

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY
 Check if different than previously reported. (ACC)
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 04 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		943984.31
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1177889.31									
(c) Total Receipts (from Line 19)	131927.97	431676.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1309817.28	1375661.10								
7. Total Disbursements (from Line 31)	134890.63	200734.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1174926.65	1174926.65								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	98476.00	342463.00
(i) Itemized (use Schedule A)	28196.00	83091.00
(ii) Unitemized	126672.00	425554.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	126672.00	425554.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	255.97	1122.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	131927.97	431676.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	131927.97	431676.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130000.00	190000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4890.63	10734.45
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	134890.63	200734.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134890.63	200734.45

DETAILED SUMMARY PAGE
of Disbursements

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	126672.00	425554.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126672.00	425554.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 128
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
BRUCE AISTRUP

Mailing Address 10907 W 120TH TER

City State Zip Code
OVERLAND PARK KS 66213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDWEST ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.72615

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
GUY ALIOTTA

Mailing Address 25 KENNEDY DRIVE

City State Zip Code
MERIDEN CT 06450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDSTATE MEDICAL CENTER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71610

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
GEORGE ALVAREZ

Mailing Address 1800 N STANTON ST #907

City State Zip Code
EL PASO TX 79902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.71781

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES ANDERSON	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 60975 BILLADEAU RD.	Transaction ID: SA11AI.72235
	City State Zip Code BEND OR 97702	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BEND ANESTH GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MARTHA ANDERSON	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 25 HIGHLAND PARK VLG # 100-750	Transaction ID: SA11AI.72636
	City State Zip Code DALLAS TX 75205	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DAVID ANDREWS	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 18 WOODS ROAD.	Transaction ID: SA11AI.72395
	City State Zip Code FALMOUTH ME 04105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MAINE ANESTHESIOLOGY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN ANGEL	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 877 JEFFERSON, ROOM 610	Transaction ID: SA11AI.72029
	City State Zip Code MEMPHIS TN 38103	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UT MED GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ANTOINETTE APPLING	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 800 E. CARPENTER	Transaction ID: SA11AI.71709
	City State Zip Code SPRINGFIELD IL 62769	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST.JOHNS HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) CLYDE ARILLOTTA	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 332 SNOWBERRY CIR.	Transaction ID: SA11AI.72083
	City State Zip Code VENETIA PA 15367	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASPN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GEORGE EDDIE ASH

Mailing Address 102 ROYAL TROON DR

City State Zip Code
RAINBOW CITY AL 35906

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOC. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.72511

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
SHARON ASHLEY

Mailing Address 1229 LEEWARD WAY

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer SHERIDAN HEALTHCORP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.72024

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
RAMASWAMY BALAKRISHNAN

Mailing Address 13912 GREEN BRANCH DR.

City State Zip Code
PHOENIX MD 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer CANDRAE ANES ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.72686

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ADAM BALKANY		Date of Receipt																					
	Mailing Address 5536 S ORCAS STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	3		2	0	0	9														
	City State Zip Code SEATTLE WA 98118		Transaction ID: SA11AI.72463																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation PACIFIC ANESTHESIA ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt																					
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	1		2	0	0	9														
	City State Zip Code NASHVILLE TN 37212		Transaction ID: SA11AI.71598																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00																						
Name of Employer Occupation VANDERBILT UNIVERSITY MEDICAL CENTER PHYSICIAN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 249.00																						

C.	Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt																					
	Mailing Address 601 NE 36TH ST APT 3407		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	1		2	0	0	9														
	City State Zip Code MIAMI FL 33137		Transaction ID: SA11AI.71613																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00																						
Name of Employer Occupation UNIVERSITY OF MIAMI PHYSICIAN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 249.00																						

SUBTOTAL of Receipts This Page (optional)	▶	416.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CAROLYN BANNISTER
 Mailing Address 5102 CHASTLETON DRIVE
 City State Zip Code
 STONE MOUNTAIN GA 30087
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2009
Transaction ID: SA11AI.71589
 Amount of Each Receipt this Period
 83.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMORY HEALTHCARE MD
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.00

B. Full Name (Last, First, Middle Initial)
DAVID BECKER
 Mailing Address 4327 E. NORTH LANE
 City State Zip Code
 PHOENIX AZ 85028
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2009
Transaction ID: SA11AI.72435
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 METRO ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
JAMES BECKER
 Mailing Address 1215 PLEASANT ST. SUITE 400
 City State Zip Code
 DES MOINES IA 50309
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2009
Transaction ID: SA11AI.72589
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2083.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ERIC BESSONNY

Mailing Address 914 BRIDLE LANE

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BARRINGTON ANES. ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71864

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
SHERNAVAZ BHARUCHA

Mailing Address 65 KELLY DR

City State Zip Code
CARLISLE PA 17015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RIVERSIDE ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.72546

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MARK BIGALKE

Mailing Address 3715 WAUNA VISTA DR.

City State Zip Code
VANCOUVER WA 98661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLUMBIA ANES GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.71797

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 128
(check only one)

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

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

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

Mailing Address 334 W. BLITHEDALE AVE.

City State Zip Code
MILL VALLEY CA 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer DCAMG Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.71983

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 96

City State Zip Code
VAIL CO 81658

FEC ID number of contributing federal political committee. **C**

Name of Employer VVA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2009

Transaction ID: SA11AI.71684

Amount of Each Receipt this Period
250.00

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

Mailing Address 1915 LUKER DR.

City State Zip Code
CASPER WY 82609

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.71758

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 128
	<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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 5014 ASCOT PARKWAY	Transaction ID: SA11AI.71584
	City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SCOTT AND WHITE MEMORIAL HOSPITAL ANES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL BORKOWSKI	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 52423 GLENMORE CT.	Transaction ID: SA11AI.72186
	City State Zip Code GRANGER IN 46530	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ST JOSEPH VALLEY ANES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ARTHUR BOUDREAU	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 4493 PRESERVE DRIVE	Transaction ID: SA11AI.71671
	City State Zip Code HOOVER AL 35226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF ALABAMA AT BIRMINGHAM AN	Occupation PHYSICIAN	
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)	833.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN BOUDREAUX
Mailing Address 3601 GARDENIA DR.
City ARLINGTON State TX Zip Code 76016
FEC ID number of contributing federal political committee. **C**
Name of Employer PINNACLE PARTNERS Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 07 / 2009
Transaction ID: SA11AI.71686
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
GREGORY BOUSKA
Mailing Address 3000 BOGEY CIR SE
City HAMPTON COVE State AL Zip Code 35763
FEC ID number of contributing federal political committee. **C**
Name of Employer AAHLLC Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 03 / 01 / 2009
Transaction ID: SA11AI.71600
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
ROY BRAGANZA
Mailing Address 1510 N. EDGEMONT ST.
City LOS ANGELES State CA Zip Code 90027
FEC ID number of contributing federal political committee. **C**
Name of Employer KAISER SCPMG Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 13 / 2009
Transaction ID: SA11AI.72004
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 875.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 128
	<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

A.	Full Name (Last, First, Middle Initial) BARBARA BRANDOM		Date of Receipt
	Mailing Address 1118 KING AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2009
	City	State	Zip Code
	PITTSBURGH	PA	15206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71567
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 125.00

B.	Full Name (Last, First, Middle Initial) MICHAEL BRENNAN		Date of Receipt
	Mailing Address 8015 GREENWICH WOODS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 19 / 2009
	City	State	Zip Code
	MC LEAN	VA	22102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72366
Name of Employer SURGICAL ANES SERV		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JOHN BRETH		Date of Receipt
	Mailing Address 4626 ANDERSON ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2009
	City	State	Zip Code
	SHAWNEE	KS	66226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72473
Name of Employer ANESTHESIOLOGY CHARTERED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 875.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 400 MCLEOD

City State Zip Code
MISSOULA MT 59801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MISSOULA ANESTHESIOLOGY PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.72042

Amount of Each Receipt this Period
500.00

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

Mailing Address 1514 JEFFERSON HWY
ANESTHESIA DEPARTMENT

City State Zip Code
NEW ORLEANS LA 70121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OCHSNER CLINIC FOUNDATION PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2009

Transaction ID: SA11AI.71638

Amount of Each Receipt this Period
500.00

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

Mailing Address 7120 KENMARE DR.

