25				0 4	/ D	22 /	Ý Ž0	ŏ9	Y
	City SACRAMENTO	State Zip Code CA 95814				Amour	nt of Eac	ch Disburs		-	eriod
	Purpose of Disbursement						•		100	0.00	
	Candidate Name		С	ategory/ Type	/						
	Senate X President	ement For: 2010 Primary General Other (specify)									
_	State: CA District: 43 Full Name (Last, First, Middle Initial)					Transa	action II	D: SB23	.72753	3	
B.	GARY MILLER FOR CONGRESS					Date o	f Disbur	sement			Y
	Mailing Address 721 S BREAS CANYON	RD #7				0 4		15	20	ŏ9	
	City DIAMOND BAR	State Zip Code CA 91789				Amour	nt of Eac	h Disburs			eriod
	Purpose of Disbursement				7		•		100	0.00	
	Candidate Name		С	ategory/ Type	/						
	9 1	ement For: 2010 Primary General Other (specify)									
С.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMP	AIGN				Date o	f Disbur		.72757	7	
	Mailing Address PO BOX 16128					0 4	/ D	15	žo	ŏ9	Y
	City HOUSTON	State Zip Code TX 77222				Amour	nt of Eac	ch Disburse		-	eriod
	Purpose of Disbursement								200	0.00	
	Candidate Name		С	ategory/ Type	/						
		ement For: 2010 Primary General Other (specify)									
									4000	0.00	
	SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				<u> </u>	-	•	• • •	.550		\dashv
					-				_	_	

ITEM	ILDULL L	3 (FEC Form	3X) L	lse sepa	rate schedule(s)			NUMB	ER:		P/	AGE 9	95 / 10	2
	MIZED DIS	SBURSEMEN'	TS f	or each d	category of the Summary Page	<u> </u>	1b [one) 22 28a		23 28b	24 28c		25 29] 2
		ed from such Reports poses, other than usir												
NA	AME OF COMM	MITTEE (In Full) OCIETY OF ANES												
	•	First, Middle Initial) CONGRESSIONA	AL CAMPAIG	iN						n ID: bursem		.72776	6	
Ma	ailing Address	PO BOX 16128	<u> </u>					0 ^M 4	M /	^D 2 9		Ž0	ó9	
City	ty OUSTON		Stat TX		Zip Code 77222			Amo	unt of I	Each D	isburse	-		rioc
Pur	irpose of Disbu	rsement						L	_			300	0.00	-
Car	andidate Name					ategory Type	//							
Off	fice Sought:	X House Senate President	Disbursemer X Pri Ot	-	2010 General									
	ate: TX	District: 29 First, Middle Initial)						T	•	ID	0000	7070		
	, ,	R CONGRESS							of Dis	n ID: bursem	ent			
Mai	ailing Address	700 12TH STRI	EET NW, SU	ITE 70	0			0 ^M 4	M /	29		ž0	δ9	
City	ty 'ASHINGTON	J	Stat DC		Zip Code 20005			Amo	unt of I	Each D	isburse	ement t	his Pe	rio
Pur	irpose of Disbu	rsement				•	$\overline{}$	L	_			200	0.00	_
Car	andidate Name					ategory Type	//							
Off	fice Sought:	X House Senate President	Disbursemer X Pri Ot		2010 General									
	ate: GA III Name (Last. I	District: 11 First, Middle Initial)						Tuon	ti-	n ID:	CDOO	70700		
	RASSLEY CO	. ,						Date	of Dis	bursem	ent			/
	ailing Address	P.O. BOX 1000						0 ^M 4		2 9		20	ŏ9	_
Ma													his Pe	rio
City			Stat IA	e	Zip Code 50304			Amo	unt of I	Each D	isburse	ement t		-
City	ty			e				Amo	unt of I	Each D	isburse		0.00	-
City DE Pur	ty ES MOINES			e		ategory Type	//	Amo	unt of I	Each D	isburse		0.00	•
City DE Pur Car	ty ES MOINES irpose of Disbu		Disbursemen Pri		2010 X General		<i>I</i> /	Amo	unt of I	Each D	isburse		0.00	
City DE Pur Car	ty ES MOINES urpose of Disbu andidate Name	rsement House X Senate	Disbursemen Pri	nt For: mary	2010 X General		<u>/</u> /	Amo	unt of I	Each D	isburse		0.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check onl	E NUMBER: PAGE 96 / 102
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO	LOGISTS POLITICAL AC	CTION COMM	IITTEE
<u></u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.72767
	GRIFFITH FOR CONGRESS			Date of Disbursement O 4
	Mailing Address PO BOX 2916			04 22 2009
	City HUNTSVILLE	State Zip Code AL 35804		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 (Primary General Other (specify)		
	State: AL District: 05 Full Name (Last, First, Middle Initial)			T .: ID ODGG 70700
	HALL FOR CONGRESS COMMITTEE			Transaction ID: SB23.72768 Date of Disbursement
	Mailing Address PO BOX 711			$\begin{bmatrix} \begin{smallmatrix} M & M \\ M & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Y & Y & Q & Q & Y \end{bmatrix}$
	City ROCKWALL	State Zip Code TX 75087		Amount of Each Disbursement this Period
	Purpose of Disbursement		0 0	1000.00
	Candidate Name		Category/ Type	
		ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS			Transaction ID: SB23.72781 Date of Disbursement
	Mailing Address P.O. BOX 750580			04
	City LAS VEGAS	State Zip Code NV 89136		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	X X	ement For: 2010 Primary General Other (specify)		
