

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DENISE LA RUE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 300 PROFESSIONAL DR		Transaction ID: SA11A1.43486	
City State Zip Code SCARBOROUGH ME 04074	Amount of Each Receipt this Period 700.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SPECTRUM MEDICAL GRP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. PHONG LE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 3361 HOLLOW SPRING DR		Transaction ID: SA11A1.43551	
City State Zip Code DEWITT MI 48820	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LANSING ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. JEFF LINDSAY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 5402 E 118TH ST		Transaction ID: SA11A1.43531	
City State Zip Code TULSA OK 74137	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	