City State Zip Code
BLOOMINGTON MN 55438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.72183

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ALLEN BUCK		Date of Receipt
	Mailing Address 6226 BELLERIVE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	BRENTWOOD	TN	37027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71856
Name of Employer AMG		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) ELIZABETH BURGESS		Date of Receipt
	Mailing Address 2769 HIGH PT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 18 / 2009
	City	State	Zip Code
	CINCINNATI	OH	45244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72332
Name of Employer ANESTHESIA GROUP PRACTICE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JAMES CARLIN		Date of Receipt
	Mailing Address 7826 E TORIN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	LONG BEACH	CA	90808
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72079
Name of Employer SO CALIFORNIA PERM MED GR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES CARLSON	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 8385 VALLEY TARN DRIVE NE	Transaction ID: SA11AI.71705
	City ATLANTA State GA Zip Code 30350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: PHYSICIAN SPECIALISTS IN ANESTHESIA Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) ALEXANDER CARRILLO	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 18287 E. CALEY PLACE	Transaction ID: SA11AI.72448
	City AURORA State CO Zip Code 80016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: METRO DENVER ANESTHESIA Occupation: PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) THOMAS CASH	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 1307 LEGACY DR.	Transaction ID: SA11AI.71790
	City BIRMINGHAM State AL Zip Code 35242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: AMBUL ANES & PAIN MED 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)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NAGESWARARAO CHALASANI		Date of Receipt
	Mailing Address 2130 STERLING ROSE LN. S.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FARGO	ND	58104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72682
Name of Employer VALLEY ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) KENNETH CHAPMAN		Date of Receipt
	Mailing Address 8 FORT HILL PARK		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	STATEN ISLAND	NY	10301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72326
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) BOHDAN CHARKEWYCZ		Date of Receipt
	Mailing Address 119 JOYCE PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PARK RIDGE	IL	60068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72696
Name of Employer RESURRECTION HLTHCR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TAPOSH CHATTERJEE

Mailing Address 614 S. OLD RANCH RD.

City State Zip Code
ARCADIA CA 91007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.72571

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD.

City State Zip Code
BIRMINGHAM AL 35209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF ALABAMA MEDICAL CENTER D ANESTHESIOLOGIST - ASST PROF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71602

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
ELIAS CHUA

Mailing Address 113 CENTRENEST LN.

City State Zip Code
WILMINGTON DE 19807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA SERVICES, P.A. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.71707

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **933.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 128
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DAVID CIOCHETTY

Mailing Address 1548 STILLWATER

City State Zip Code
BOWLING GREEN KY 42103

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES & PAIN SPEC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.71926

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JOHN CLARK

Mailing Address 81 DOLPHIN COVE QUAY

City State Zip Code
STAMFORD CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer GREENWICH ANESTHESIOLOGY ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.71821

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MELVIN COHEN

Mailing Address 56 PHEASANT WAY

City State Zip Code
CENTERVILLE MA 02632

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPE COD ANES. ASSOC. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.72439

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 128
	<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

A.	Full Name (Last, First, Middle Initial) MARK COLLINS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 6455 APPLE ORCHARD LN.	Transaction ID: SA11AI.71950
	City State Zip Code ROCHESTER HILLS MI 48306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAKESIDE ANES ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) CHARLES COTE	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 55 FRUIT STREET DEPARTMENT OF ANESTHESIA AND CRIT	Transaction ID: SA11AI.72286
	City State Zip Code BOSTON MA 02114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MASSACHUSETTS GENERAL HOSPITAL PEDIATRIC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER CUCITI	Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 7631 SAN MATEO LN	Transaction ID: SA11AI.72328
	City State Zip Code LINCOLN NE 68516	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATED ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES CURRAN		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 1324 DARBY RUN DR.		Transaction ID: SA11AI.72102		
	City CHESAPEAKE	State VA	Zip Code 23320	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CHESAPEAKE ANES	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) ROBERT CUSTER		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 385 LIGHTHOUSE TRL.		Transaction ID: SA11AI.71727		
	City CENTERVILLE	State OH	Zip Code 45458	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MONT GREEN ANESTHESIOLOGY, INC.	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) MARK DAGOSTINO		Date of Receipt MM / DD / YYYY 03 / 15 / 2009		
	Mailing Address 8714 WOOLWORTH AVE		Transaction ID: SA11AI.72133		
	City OMAHA	State NE	Zip Code 68124	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA WEST, P.C.	Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARY DALTON
 Mailing Address 6160 MARTHA S GLEN
 City State Zip Code
COLUMBIA SC 29209
 Date of Receipt
MM / DD / YYYY
03 / 27 / 2009
 Transaction ID: SA11AI.72601
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
SCSA ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
BRAD DAVIS
 Mailing Address 104 WELFORD LN
 City State Zip Code
SOUTHLAKE TX 76092
 Date of Receipt
MM / DD / YYYY
03 / 13 / 2009
 Transaction ID: SA11AI.71885
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
PINNACLE ANES. CONSULTANTS PHYSICIAN
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
DAVID DAVIS
 Mailing Address 300 CHARLES RD
 City State Zip Code
SAN ANTONIO TX 78209
 Date of Receipt
MM / DD / YYYY
03 / 16 / 2009
 Transaction ID: SA11AI.72141
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
TEJAS ANESTHESIA ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARIA DE CASTRO

Mailing Address 1616 N ORANGE GROVE AVE

City State Zip Code
LOS ANGELES CA 90046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.71909

Amount of Each Receipt this Period
400.00

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

Mailing Address 7 ELLERHAUSEN DR.

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORRIS ANES GRP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.72015

Amount of Each Receipt this Period
500.00

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

Mailing Address PO BOX 8305

City State Zip Code
GADSDEN AL 35902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.71876

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 128
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
CHRISTIAN DIEZ

Mailing Address 3000 BIRD AVE UNIT 1

City State Zip Code
COCONUT GROVE FL 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF MIAMI ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71614

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
RALPH DIMINYATZ

Mailing Address 12711 BIOLA AVE.

City State Zip Code
LA MIRADA CA 90638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.72077

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
DONALD DOUSSAN

Mailing Address 102 BAYOU PEREZ DR.

City State Zip Code
MADISONVILLE LA 70447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOUISIANA STATE UNIV PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.72048

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16 HOWES PINEVIEW DR.

City OGDENSBURG State NY Zip Code 13669

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTH CONTRY ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.71975
 Amount of Each Receipt this Period: 250.00

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

Mailing Address PO BOX 1766

City PLATTSBURGH State NY Zip Code 12901

FEC ID number of contributing federal political committee. **C**

Name of Employer CHAMPLAIN VALLEY PHYS HOSP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.71959
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 4745 18TH ST.

City SAN FRANCISCO State CA Zip Code 94114

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES CARE ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: SA11AI.71774
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 128

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STEVEN EDELSTEIN		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 2160 S. FIRST AVENUE		Transaction ID: SA11AI.72505		
	City MAYWOOD	State IL	Zip Code 60153	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LOYOLA UNIV MED CTR	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) THEODORE ELLIS		Date of Receipt MM / DD / YYYY 03 / 01 / 2009		
	Mailing Address 1223 BONNEMA COURT		Transaction ID: SA11AI.71590		
	City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DUPAGE VALLEY ANESTHESIOLOGISTS LTD	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00			

C.	Full Name (Last, First, Middle Initial) STEVEN ELLSTROM		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address P.O. BOX 2991		Transaction ID: SA11AI.72537		
	City EDWARDS	State CO	Zip Code 81632	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VAIL VALLEY ANESTH	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶

833.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 128
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
JOHN ERICKSON

Mailing Address 1008 N. FAIR OAKS

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV OF CHICAGO PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.72569

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JOHN ERICKSON

Mailing Address 1008 FAIR OAKS AVE

City State Zip Code
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV OF CHICAGO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.72680

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
CYNTHIA ESPANOLA

Mailing Address 29 DEER RUN RD.

City State Zip Code
KINGSTON MA 02364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLEXUS MGMT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.72066

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 128

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GEORGE FANT

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.71878

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER FIEDLER

Mailing Address 701 N. FIRST STREET

City State Zip Code
SPRINGFIELD IL 62781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEMORIAL MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.72194

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR.