	-			4000.00

	SCHEDULE B (FEC Form 3X)							FOR LINE NUMBER: PAGE 97 / 102 (check only one)						102
ľ	TEMIZED DISBURSEMENTS	for each	category of the Summary Page		(cr	eck on 21b 27	ly one) 22 28a	Х	23 28b	F	24 28c		25 29	26 30b
	ny Information copied from such Reports and Statem r for commercial purposes, other than using the name					person	for the p	urpo	se of		iciting c	ontrik	outions	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL													
. L	Full Name (Last, First, Middle Initial)							sact	ion IE	<u> </u>	SB23	.727	44	
Α.	KIRK FOR CONGRESS						Date 0 4	М	isburs / D			Y Y	0 0 5	Y
	Mailing Address P.O. BOX 8 City	State	Zip Code								Disburse			
	•	IL	60093	_		_	- 7	ount C	n Lac	11 L	Jisbuist	-	00.00	
	Candidate Name			C	ateg	ory/				•				
		ment For:	2010		Тур		_							
	President	Primary Other (spe	General cify) ▼											
_ В.	State: IL District: 10 Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS						_		ion IE		SB23	.727	72	
	Mailing Address PO BOX 225						M 0 4	М		2 9		Ý Ž	0 0 9	Y
	•	State NJ	Zip Code 07067				Amo	ount c	f Eac	hΕ	Disburse			
	Purpose of Disbursement				•				-			30	00.00)
	Candidate Name			С	ateg Typ									
		ment For: Primary Other (spe	2010 General											
С.	Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS						Date	of D	isburs	sen				
	Mailing Address P.O. BOX 1441						0 ^M 4	Į ^M	/ D	0	1 /	^Y 2	οŏs	Y
		State KS	Zip Code 66601				Amo	ount c	f Eac	hΣ	Disburse	-	-	
	Purpose of Disbursement Candidate Name				ateg	on/			•	•	•	10	00.00)
		ment For:	2010		Тур	-	_							
		Primary Other (spe	General											
	SUBTOTAL of Disbursements This Page (optional) .					•					•	60	00.00	
	TOTAL This Period (last page this line number only)					—								

for each category of the Detailed Summary Page for each category of the Detailed Summary Page 22 X 23 24 25 25	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-	PAGE 98 / 102
Any information copied from such Reports and Statements may not be seld or used by any present for the purpose of solicing contributions from such committee to solicit contributions from such committe	ITEMIZED DISBURSEMENTS	for each category of the		- ' — —	24
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS Mailing Address P.O. BOX 1441 City State Zip Code TOPEKA KS 66601 Purpose of Disbursement Candidate Name Office Sought: X House President State: KS District: 02 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: X District: 02 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: NC District: 01 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: NC District: 01 Full Name (Last, First, Middle Initial) MCUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MCUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MCUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MCUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: Zip Code FALLS CHURCH VA 22046 Purpose of Disbursement Office Sought: House President State: NC District: 10 Full Name (Last, First, Middle Initial) MCUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: Zip Code FALLS CHURCH VA 22046 Primary General Primary General Office Sought: House Primary General NC 2500.00 State: District: 10 State		Detailed Summary Page			
NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS Mailing Address P.O. BOX 1441 City State Zip Code KS 66601 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: NC District: 10 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: XD District: 22 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: XD District: 22 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State: XD District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State: NC District: 10 State: District: 10 State: NC District: 10 State: Disbursement District: 10 State: District: 10 State: Disbursement District: 10 State: District: 10 State: Disbursement District: 10 State: Distr					