City State Zip Code
FALMOUTH ME 04105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SPECTRUM MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2009

Transaction ID: SA11AI.71569

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶

833.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DENNIS FORBES	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address ANESTHESIA DEPT., MHE 219 S. WASHINGTON ST.	Transaction ID: SA11AI.72593
	City EASTON State MD Zip Code 21601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TIDEWATER ANESTHESIA ASSO- CIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) REGINA FRAGNETO	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 218 QUAIL RUN DR.	Transaction ID: SA11AI.71824
	City GEORGETOWN State KY Zip Code 40324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIV. OF KENTUCKY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) LAWRENCE FRANK	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address P.O. BOX 9779	Transaction ID: SA11AI.72619
	City CORAL SPRINGS State FL Zip Code 33075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARK FRANKLIN	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 1240 W GRACE ST	Transaction ID: SA11AI.71732
	City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHSHORE UNIVERSITY HOSPITAL SYSTEM ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

B.	Full Name (Last, First, Middle Initial) GARY FRANKOWSKI	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 500 SOUTH UNIVERSITY, SUITE 505	Transaction ID: SA11AI.72644
	City State Zip Code LITTLE ROCK AR 72205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LITTLE ROCK ANES ASSOC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

C.	Full Name (Last, First, Middle Initial) HOWARD FRIEDMAN	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address P.O. BOX 8305	Transaction ID: SA11AI.71877
	City State Zip Code GADSDEN AL 35902	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DON FROST		Date of Receipt
	Mailing Address 553 SILVERWOOD TRAIL		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NORTH LITTLE ROCK	AR	72116
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LITTLE ROCK ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.72465
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) LON FRY		Date of Receipt
	Mailing Address 134 ALBANY ST.		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SAN ANTONIO	TX	78209
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SPECTRUM HEALTH		Occupation PHYSICIAN	Transaction ID: SA11AI.71888
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) BENNETT FULLER		Date of Receipt
	Mailing Address 14708 CARLINGFORD WAY		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	EDMOND	OK	73013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFFIL ANESTH		Occupation PHYSICIAN	Transaction ID: SA11AI.72338
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSEPHINE GAMBARDELLA		Date of Receipt
	Mailing Address 1014 PRIORY PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2009
	City	State	Zip Code
	MCLEAN	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72252
Name of Employer FAIRFAX ANES. ASSOC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) BRUCE GANDLE		Date of Receipt
	Mailing Address 1123 NASHVILLE AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	NEW ORLEANS	LA	70115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72096
Name of Employer OCHSNER CLINIC FOUNDATION PROGRAM DEPT		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) MARC GATTIKER		Date of Receipt
	Mailing Address 5939 S. MOLINE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	ENGLEWOOD	CO	80111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72553
Name of Employer S DENVER ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3602 COURTSIDE CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71948

Amount of Each Receipt this Period: 250.00

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

Mailing Address 104 HETHERINGTON LN

City State Zip Code
CINCINNATI OH 45246

FEC ID number of contributing federal political committee. **C**

Name of Employer AANWD Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 29 / 2009

Transaction ID: SA11AI.72652

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 24 SPRINGHILL FARM CT.

City State Zip Code
COCKEYSVILLE MD 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer PHYSICIANS ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.71735

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1184 POST RD.

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer
LENOX HILL ANESTHESIOLOGY, PLLC

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.71725

Amount of Each Receipt this Period
250.00

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

Mailing Address 2119 CORTELYOU RD

City State Zip Code
CHARLOTTE NC 28211

FEC ID number of contributing federal political committee. **C**

Name of Employer
NORTHEAST ANES & PAIN

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.72244

Amount of Each Receipt this Period
500.00

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

Mailing Address 1304 OAK ST.

City State Zip Code
MELBOURNE FL 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer
BREVARD ANESTHESIA SERVICES, P.A.

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.71678

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
VIJAYA GOTTUMUKKALA

Mailing Address 1400 HOLCOMBE BLVD., UNIT 409

City HOUSTON State TX Zip Code 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer MD ANDERSON CANCER CLINIC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.72479
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
ARTHUR GRAY

Mailing Address 5886 KENTUCKY DOWNS DR

City MACON State GA Zip Code 31210

FEC ID number of contributing federal political committee. **C**

Name of Employer NEXUS MED GRP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 19 / 2009
Transaction ID: SA11AI.72359
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
JAMES GRIFFIN

Mailing Address P.O. BOX 230

City WAKEFIELD State RI Zip Code 02880

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.72071
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 128

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID GRIGG		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 3180 RIDGEWAY RD		Transaction ID: SA11AI.72587		
	City DAYTON	State OH	Zip Code 45419	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer KETTERING ANES ASSOC		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) STEVEN GROSS		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address P.O. BOX 8305		Transaction ID: SA11AI.71879		
	City GADSDEN	State AL	Zip Code 35902	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) CHARLES HAGAN		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 199 CANTER CT		Transaction ID: SA11AI.72471		
	City WINCHESTER	State VA	Zip Code 22602	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer WINCHESTER ANESTHESIOLOGI- STS, INC		Occupation ANESTHESIOLOGIST			
		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BLAIR HALLIDAY		Date of Receipt
	Mailing Address 1778 NEOTOMAS AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	SANTA ROSA	CA	95405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71886
Name of Employer AAMGI		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) MARY HARRIS		Date of Receipt
	Mailing Address 10030 RUSTLELEAF		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	DALLAS	TX	75238
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71916
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) RUSSELL HARRIS		Date of Receipt
	Mailing Address 500 S UNIVERSITY AVE STE 505		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 01 / 2009
	City	State	Zip Code
	LITTLE ROCK	AR	72205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71621
Name of Employer LITTLE ROCK ANESTHESIC SERVICES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STUART HART	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 1801 LAKE MICHIGAN DRIVE	Transaction ID: SA11AI.71748
	City State Zip Code HARVEY LA 70058	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OCHSNER MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) DANIEL HASFURTHER	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 1356 WOLF RUN ROAD	Transaction ID: SA11AI.72162
	City State Zip Code RENO NV 89511	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 8 PROSPECT STREET	Transaction ID: SA11AI.71593
	City State Zip Code NASHUA NH 03060	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NASHUA ANESTHESIA PARTNERS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

SUBTOTAL of Receipts This Page (optional)	▶	1333.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN HAWORTH	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 4421 MARIGOLD LN.	Transaction ID: SA11AI.72282
	City State Zip Code LITTLETON CO 80123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH DENVER ANESTHESIOLOGIST, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOHN HAWS	Date of Receipt MM / DD / YYYY 03 / 14 / 2009
	Mailing Address 6841 FRONTIER DRIVE	Transaction ID: SA11AI.72118
	City State Zip Code MORGAN UT 84050	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MCKAY-DEE HOSPITAL ANES. DEPT.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) FRANCIS HAYES	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address P.O. BOX 8305	Transaction ID: SA11AI.71883
	City State Zip Code GADSDEN AL 35999	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA ASSOC	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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 36 BLUEBIRD HILL CT.

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.72021

Amount of Each Receipt this Period
500.00

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

Mailing Address PO BOX 1142

City State Zip Code
BILLINGS MT 59103

FEC ID number of contributing federal political committee. **C**

Name of Employer BILLINGS ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.72246

Amount of Each Receipt this Period
250.00

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

Mailing Address 11038 TENACIOUS DR.

City State Zip Code
INDIANAPOLIS IN 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.72721

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANDREW HERLICH

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code
PITTSBURGH PA 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71577

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
BRIAN HESLER

Mailing Address 1701 E 12TH ST APT 23D

City State Zip Code
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NSF CHECK ANESTHESIA RESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ -5.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.72493

Amount of Each Receipt this Period
-5.00

C.

Full Name (Last, First, Middle Initial)
FERDINAND HILAGA

Mailing Address 152 N.W. HERITAGE DR.

City State Zip Code
LAKE CITY FL 32055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.72017

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 328.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN HILL		Date of Receipt
	Mailing Address P.O. BOX 826		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	JEFFERSONVILLE	IN	47131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72557
Name of Employer ANES ASSOC CLARK CTY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) ROBERT HODSON		Date of Receipt
	Mailing Address 217 COUNTRY CLUB PARK, #113		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BIRMINGHAM	AL	35213
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71792
Name of Employer ARM		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) ROBERT HOO		Date of Receipt
	Mailing Address 1779 PANAY CIR		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	COSTA MESA	CA	92626
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72073
Name of Employer		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 128
	<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

A.

Full Name (Last, First, Middle Initial) THOMAS HUESERS		Date of Receipt
Mailing Address 3 EMILYS WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
WINSLOW	ME	04901
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.71756
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer E MAINE MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

B.

Full Name (Last, First, Middle Initial) CHARLES IRWIN		Date of Receipt
Mailing Address 10123 STRAIT LN.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
DALLAS	TX	75229
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.71992
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer PINNACLE ANESTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

C.