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS Mailing Address P.O. BOX 1441 City State Zip Code KS 66601 Purpose of Disbursement Candidate Name Office Sought: X House President State: NC Disbursement City State Zip Code Other (specify) ▼ Transaction ID: SB23.72746 Date of Disbursement tips Period Amount of Each Disbursement tips Period Category/ Type Office Sought: X House President State: NC Disbursement For: 2010 City State Zip Code NC 28603 Mailing Address P.O. BOX 1406 City State Zip Code NC 28603 Purpose of Disbursement Cardidate Name Category/ Type Office Sought: X House Senate President Senate President State: NC District: 10 Full Name (Last. First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State Xip Code VA 22046 Purpose of Disbursement For: 2010 Amount of Each Disbursement this Period Transaction ID: SB23.72754 Date of Disbursement Initial Period Amount of Each Disbursement Initial Disbursement For: 2010 Amount of Each Disbursement Initial Disbursement For: 2010 Transaction ID: SB23.72751 Date of Disbursement Initial Disbursement Init	`	le and address of any politica	i committee to so	icit contributions from	such committee
LYNN JENKINS FOR CONGRESS Mailing Address P.O. BOX 1441 City State Zip Code KS 66601 Cardidate Name Office Sought: X House Senate President State: NC Disbursement For: 2010 City State KS District: 02 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City State Zip Code NC 28603 Purpose of Disbursement Cardidate Name Office Sought: X House Disbursement For: 2010 State Zip Code NC 28603 Purpose of Disbursement Category/ Type Transaction ID: SB23.72754 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72754 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72754 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72754 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72754 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72755 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72755 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72755 Date of Disbursement 1000.00 Transaction ID: SB23.72755	` '	LOGISTS POLITICAL AC	CTION COMMI	TTEE	
City TOPEKA RS Boundation Category Type Office Sought: V Y 2 0 0 9 Amount of Each Disbursement this Period Category Type Office Sought: V President State: KS District: O2 Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address Purpose of Disbursement Candidate Name Other (specify) ▼ Transaction ID: SB23.72754 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Transaction ID: SB23.72754 Date of Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Amount of Each Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Transaction ID: SB23.72754 Date of Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Amount of Each Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Transaction ID: SB23.72754 Date of Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Amount of Each Disbursement O'4 W 1 0 1 5 V 2 0 0 9 Transaction ID: SB23.72754 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Office Sought: Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ State Other (specify) ▼ State Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement Other (specify) ▼ Other (specify) ▼ State Other (specify) ▼ Other (specify) ▼ State Other (specify) ▼ Other (specify) ▼ Substortal of Disbursement this Period Other (specify) ▼ Other (specify) ▼ State Other (specify) ▼ Other (sp	•			Transaction ID: S	SB23.72746
City	LYNN JENKINS FOR CONGRESS				
TOPEKA KS 66601 Purpose of Disbursement Candidate Name Office Sought:	Mailing Address P.O. BOX 1441			0 4 1 1 5	2009
Candidate Name Office Sought:			_	Amount of Each Dis	
Office Sought:	Purpose of Disbursement				2000.00
Office Sought:	Candidate Name				
Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City HICKORY NC 28603 Purpose of Disbursement Candidate Name Office Sought: State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City FALLS CHURCH Purpose of Disbursement Candidate Name Office Sought: State: NC District: 10 City President State: NC District: 10 State: NC District: 10 City Primary X General Other (specify) ▼ Transaction ID: SB23.72751 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.72751 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72751 Date of Disbursement this Period 1000.00 Transaction ID: SB23.72751 Date of Disbursement this Period Category/ Type Office Sought: Office Sought: President State: Disbursement For: 2009 Primary General X Other (specify) ▼ State: Disbursement For: 2009 Primary General X Other (specify) ▼ State: Disbursement For: 2009 Senate President State: Disbursement For: 2009 Primary General X Other (specify) ▼ State: Substortal of Disbursements This Page (optional)	Senate President	Primary General	,		