Full Name (Last, First, Middle Initial) SARAH JAMES		Date of Receipt
Mailing Address 1620 TETHER KEEP		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
VIRGINIA BEACH	VA	23454
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.71646
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer SUFFOLK ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DANIEL JANIK	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 15605 E. PRENTICE DR.	Transaction ID: SA11AI.71604
	City State Zip Code CENTENNIAL CO 80015	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF COLORADO, DENVER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

B.	Full Name (Last, First, Middle Initial) PAUL JENKINS	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 21 SPRUCE LANE	Transaction ID: SA11AI.72469
	City State Zip Code BELLE MEAD NJ 08502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACNJ PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JOHN JOHNSON	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address PO BOX 8458	Transaction ID: SA11AI.71744
	City State Zip Code SPARTANBURG SC 29305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KATHY JOHNSON	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 221 NW 160TH TERRACE	Transaction ID: SA11AI.72370
	City State Zip Code EDMOND OK 73013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KJ ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID JOSEPHSON	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 805 GOLF VIEW CT.	Transaction ID: SA11AI.71967
	City State Zip Code DACULA GA 30019	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GWINNETT ANES SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) HO JUNG	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 607 PINE GROVE CT.	Transaction ID: SA11AI.72353
	City State Zip Code ASHLAND KY 41101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASHLAND ANES ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 128
	<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

A.	Full Name (Last, First, Middle Initial) PHILIP KALARICKAL	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1415 TULANE AVE., SL-4	Transaction ID: SA11AI.71667
	City State Zip Code NEW ORLEANS LA 70112	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TULANE UNIVERSITY HOSP. CLINIC DEPT. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS KAMINSKI	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 4341 TRAILS END DR.	Transaction ID: SA11AI.72612
	City State Zip Code DAYTON OH 45429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MT GREEN ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEVEN KAPLA	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 2107 HEIGHTS DRIVE	Transaction ID: SA11AI.71698
	City State Zip Code EAU CLAIRE WI 54703	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EAU CLAIRE ANESTHESIOLOGI-STS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL KARBOWSKI		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 2136 N.W. 98TH ST.		Transaction ID: SA11AI.71969		
	City SEATTLE	State WA	Zip Code 98117	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GROUP HEALTH	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) PRAVIN KARIA		Date of Receipt MM / DD / YYYY 03 / 16 / 2009		
	Mailing Address 6918 WYNDHAM PKY.		Transaction ID: SA11AI.72254		
	City PROSPECT	State KY	Zip Code 40059	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES ASSOC CLASSIC CO	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) MOHAN KASARANENI		Date of Receipt MM / DD / YYYY 03 / 17 / 2009		
	Mailing Address 75 COLTON RD.		Transaction ID: SA11AI.72295		
	City GLASTONBURY	State CT	Zip Code 06033	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NEW BRITAIN ANESTHESIA PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) TRIPTI KATARIA		Date of Receipt MM / DD / YYYY 03 / 01 / 2009
Mailing Address 2015 SPRING RD STE 510		Transaction ID: SA11AI.71607
City OAK BROOK	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer WITT KIEFFER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

B.

Full Name (Last, First, Middle Initial) TALAL KHAN		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address DEPARTMENT OF ANESTHESIOLOGY 3901 RAINBOW BLVD., RM 2467		Transaction ID: SA11AI.72730
City KANSAS CITY	State KS	Zip Code 66160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KANSAS UNIVERISTY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MILLICENT KHAW		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 4572 AUKAI AVE.		Transaction ID: SA11AI.72582
City HONOLULU	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	583.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 128

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
LAWRENCE KILINSKI

Mailing Address **9098 STONECREEK CIRCLE**

City **NEWBURGH** State **IN** Zip Code **47630**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DEACONESS HLTH SYS** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2009**

Transaction ID: SA11AI.72586

Amount of Each Receipt this Period **250.00**

B.

Full Name (Last, First, Middle Initial)
CHARLES KIM

Mailing Address **1209 FOX TRAIL CT.**

City **NAPERVILLE** State **IL** Zip Code **60540**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DUPAGE VALLEY ANESTHESIOLOGISTS** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.00**

Date of Receipt **03 / 01 / 2009**

Transaction ID: SA11AI.71616

Amount of Each Receipt this Period **83.00**

C.

Full Name (Last, First, Middle Initial)
SANDRA KINSELLA

Mailing Address **6047 BROKENHURST RD.**

City **INDIANAPOLIS** State **IN** Zip Code **46220**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IUMC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2009**

Transaction ID: SA11AI.71800

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ► **833.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) OLEN KITCHINGS		Date of Receipt	
	Mailing Address 4303 HIGH BLUFF CIR		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72090
	TEMPLE	TX	76502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SCOTT & WHITE CLINIC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) KEVIN KLIMEK		Date of Receipt	
	Mailing Address 45850 TOURNAMENT DR.		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.71645
	NORTHVILLE	MI	48168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) ROBERT KOEBERT		Date of Receipt	
	Mailing Address 141 N JEFFERSON STREET, #405		M M / D D / Y Y Y Y Y 03 / 02 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.71630
	MILWAUKEE	WI	53202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer AURORA MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT KOGAN	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2106 ARI LN	Transaction ID: SA11AI.72622
	City State Zip Code LOS ANGELES CA 90049	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RLK ANESTHESIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) BRIAN KOPEIKIN	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 22 NICHOLAS LANE	Transaction ID: SA11AI.72607
	City State Zip Code SANTA BARBARA CA 93108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES MED GRP S BARBARA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAY KRAUSS	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 1526 NORTHWAY DR	Transaction ID: SA11AI.71840
	City State Zip Code SAINT CLOUD MN 56303	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CENTRAL MINNESOTA ANES. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
PREMA KRISHNAMURTHY

Mailing Address 1170 ARROWOOD DR.

City State Zip Code
PITTSBURGH PA 15243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPMC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.72698

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL LALICH

Mailing Address 1501 S. LAKE GEORGE DR.

City State Zip Code
MISHAWAKA IN 46545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ST. JOSEPH VALLEY ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71961

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL LESS

Mailing Address 15W316 60TH ST.

City State Zip Code
BURR RIDGE IL 60527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELMHURST ANESTHESIOLOGIST- S. P.C. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.71848

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WAI LEUNG		Date of Receipt
	Mailing Address 1799 WILDFLOWER CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	YUBA CITY	CA	95993
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72487
Name of Employer WAI KWONG LEUNG, M.D., IN-C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) JAMES LEVINE		Date of Receipt
	Mailing Address 4164 CART PATH CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 27 / 2009
	City	State	Zip Code
	TERRE HAUTE	IN	47802
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72637
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) MARK LIPA		Date of Receipt
	Mailing Address 1605 JACKPINE CANYON RD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2009
	City	State	Zip Code
	BILLINGS	MT	59101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72258
Name of Employer ANES PART MONTANA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WEI LIU	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 4031 BLUE BONNET BLVD	Transaction ID: SA11AI.72520
	City State Zip Code HOUSTON TX 77025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GULF ANESTHESIA ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) RENE LLERA	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address P.O. BOX 235019	Transaction ID: SA11AI.71766
	City State Zip Code MONTGOMERY AL 36123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MONTGOMERY ANES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JAMES LONERGAN	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address ST. LUKES HOSP DEPT ANESTHESIA 4400 WORNALL RD.	Transaction ID: SA11AI.71740
	City State Zip Code KANSAS CITY MO 64111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARDIOTHORACIC ANESTHESIA ASSOC., PC PHYSICIAN	
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 128
	<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

A.

Full Name (Last, First, Middle Initial) JOHN LORDAN	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
Mailing Address 5701 26TH ST NW	Transaction ID: SA11AI.71810
City State Zip Code WASHINGTON DC 20015	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.

Full Name (Last, First, Middle Initial) THOMAS MACDONALD	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 16 SEAHORSE CT	Transaction ID: SA11AI.72674
City State Zip Code ISLE OF PALMS SC 29451	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA ASSOCIATES OF CHARLESTON, SC	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.

Full Name (Last, First, Middle Initial) BRUCE MALMER	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
Mailing Address 45 LINDEN ST	Transaction ID: SA11AI.71659
City State Zip Code BANGOR ME 04401	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer SPECTRUM MEDICAL GROUP NORTHERN ANESTH	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GARY MANNING	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 4106 OBERLIN	Transaction ID: SA11AI.71915
	City HOUSTON State TX Zip Code 77005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GREATER HOUSTON ANES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) RANDY MARCEL	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 41 DUNROBIN	Transaction ID: SA11AI.71936
	City RICHARDSON State TX Zip Code 75082	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EXCEL ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ANTHONY MARESCA	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 20910 SAXON CT	Transaction ID: SA11AI.72503
	City BROOKFIELD State WI Zip Code 53045	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer METROPOLITAN ANES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 128

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KURT MARKGRAF		Date of Receipt MM / DD / YYYY 03 / 01 / 2009		
	Mailing Address 3663 MCKINLEY AVE		Transaction ID: SA11AI.71583		
	City FORT MYERS	State FL	Zip Code 33901	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDICAL ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00			

B.	Full Name (Last, First, Middle Initial) JOHN MASCIA		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 15 ATHENIAN LANE		Transaction ID: SA11AI.72380		
	City HOPEWELL JUNCTION	State NY	Zip Code 12533	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N AMER PARTNERS IN ANES	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) STEVEN MAVES		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 10050 DEER RUN CIRCLE		Transaction ID: SA11AI.72531		
	City FISHERS	State IN	Zip Code 46038	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMMUNITY ANES ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 128
	<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

A.	Full Name (Last, First, Middle Initial) BRIAN MCCONNELL	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 1030 TIMBERCREEK TRAIL	Transaction ID: SA11AI.72262
	City State Zip Code GREAT FALLS VA 22066	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FAIRFAX ANESTHESIOLOGY ASSOCIATES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) NICOLE MCDERMOTT	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 226 COUNTY ROAD 126	Transaction ID: SA11AI.71832
	City State Zip Code GLENWOOD SPRINGS CO 81601	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) FREDERICK MCKIBBEN	Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 1711 HOMEWOOD DR.	Transaction ID: SA11AI.72140
	City State Zip Code ALTADENA CA 91001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF PHYSICIAN	
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)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD MCNEER		Date of Receipt
	Mailing Address 18340 SW 122 ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 01 / 2009
	City	State	Zip Code
	MIAMI	FL	33196
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71615
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) DENNIS MCNICHOLL		Date of Receipt
	Mailing Address 5339 212TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2009
	City	State	Zip Code
	OAKLAND GARDENS	NY	11364
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71836
Name of Employer ST JAMES'S HOSP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) ANNETTE MEADOR		Date of Receipt
	Mailing Address 2524 CRESTWOOD RD., SUITE #5		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2009
	City	State	Zip Code
	NORTH LITTLE ROCK	AR	72116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72306
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 583.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MARK MERSON

Mailing Address 11231 WOODLAND POND PARKWAY

City State Zip Code
CHESTERFIELD VA 23832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.72268

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JUSTIN MESCHLER

Mailing Address 255 RIVERMIST RD

City State Zip Code
JULIETTE GA 31046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEXUS MED GRP ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.72360

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY MILLER

Mailing Address 7488 17TH LN., N.E.

City State Zip Code
ST. PETERSBURG FL 33702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FLORIDA PEDIATRIC ASSOCIA- PHYSICIAN
TES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.72032

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 128
	<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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER MILLSON

Mailing Address 2400 WIMBLEDON WAY

City LAS VEGAS State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C**

Name of Employer DESERT ANESTHESIOLOGISTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2009
Transaction ID: SA11AI.71571
Amount of Each Receipt this Period: 83.00

B.

Full Name (Last, First, Middle Initial)
ALAN MIZUTANI

Mailing Address P.O. BOX 3396

City ANAHEIM State CA Zip Code 92803

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.71994
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
PHILIPPA MOFFITT

Mailing Address 8111 YORKTOWN DRIVE

City ALEXANDRIA State VA Zip Code 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer WASHINGTON HOSP CTR Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2009
Transaction ID: SA11AI.72264
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 583.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 128
	<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

A.	Full Name (Last, First, Middle Initial) VIVEK MOITRA	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 101 WEST END AVENUE, APT. 15K	Transaction ID: SA11AI.72629
	City State Zip Code NEW YORK NY 10023	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation COLUMBIA UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) CARLOS MORENO	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address P.O. BOX 548	Transaction ID: SA11AI.72209
	City State Zip Code CENTREVILLE MI 49032	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JOEL MUMFORD	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 221 ELM HILL RD.	Transaction ID: SA11AI.71566
	City State Zip Code SPRINGFIELD VT 05156	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation V A MEDICAL CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 128
	<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

A.	Full Name (Last, First, Middle Initial) ROBERT MUNHALL		Date of Receipt
	Mailing Address 3745 E. MISSION LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 26 / 2009
	City	State	Zip Code
	PHOENIX	AZ	85028
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72495
Name of Employer METRO ANESTHESIA		Occupation M.D.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) GARY NALAVANY		Date of Receipt
	Mailing Address 1603 CARLISLE PIKE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 01 / 2009
	City	State	Zip Code
	HANOVER	PA	17331
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71591
Name of Employer HANOVER ANESTHESIA AND PA-IN MEDICINE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 249.00

C.	Full Name (Last, First, Middle Initial) MICHAEL NEED		Date of Receipt
	Mailing Address 7632 TIMBER SPRINGS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 01 / 2009
	City	State	Zip Code
	FISHERS	IN	46038
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71586
Name of Employer SOUTHEAST ANESTHESIOLOGIS-TS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 249.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 666.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DUNG NGUYEN		Date of Receipt	
	Mailing Address 2919 E. 62ND ST.		M M / D D / Y Y Y Y Y 03 / 27 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72634
	INDIANAPOLIS	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer DELAWARE CTY ANES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) JUDY NGUYEN		Date of Receipt	
	Mailing Address 27061 ROAN CT		M M / D D / Y Y Y Y Y 03 / 26 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72575
	CHANTILLY	VA	20152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer FAIR OAKS ANES ASSOC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS		Date of Receipt	
	Mailing Address 1090 DEVINE CIRCLE		M M / D D / Y Y Y Y Y 03 / 20 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72407
	ATLANTA	GA	30319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI		Occupation ANESTHESIOLOGIST ASSISTANT - CERTIFIED		
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
LUCAS NJO

Mailing Address 2812 WATERFORD DR

City State Zip Code
IRVING TX 75063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DALLAS VA MEDICAL CTR ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.72172

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
TERESA NOLEN

Mailing Address 504 AIRPORT RD

City State Zip Code
JASPER AL 35501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KMKG ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.72098

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JORGE NOVELO

Mailing Address JNA6309146PO C 26 NO 199 IN

City State Zip Code
YUCATAN ZZ 97133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JORGE NOVELO ACEVEDO ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA11AI.72731

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) VINCENT OKAMOTO		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address P.O. BOX 130304		Transaction ID: SA11AI.72518		
	City CARLSBAD	State CA	Zip Code 92013	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) RICHARD OLIVER		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 1715 E MCMILLAN ST # 2		Transaction ID: SA11AI.71742		
	City CINCINNATI	State OH	Zip Code 45206	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INDEPENDENT ANESTHESIOLOGISTS PSC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) REGINALD OPARA		Date of Receipt MM / DD / YYYY 03 / 16 / 2009		
	Mailing Address 24410 N 85TH ST		Transaction ID: SA11AI.72278		
	City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSURED ANESTHESIA	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 128

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
TERESA OTTO

Mailing Address 2522 IRVING PL

City State Zip Code
BILLINGS MT 59102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BILLINGS ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71905

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
PHILIP OWEN

Mailing Address 5130 HUNTERS CHASE RD.

City State Zip Code
LAS CRUCES NM 88011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MESILLA VALLEY ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71986

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
HARRY PALL

Mailing Address 603 E. LAKE ST.

City State Zip Code
PETOSKEY MI 49770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NO ANES PROVIDERS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.71830

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 128
	<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

A.	Full Name (Last, First, Middle Initial) SUSAN PALMER	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 120 DANIEL DR	Transaction ID: SA11AI.72491
	City State Zip Code EUGENE OR 97404	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer OREGON ANESTHESIOLOGY GRO-UP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) C. LEE PARMLEY	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 1211 21ST AVE S DEPARTMENT OF ANESTHESIOLOGY AND C	Transaction ID: SA11AI.71572
	City State Zip Code NASHVILLE TN 37212	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

C.	Full Name (Last, First, Middle Initial) HARRY PARR	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 4725 TULLY RD.	Transaction ID: SA11AI.71595
	City State Zip Code BLOOMFIELD HILLS MI 48302	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

SUBTOTAL of Receipts This Page (optional)	416.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 128
(check only one)

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

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

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

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

Mailing Address 2183 STOPPER DR.

City State Zip Code
MONTOURSVILLE PA 17754

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES ASSOC WMSVRT Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: SA11AI.72603
Amount of Each Receipt this Period: 250.00

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

Mailing Address 18195 KROSS RD.

City State Zip Code
RIVERSIDE CA 92508

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2009
Transaction ID: SA11AI.71603
Amount of Each Receipt this Period: 83.00

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

Mailing Address 8821 COUNTRY GLEN CROSSING

City State Zip Code
PLANO TX 75024

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 26 / 2009
Transaction ID: SA11AI.72542
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1333.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT PECK	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1824 PORT WESTBOURNE PL.	Transaction ID: SA11AI.71981
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALLIED ANES MED GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM PEDERSON	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 1819 DENVER WEST DRIVE #200	Transaction ID: SA11AI.71675
	City State Zip Code GOLDEN CO 80401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN ANESTHESIA SERVICES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) FREDERICK PERKINS	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address VAMC & ROC, #112	Transaction ID: SA11AI.72205
	City State Zip Code WHITE RIVER JUNCTI VT 05009	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DEPT OF VETERANS AFFS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 74 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14604 S 1ST ST

City PHOENIX State AZ Zip Code 85048

FEC ID number of contributing federal political committee. **C**

Name of Employer RED MTN ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: SA11AI.71787
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 806 PARK HILLS DRIVE

City EFFINGHAM State IL Zip Code 62401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: SA11AI.72718
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1800 NW 10TH AVE., T244

City MIAMI State FL Zip Code 33137

FEC ID number of contributing federal political committee. **C**

Name of Employer RYDER TRAUMA CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 03 / 01 / 2009
Transaction ID: SA11AI.71611
 Amount of Each Receipt this Period: 83.00