MCHENRY FOR CONGRESS Mailing Address P.O. BOX 1406 City HICKORY NC 28603 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City FALLS CHURCH Purpose of Disbursement Candidate Name City FALLS CHURCH VA 22046 Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Transaction ID: SB23.72751 Date of Disbursement Office Sought: State Zip Code VA 22046 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate Primary General President State: District: Subtrotal of Disbursement For: 2009 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Senate Primary General NC 2500.00 Senate Primary General NC 26tegory/ Type Type State: District:					
City Falls CHURCH Amount of Each Disbursement this Period Candidate Name Candidate Name Office Sought: Senate President State: NC District: 10 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City FALLS CHURCH Purpose of Disbursement 2099 CONTRIBUTION Candidate Name Office Sought: House Primary State	•			Date of Disburseme	ent
HÍCKORY Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State Zip Code FALLS CHURCH VA 22046 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate Primary General X Other (specify) ▼ State: District: Substock And State Sip Code Senate Primary General X Other (specify) ▼ State: District: Substock And State Sip Code Senate Primary General X Other (specify) ▼ State: District:	Mailing Address P.O. BOX 1406			04 15	y žošg
Category/ Type Office Sought:		•		Amount of Each Dis	sbursement this Period
Office Sought:	Purpose of Disbursement				1000.00
Senate	Candidate Name				
MOUNTAINEER PAC Mailing Address 110-B EAST BROAD ST City State Zip Code FALLS CHURCH VA 22046 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Disbursement For: 2009 Senate Primary General President X Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary X General			
City State Zip Code VA 22046 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Senate Primary General President X Other (specify) ▼ Substortal of Disbursements This Page (optional) State: Disbursements This Page (optional) Amount of Each Disbursement this Period 2500.00 Amount of Each Disbursement this Period 2500.00 Amount of Each Disbursement this Period 2500.00					
FALLS CHURCH Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Category/ Type Office Sought: House Senate Primary General X Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Mailing Address 110-B EAST BROAD S	Γ		04 15	Y 2009
2009 CONTRIBUTION Candidate Name Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				Amount of Each Dis	sbursement this Period
Office Sought: House Senate Primary General Yother (specify) State: District: SUBTOTAL of Disbursements This Page (optional) 5500.00	Purpose of Disbursement				2500.00
Senate President State: District: Substruct: Substru	Candidate Name				
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General			
Cost of the discontinuous age (optional)	State: District:				
	SUBTOTAL of Disbursements This Page (optional)		>		5500.00
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s))			UMBE	R:		P/	AGE	99 / 1	02
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check 211 27	Ć	22 28a		23 28b	24 28c	П	25 29	26 30b
	y Information copied from such Reports and Staten											
or	for commercial purposes, other than using the nam	e and address of any political	I con	nmittee t	O SOLIC	it contri	butio	ns troi	m such (comm	ittee	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTIC	N CON	MMIT ⁻	TEE						
-	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIO	NAL COMM				Date o	f Dis	burse				
	Mailing Address 320 FIRST ST SE					0 4	M /	^D 2	9 /	ž	o ŏ 9	<u> </u>
	City WASHINGTON	State Zip Code DC 20003				Amour	nt of I	Each [Disburse			-
	Purpose of Disbursement 2009 CONTRIBUTION					L.				150	00.00	
	Candidate Name		С	ategory/ Type								
	Senate President X	ement For: 2009 Primary General Other (specify)										
	State: District:											
В.	Full Name (Last, First, Middle Initial) PAC TO THE FUTURE					Transa Date o		burse		.7276	63	
	Mailing Address PMB 3230 268 BUSH S	Г				0 ^M 4	VI /	^D 2	2 /	ž	0 ŏ 9	Y
	City SAN FRANCISCO	State Zip Code CA 94104				Amour	nt of I	Each [Disburse			
	Purpose of Disbursement 2009 CONTRIBUTION			• •						50	00.00	
	Candidate Name		ı	ategory/ Type								
	Senate	ement For: 2009 Primary General Other (specify)										
	State: District:											
С.	Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS					Transa Date o		burse		.7274	19	