SUBTOTAL of Receipts This Page (optional) ► **833.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAVID POWELL		Date of Receipt MM / DD / YYYY 03 / 01 / 2009		
	Mailing Address P.O. BOX 5587		Transaction ID: SA11AI.71568		
	City BEAUMONT	State TX	Zip Code 77726	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00			

B.	Full Name (Last, First, Middle Initial) JERE PRICE		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 4116 MAGNOLIA RIDGE		Transaction ID: SA11AI.72346		
	City LAKE CHARLES	State LA	Zip Code 70605	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) SUSAN RAMIG		Date of Receipt MM / DD / YYYY 03 / 27 / 2009		
	Mailing Address 3509 ROLLING MEADOWS DR.		Transaction ID: SA11AI.72605		
	City ABERDEEN	State SD	Zip Code 57401	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	583.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 128

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOSEPH RAYBURN		Date of Receipt
	Mailing Address 206 ENGLISH LN.		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RAINBOW CITY	AL	35906
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.71881
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) DAVID REIMERS		Date of Receipt
	Mailing Address 701 KRAFFEL LN.		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TOWN AND COUNTRY	MO	63017
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.72138
Name of Employer WESTERN ANESTHESIOLOGY AS-SOCIATES, INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) LINDA RICE		Date of Receipt
	Mailing Address 1139 42ND AVE N		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ST. PETERSBURG	FL	33703
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.72424
Name of Employer FOUNTAINHEAD PRACTICE MANAGEMENT		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO BOX 235019

City MONTGOMERY State AL Zip Code 36123

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTGOMERY ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.72700
Amount of Each Receipt this Period: 500.00

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

Mailing Address 11 BRIAR CLIFF DR.

City WILBRAHAM State MA Zip Code 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer SPRINGFIELD ANES SERV Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.72690
Amount of Each Receipt this Period: 250.00

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

Mailing Address 8208 9TH STREET, N.

City OAKDALE State MN Zip Code 55128

FEC ID number of contributing federal political committee. **C**

Name of Employer HENNEPIN COUNTY MEDICAL CENTER DEPT. O Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.72110
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM ROBERTS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 9 VICTORIA DR.	Transaction ID: SA11AI.72105
	City State Zip Code NEWBURGH IN 47630	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DEACONESS HOSPITAL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) BABAK ROBOUBI	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 4515 WILLARD AVE APT 2204	Transaction ID: SA11AI.71870
	City State Zip Code CHEVY CHASE MD 20815	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WHC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MELISSA ROCKFORD	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 17507 W 83RD TER	Transaction ID: SA11AI.72192
	City State Zip Code LENEXA KS 66219	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer KU ANES FOUND Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER RD.		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NORFOLK	VA	23505
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ATLANTIC ANESTHESIA INC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.72719
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) KEVIN RONAN		Date of Receipt
	Mailing Address 414 EAST MEADOWLARK TRAIL		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SIOUX FALLS	SD	57108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MAYO CLINIC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.71854
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt
	Mailing Address 2420 FREEMAN MANOR DR.		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	JONES	OK	73049
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OKLAHOMA ANESTHESIA CONSUL- TANTS		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.71579
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="249.00"/>	<input type="text" value="83.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="433.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEPHEN RUBIN	Date of Receipt MM / DD / YYYY 03 / 21 / 2009
	Mailing Address 4997 OAKHURST LANE	Transaction ID: SA11AI.72413
	City State Zip Code FRISCO TX 75034	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PINNACLE ANESTHESIA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) GREGG SALDUTTI	Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 37 APPLE ORCHARD RD	Transaction ID: SA11AI.72322
	City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer S JERSEY ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ANDREW SATZ	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 8611 KEY HARBOUR DR.	Transaction ID: SA11AI.71892
	City State Zip Code INDIANAPOLIS IN 46236	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHSIDE ANES SVCS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	1025.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 128
(check only one)

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

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

Mailing Address 103 LEE CIR.

City LYNCHBURG State VA Zip Code 24503

FEC ID number of contributing federal political committee. **C**

Name of Employer LYNCHBURG ANES ASSOC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.71990
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 15321 TIMBER RIDGE DR

City BURNSVILLE State MN Zip Code 55306

FEC ID number of contributing federal political committee. **C**

Name of Employer RIDGES ANESTHESIOLOGY, P.-A. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.72672
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 117 SUNSET RIM

City CODY State WY Zip Code 82414

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.72103
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) GALE SEGARRA-ROBERTS		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 99 HARVARD DR		Transaction ID: SA11AI.71799		
	City HARTSDALE	State NY	Zip Code 10530	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BEDFORD ANESTHESIA	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) JAMES SEMPLE		Date of Receipt MM / DD / YYYY 03 / 16 / 2009		
	Mailing Address 6501 HEIDLER RD.		Transaction ID: SA11AI.72147		
	City FAIRVIEW	State PA	Zip Code 16415	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) ALVIN SEWELL		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 105 COLACHEE DR		Transaction ID: SA11AI.71844		
	City MACON	State GA	Zip Code 31210	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NEXUS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 128
	<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

A.	Full Name (Last, First, Middle Initial) DAVID SHAPIRO	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 16 ROYALWOODS CT.	Transaction ID: SA11AI.72008
	City State Zip Code WILLIAMSVILLE NY 14221	Amount of Each Receipt this Period 550.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ERIE COUNTY MEDICAL CENTER ANES. DEPT. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) PAUL SHAY	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 207 GLEN HAVEN LANE	Transaction ID: SA11AI.72716
	City State Zip Code PITTSBURGH PA 15238	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UPMC ST. MARGARET Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) DAVID SHEFFEY	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 3821 BRYN MAWR DR.	Transaction ID: SA11AI.72234
	City State Zip Code DALLAS TX 75225	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PINNACLE PART IN MED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY SHIPE		Date of Receipt
	Mailing Address 1304 MASTERS CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2009
	City	State	Zip Code
	CHESAPEAKE	VA	23320
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72691
Name of Employer CAI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) CHETAN SHUKLA		Date of Receipt
	Mailing Address 7312 PALAIS CIR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	INDIANAPOLIS	IN	46278
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72561
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JOHN SIKORSKI		Date of Receipt
	Mailing Address 6739 GRAND OAKS CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2009
	City	State	Zip Code
	MASON	OH	45040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72431
Name of Employer QUEEN CITY ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 128
(check only one)

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

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

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

Mailing Address **N78 W14573 APPLETON AVE., #212**

City **MENOMONEE FALLS** State **WI** Zip Code **53051**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 16 / 2009**
Transaction ID: SA11AI.72270
 Amount of Each Receipt this Period **250.00**

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

Mailing Address **P.O. BOX 8305**

City **GADSDEN** State **AL** Zip Code **35902**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ANESTHESIA ASSOC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.71874
 Amount of Each Receipt this Period **500.00**

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

Mailing Address **200 HENRY CLAY AVE
DEPT OF ANESTHESIOLOGY CHNOLA**

City **NEW ORLEANS** State **LA** Zip Code **70118**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHILDRENS HOSPITAL** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 11 / 2009**
Transaction ID: SA11AI.71746
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 128
	<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

A.	Full Name (Last, First, Middle Initial) JEREMY SMITH		Date of Receipt	
	Mailing Address 103 RESEDA LN.		M M / D D / Y Y Y Y Y 03 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.71606
	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		Occupation STAFF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.00		

B.	Full Name (Last, First, Middle Initial) JOSEPH SOMERS		Date of Receipt	
	Mailing Address 201 RAVENSCLIFF RD		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72441
	SAINT DAVIDS	PA	19087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
	Name of Employer UAS		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

C.	Full Name (Last, First, Middle Initial) LISA SORANNO		Date of Receipt	
	Mailing Address 23635 STERLING PLACE		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72025
	DEARBORN	MI	48124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer OAKWOOD HOSPITAL		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	733.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KRISTIN SPANJIAN		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 8600 ANGUS AVE.		Transaction ID: SA11AI.72089		
	City BILLINGS	State MT	Zip Code 59106	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) MARK SPENCER		Date of Receipt MM / DD / YYYY 03 / 16 / 2009		
	Mailing Address 114 WOODLAND ST		Transaction ID: SA11AI.72212		
	City HARTFORD	State CT	Zip Code 06105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WOODLAND ANESTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) MARK SPENCER		Date of Receipt MM / DD / YYYY 03 / 27 / 2009		
	Mailing Address 114 WOODLAND ST		Transaction ID: SA11AI.72630		
	City HARTFORD	State CT	Zip Code 06105	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WOODLAND ANESTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 128
	<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

A.	Full Name (Last, First, Middle Initial) ROGER SPENCER		Date of Receipt	
	Mailing Address 5101 N BRANCH DR		M M / D D / Y Y Y Y Y 03 / 18 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72311
	FORT WORTH	TX	76132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer PINNACLE ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) HEATHER ST. PETER		Date of Receipt	
	Mailing Address 22223 N CHURCH RD		M M / D D / Y Y Y Y Y 03 / 18 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72324
	SCOTTSDALE	AZ	85255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer DESERT ANES CONSUL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) NANCY STAATS		Date of Receipt	
	Mailing Address 47 ORCHARD LANE		M M / D D / Y Y Y Y Y 03 / 27 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72609
	COLTS NECK	NJ	07722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SPECIALTY 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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 89 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 110 29TH AVE. N., #301

City State Zip Code
NASHVILLE TN 37203

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES MED GRP Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: SA11AI.71823
Amount of Each Receipt this Period: 250.00

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

Mailing Address 49 LAKE DR.