	Mailing Address PO BOX 823047					0 4	M /	^D 1	5 /	ž	0 ŏ 9	Y
	City DALLAS	State Zip Code TX 75382				Amour	nt of I	Each [Disburse	-		
	Purpose of Disbursement									25	00.00	
	Candidate Name			ategory/ Type								
	-	ement For: 2010 Primary General Other (specify)										
Г	State. IA DISTITCT. 32					_	-			0051	20.00	
s	SUBTOTAL of Disbursements This Page (optional)				<u> </u>	-	-	•		225(00.00	
Т	OTAL This Period (last page this line number only))			>							

for each category of the Detailed Summary Page for each category of the Detailed Summary Page 22 X 23 24 25 25	SCHEDULE B (FEC Form 3X)		Use sepa	rate schedule(s)	-	NE NUMBER: PAGE 100 / 102					
and the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME PICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P.O. BOX 1919 City Cardidate Name Office Sought: X House President State: XP Purpose of Disbursement Candidate Name Office Sought: X House President NY 12065 City CITY District: 20 Cardidate Name Office Sought: X House President State: XP Disbursement Candidate Name Office Sought: X House Senate Primary General Primary General State: NY District: 20 Category Type Office Sought: X House Senate Primary General State: NY District: 20 Category Type Office Sought: X House Senate Primary General State: NY District: 20 Special-General Transaction ID: SB23.72747 Date of Disbursement Candidate Name Office Sought: X House Senate Primary General State: NY District: 20 Special-General Transaction ID: SB23.72769 Date of Disbursement Candidate Name Office Sought: X House Senate Primary General State: NY District: 20 Special-General Transaction ID: SB23.72769 Date of Disbursement City State: NY District: 20 Special-General Transaction ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date	ITEMIZED DISBURSEN	ENTS	for each o	category of the	21b [22	ட்			20	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Name Office Sought: X House President State: WI District: 01 Full Name (Last, First, Middle Initial) TEDISCO BALLOT INTEGRITY FUND Mailing Address PO BOX 162 City Sanate President Candidate Name Office Sought: X House President State: NY District: 20 Office Sought: X House Senate President State: NY District: 20 Office Sought: X House Senate President State: NY District: 20 Special General Office Sought: X House President State: NY District: 20 Special General Category/ Type Office Sought: X House President State: NY District: 20 Special General Category/ Type Office Sought: X House President State: NY District: 20 Special General City Senate President State: NY District: 20 Special General City Senate President State: NY District: 20 Special General City State: NY District: 20 City State: NY District: 20 Special General City State: NY District: 20 City St										3	
Amount of Each Disbursement Candidate Name Office Sought: X House President State: NY District: 20 City State: NY District: 20 City State: NY District: 20 Office Sought: X House President State: NY District: 20 City State: NY District: 20 City State: NY District: 20 Office Sought: X House President State: NY District: 20 City State: NY District: 20 City State: NY District: 20 Office Sought: X House Senate President State: NY District: 20 City State: NY District: 20 Office Sought: X House Senate NY 12065 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: NY District: 20 City State: NY District: 20 Category/ Type Office Sought: X House Senate President Shadel Inlinary General Disbursement Tor: 2010 X Primary General D	NAME OF COMMITTEE (In Full)							om odom			
City		al)							72785		
JANESVILLE Purpose of Disbursement Candidate Name Office Sought:	Mailing Address P.O. BOX	1919				0 ^M 4	M / D	29 /	ŹOŎS) Y	
Candidate Name Office Sought:	JANESVILLE					Amou	nt of Each	Disburse		-	
Office Sought:					togon/				2500.0	Ų	
President District: 01				2010							
Transaction ID: SB23.72747 Date of Disbursement Mailing Address PO BOX 162 City CLIFTON PARK Purpose of Disbursement Candidate Name Office Sought: X House President State: NY District: 20 Full Name (Last, First, Middle Initial) Tom ROONEY FOR CONGRESS Mailing Address 2336 S EAST OCEAN BLVD #313 City STUART Purpose of Disbursement Candidate Name Other (specify) City Special-General City STUART Furpose of Disbursement Candidate Name Office Sought: X House President State: FL District: 16 Disbursement For: 2009 Senate Primary General State: Zip Code FL 34996 Amount of Each Disbursement this Period Transaction ID: SB23.72747 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.72769 Date of Disbursement ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date of Disbursement ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date of Disbursement ID: SB23.72769 Date of Disbursement Transaction ID: SB23.72769 Date of Disbursement ID: SB23.72769 Date of D	President	X									
City CLIFTON PARK Purpose of Disbursement Candidate Name Office Sought:	Full Name (Last, First, Middle Init	,				Date o	of Disburs	ement		V	
CLIFTON PARK Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S EAST OCEAN BLVD #313 City State Zip Code STUART FL 34996 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: FL District: 16 SUBTOTAL of Disbursements This Page (optional)	Mailing Address PO BOX 1	62					M / D 1	5 /	Ź 0 Ŏ 9) [*]	
Category/ Type Office Sought:						Amou	nt of Each	Disburse	ement this I	Period	
Office Sought: X House Senate Primary General State: NY District: 20 Special-General Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S EAST OCEAN BLVD #313 City State Zip Code STUART FL 34996 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Senate President State: FL District: 16 SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement					L.			2500.0	0	
Senate Primary General X Other (specify) ▼ State: NY District: 20 Special-General Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S EAST OCEAN BLVD #313 City State Zip Code STUART FL 34996 Purpose of Disbursement Candidate Name Office Sought: X House President Senate Primary General Other (specify) ▼ State: FL District: 16 SUBTOTAL of Disbursements This Page (optional)	Candidate Name	,			0,						
Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S EAST OCEAN BLVD #313 City STUART Purpose of Disbursement Candidate Name Office Sought: X House President State: FL District: 16 SUBTOTAL of Disbursements This Page (optional) Transaction ID: SB23.72769 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type 6000.00	Senate President	X	Primary Other (spe	General							
City State Zip Code FL 34996 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President State: FL District: 16 SUBTOTAL of Disbursements This Page (optional) Amount of Each Disbursement this Period 1000.00 Category/ Type Category/ Type Category/ Type Category/ Type Other (specify) ▼ 6000.00	Full Name (Last, First, Middle Init	al)					of Disburs	ement	72769		
STUART Purpose of Disbursement Candidate Name Category/ Type Office Sought:	Mailing Address 2336 S EA	ST OCEAN BI	_VD #313			0 4	M / D	29 /	žoŏs) Y	
Candidate Name Category/ Type Office Sought:						Amou	nt of Each	Disburse			
Office Sought: X House Disbursement For: 2010 Senate President Other (specify) State: FL District: 16 SUBTOTAL of Disbursements This Page (optional)						1000.00			0		
Senate											
SUBTOTAL of Disbursements This Page (optional)	Senate President		Primary	General							
COST CTAL OF SIGNATURE THIS T age (optional)		Page (ontional)					-	•	6000.00	D	
							•	•	555515	-	

S	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 101 / 102
ΙT	EMIZED DISBURSEMENT		(check onl	y one) 22 X 23 2 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports ar for commercial purposes, other than using				
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POLITICAL ACTI	ON COMM	ITTEE	
	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRES Mailing Address PO BOX 1500	SS COMM		Transaction ID: Date of Disburse	ement
	City CHICO Purpose of Disbursement Candidate Name	State Zip Code CA 95927	Category/	Amount of Each	Disbursement this Period 2000.00
	Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼	Jalegory/ Type		
	State: CA District: 02				

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	119500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (che	LINE NUMBER: PAGE 102 / 102 ck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 24 25 26 27 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Transaction ID: SB29.73755 Date of Disbursement O 4 M / D 3 D / Y Y Y O Y 9 Y
•	State Zip Code L 60675	Amount of Each Disbursement this Period 1804.08
Candidate Name	Categor Type	y/
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	1804.08
TOTAL This Period (last page this line number only)	•	1804.08