City State Zip Code
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing federal political committee. **C**

Name of Employer ADV AMBUL ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: SA11AI.71806
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1640 OAK AVENUE

City State Zip Code
BOULDER CO 80304

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 16 / 2009
Transaction ID: SA11AI.72232
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DAVID STOUT	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1229 MADISON, SUITE 1440	Transaction ID: SA11AI.72642
	City State Zip Code SEATTLE WA 98104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIANS ANESTHESIA SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) GLEN STRANGE	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 5166 COLLETON WAY	Transaction ID: SA11AI.72200
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES MEDICAL GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) VOLKER STRIEPE	Date of Receipt MM / DD / YYYY 03 / 01 / 2009
	Mailing Address 621 POST OAK CIRCLE	Transaction ID: SA11AI.71622
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NASHVILLE ANESTHESIA SERVICES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT SUGAR		Date of Receipt	
	Mailing Address 14500 CASTLEROCK RD.		M M / D D / Y Y Y Y Y 03 / 16 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72211
	SALINAS	CA	93908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) PADMA SURAMPUDI		Date of Receipt	
	Mailing Address 107-40 QUEENS BLVD., APT. 14D		M M / D D / Y Y Y Y Y 03 / 20 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.72401
	FOREST HILLS	NY	11375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer STAFFCARE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) KORY SUTTER		Date of Receipt	
	Mailing Address 4029 MORGAN RD		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.71911
	TUCKER	GA	30084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer NORTHLAKE ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY SWEATLOCK		Date of Receipt
	Mailing Address P.O. BOX 84036		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 27 / 2009
	City	State	Zip Code
	PHOENIX	AZ	85071
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72620
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

B.	Full Name (Last, First, Middle Initial) MARTHA SZABO		Date of Receipt
	Mailing Address 18 WIVELISCOMBE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2009
	City	State	Zip Code
	NEW ALBANY	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.72293
Name of Employer OHIO STATE UNIVERSITY MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) SANJIWAN TARABADKAR		Date of Receipt
	Mailing Address 148 HOWARD OAKS DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2009
	City	State	Zip Code
	MACON	GA	31210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.71846
Name of Employer CENTRAL GEORGIA ANES SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GEORGE TENEDIOS		Date of Receipt																					
	Mailing Address 795 FELMEY ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	6		2	0	0	9														
	City State Zip Code WINFIELD PA 17889		Transaction ID: SA11AI.72539																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation EVANGELICAL HOSP ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) MARCY THOMAS		Date of Receipt																					
	Mailing Address 10615 WOODPECKER RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	1		2	0	0	9														
	City State Zip Code CHESTERFIELD VA 23838		Transaction ID: SA11AI.71599																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00																						
Name of Employer Occupation COMMONWEALTH ANESTHESIA ASSOCIATIS ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 249.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) TIMOTHY TOM		Date of Receipt																					
	Mailing Address 13622 MOUNTAIN TRAIL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	3		2	0	0	9														
	City State Zip Code CORPUS CHRISTI TX 78410		Transaction ID: SA11AI.71859																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	583.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 94 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7227 PLEASANT LAKE

City State Zip Code
ANN ARBOR MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV MICHIGAN HOSP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.72550

Amount of Each Receipt this Period
1000.00

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

Mailing Address 427 HEIGHTS DR

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTERN PENNSYLVANIA HOSP-
ITAL DEPARTME ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71578

Amount of Each Receipt this Period
83.00

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

Mailing Address 21215 W 106TH ST

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KS UNIV ANES FOUND ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.72446

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1583.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2662 N.ORCHARD ST., #3

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer CONTINENTAL ANESTHESIA Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.72161

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HENRY DONN VENABLE

Mailing Address 10410 CLIFFWOOD DR

City State Zip Code
HOUSTON TX 77035

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.72250

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1304 PENGUIN CIR.

City State Zip Code
VIRGINIA BEACH VA 23451

FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTIC ANESTHESIA Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.72237

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 128
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JERROLD VEST

Mailing Address 1975 CORBETT HIGHLAND PL.

City State Zip Code
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer
COASTAL ANESTHESIA MEDICAL ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.72704

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SALLY VETTER

Mailing Address 11751 N. DESERT HOLLY DR.

City State Zip Code
TUCSON AZ 85737

FEC ID number of contributing federal political committee. **C**

Name of Employer
ORO VALLEY ANES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.72694

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J. MICHAEL VOLLERS

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

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing federal political committee. **C**

Name of Employer
UNIVERSITY OF ARKANSAS FOR MEDICAL SCI

Occupation
PROFESSOR OF ANESTHESIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2009

Transaction ID: SA11AI.71574

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **833.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. WAGNER
 Mailing Address 6634 KLEIN ST. NW
 City OLYMPIA State WA Zip Code 98502
 Date of Receipt 03 / 13 / 2009
 Transaction ID: SA11AI.71928
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer OLYMPIA ANES ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL WAINFELD
 Mailing Address 160 MARION AVE.
 City MERRICK State NY Zip Code 11566
 Date of Receipt 03 / 18 / 2009
 Transaction ID: SA11AI.72313
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer ROCKVILLE ANES GRP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM WARE
 Mailing Address 9849 WYNCHASE CIR
 City MONTGOMERY State AL Zip Code 36117
 Date of Receipt 03 / 13 / 2009
 Transaction ID: SA11AI.71853
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AMBULATORY ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 98 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3001 WEST PEKIN ROAD

City State Zip Code
SPRINGBORO OH 45066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KETTERING ANESTHESIA ASSO- ANESTHESIOLOGIST
C.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.71690

Amount of Each Receipt this Period
250.00

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

Mailing Address 405 BEAUMONT PARK CIRCLE

City State Zip Code
BLYTHEWOOD SC 29016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CARDIOVASCULAR ANES. PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.72624

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5836 BROOKHAVEN DR.

City State Zip Code
PLANO TX 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PINNACLE ANESTHESIA ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.72114

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 128
(check only one)

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

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

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

Mailing Address 13739 FOXDALE LAKE DRIVE

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLARIAN HEALTH PARTNERS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.72529

Amount of Each Receipt this Period
250.00

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

Mailing Address 419 CARRIAGE LAKE DR.

City State Zip Code
LEXINGTON SC 29072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.71632

Amount of Each Receipt this Period
500.00

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

Mailing Address 3207 LAKE SHORE DR

City State Zip Code
MICHIGAN CITY IN 46360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WENINGER MEDICAL CORP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.71867

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GREGORY WHITAKER	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 601 SOUTH MESA HILLS DRIVE #1415	Transaction ID: SA11AI.71648
	City State Zip Code EL PASO TX 79912	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CONSULTANTS ASSOCIATED Occupation CONSULTANT ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) NATHAN WILLIAMS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address PO BOX 5050	Transaction ID: SA11AI.72108
	City State Zip Code SILVER CITY NM 88062	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JON WILLIS	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 516 N.W. 148TH ST.	Transaction ID: SA11AI.71788
	City State Zip Code EDMOND OK 73013	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3825 BOULDER PATCH

City RENO State NV Zip Code 89511

FEC ID number of contributing federal political committee. C

Name of Employer SIERRA ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009
Transaction ID: SA11AI.72444

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
W. BRADLEY WORTHINGTON

Mailing Address 101 HILLWOOD BLVD

City NASHVILLE State TN Zip Code 37205

FEC ID number of contributing federal political committee. C

Name of Employer CENTER FOR SPINAL SURGERY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2009
Transaction ID: SA11AI.71680

Amount of Each Receipt this Period 500.00

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

Mailing Address 1227 EARNESTINE STREET

City MC LEAN State VA Zip Code 22101

FEC ID number of contributing federal political committee. C

Name of Employer DOMINION ANESTHESIA PLLC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt 03 / 01 / 2009
Transaction ID: SA11AI.71609

Amount of Each Receipt this Period 83.00

SUBTOTAL of Receipts This Page (optional) 1083.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 301 OAK CREEK DR.

City State Zip Code
LEAGUE CITY TX 77573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS ANES CONSUL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: SA11AI.72376

Amount of Each Receipt this Period
250.00

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

Mailing Address 1612 SAINT GREGORY DRIVE

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITEDHEALTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.71605

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **333.00**

TOTAL This Period (last page this line number only) ► **98476.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 128
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS RECOUNT FUND

Mailing Address 13401 REDCOAT LN

City State Zip Code
PHOENIX MD 21131

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Special-General

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2009

Transaction ID: SA16.71456

Amount of Each Receipt this Period
5000.00

ORIGINAL DISB 11/10/08 RE-COUNT REFUND

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 104 / 128	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	9														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.72733																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.97																					
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1122.79																						

SUBTOTAL of Receipts This Page (optional)	▶	255.97
TOTAL This Period (last page this line number only)	▶	255.97

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS <hr/> Mailing Address 14 KNIGHTSWOOD DR <hr/> City MARLTON State NJ Zip Code 08053 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Transaction ID: SB23.71538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 2000.00
B. Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS <hr/> Mailing Address PO BOX 1527 <hr/> City ANNAPOLIS State MD Zip Code 21404 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	Transaction ID: SB23.71545 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 2500.00
C. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 CONQUISTA CT <hr/> City LAS VEGAS State NV Zip Code 89121 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01	Transaction ID: SB23.71526 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 6000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 128

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

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

<p>A. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 8277</p> <p>City WOODLANDS State TX Zip Code 77387</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71510 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS</p> <p>Mailing Address 2466 UNICORNIO ST</p> <p>City CARLSBAD State CA Zip Code 92009</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71496 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS</p> <p>Mailing Address 23942 LYONS AVE #105</p> <p>City SANTA CLARA State CA Zip Code 91321</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71473 Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 128

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

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

A.	Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS	Transaction ID: SB23.71512 Date of Disbursement 03 / 11 / 2009
	Mailing Address 10 G STREET NE, SUITE 470	Amount of Each Disbursement this Period 1500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CEDILLO FOR CONGRESS	Transaction ID: SB23.71523 Date of Disbursement 03 / 18 / 2009
	Mailing Address 1212 S VICTORY BLVD	Amount of Each Disbursement this Period 2500.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
C.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	Transaction ID: SB23.71553 Date of Disbursement 03 / 25 / 2009
	Mailing Address P.O. BOX 442	Amount of Each Disbursement this Period 1000.00
	City ALLENTOWN State PA Zip Code 18105	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 128

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

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

A. Full Name (Last, First, Middle Initial) CIRO RODRIGUEZ FOR CONGRESS <hr/> Mailing Address PO BOX 14528 <hr/> City SAN ANTONIO State TX Zip Code 78214 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71557 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE <hr/> Mailing Address 499 S CAPITOL ST SE #404 <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) COMM TO RE-ELECT TRENT FRANKS TO CONGRESS <hr/> Mailing Address 12416 N 57TH DR <hr/> City GLENDALE State AZ Zip Code 85304 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71457 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS</p> <p>Mailing Address 84-56 GRAND AVE</p> <p>City ELMHURST State NY Zip Code 11373</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71508 Date of Disbursement: 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM</p> <p>Mailing Address 430 S CAPITOL ST SE, 2ND FL</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71501 Date of Disbursement: 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS</p> <p>Mailing Address PO BOX 368</p> <p>City FALLS CHURCH State VA Zip Code 22040</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71564 Date of Disbursement: 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address PO BOX 9336

City FARGO State ND Zip Code 58106

Purpose of Disbursement
AT LARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ND District:

Transaction ID: SB23.71463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 462 CALIFORNIA RD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 17

Transaction ID: SB23.71477

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FLEMING FOR CONGRESS

Mailing Address PO BOX 1236 BOX 281

City MINDEN State LA Zip Code 71058

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.71530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address P.O. BOX 100</p> <p>City BOLTON State MS Zip Code 39041</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71470</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY</p> <p>Mailing Address 1824 S FISKE BLVD</p> <p>City ROCKLEDGE State FL Zip Code 32955</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71459</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71497</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.71547 Date of Disbursement 03 / 25 / 2009
	Mailing Address PO BOX 74	Amount of Each Disbursement this Period 1500.00
	City SYRACUSE State NY Zip Code 13214	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: SB23.71552 Date of Disbursement 03 / 25 / 2009
	Mailing Address P.O. BOX 53322	Amount of Each Disbursement this Period 1000.00
	City BELLEVUE State WA Zip Code 98015	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: SB23.71543 Date of Disbursement 03 / 25 / 2009
	Mailing Address PO BOX 44369	Amount of Each Disbursement this Period 2500.00
	City EDEN PRAIRIE State MN Zip Code 55344	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address 499 S CAPITOL ST SW, #404 <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	Transaction ID: SB23.71491 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JASON CHAFFETZ <hr/> Mailing Address 315 WESTFIELD CIR <hr/> City ALPINE State UT Zip Code 84004 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 03	Transaction ID: SB23.71532 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA <hr/> Mailing Address 555 CAPITOL MALL #1425 <hr/> City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 43	Transaction ID: SB23.71495 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS</p> <p>Mailing Address 3161 DIXIE HWY #F</p> <p>City ERLANGER State KY Zip Code 41018</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71482</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS</p> <p>Mailing Address 209 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71494</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS</p> <p>Mailing Address 209 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71549</p> <p>Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JOHN CARTER FOR CONGRESS</p> <p>Mailing Address 1717 N IH-35, SUITE 304</p> <p>City ROUND ROCK State TX Zip Code 78664</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71489</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS</p> <p>Mailing Address 499 S CAPITOL ST SW #404</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71548</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 470840</p> <p>City TULSA State OK Zip Code 74147</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71511</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS	Transaction ID: SB23.71516 Date of Disbursement																			
	Mailing Address PO BOX 1045	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
	City ERIE State PA Zip Code 16512	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: SB23.71462 Date of Disbursement																			
	Mailing Address 21301 POWERLINE RD #204	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
	City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: SB23.71468 Date of Disbursement																			
	Mailing Address PO BOX 636	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
	City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7500.00</td></tr></table>	7500.00
7500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS</p> <p>Mailing Address 607 N MAIN ST #240</p> <p>City OREGON CITY State OR Zip Code 97045</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71521</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address PO BOX 225</p> <p>City COLONIA State NJ Zip Code 07067</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71466</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LARSEN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 326</p> <p>City EVERETT State WA Zip Code 98206</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71478</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LEGPAC</p> <p>Mailing Address 38 IVY STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71461</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 37</p> <p>City ROSEVILLE State MI Zip Code 48067</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71493</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS</p> <p>Mailing Address PO BOX 1605</p> <p>City ALEXANDRIA State VA Zip Code 22313</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71562</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) LONGLEAF PINE PAC <hr/> Mailing Address 703 GREEN VALLEY RD #201 <hr/> City Greensboro State NC Zip Code 27408 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71528 Date of Disbursement 03 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/Type
B. Full Name (Last, First, Middle Initial) MACPAC <hr/> Mailing Address PO BOX 300077 <hr/> City ST LOUIS State MO Zip Code 63130 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71499 Date of Disbursement 03 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/Type
C. Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS <hr/> Mailing Address 499 S CAPITOL ST SW #422 <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71486 Date of Disbursement 03 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS	Transaction ID: SB23.71467 Date of Disbursement																			
	Mailing Address P.O. BOX 14131	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS	Transaction ID: SB23.71534 Date of Disbursement																			
	Mailing Address P.O. BOX 14131	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	9												
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS	Transaction ID: SB23.71535 Date of Disbursement																			
	Mailing Address P.O. BOX 14131	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	9												
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 128

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS <hr/> Mailing Address 888 16TH STREET NW, #680 <hr/> City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71550 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC <hr/> Mailing Address P.O. BOX 5577 <hr/> City NEW YORK State NY Zip Code 10027 Purpose of Disbursement 2009 CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71544 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address P.O. BOX 3176 <hr/> City LONG BRANCH State NJ Zip Code 07740 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71520 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 128

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

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

A. Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS Mailing Address 911 CENTRAL AVE POB 221 City ALBANY State NY Zip Code 12206 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71542 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
B. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY Mailing Address 1602 BELLE VIEW BLVD #510 City ALEXANDRIA State VA Zip Code 22307 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
C. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY Mailing Address 1602 BELLE VIEW BLVD #510 City ALEXANDRIA State VA Zip Code 22307 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS <hr/> Mailing Address P.O. BOX 425 <hr/> City ROSWELL State GA Zip Code 30077 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71460 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LOUISIANA <hr/> Mailing Address 11440 N LAKE SHERWOOD AVE <hr/> City BATON ROUGE State LA Zip Code 70816 <hr/> Purpose of Disbursement 2009 CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71514 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) RICHARDSON FOR CONGRESS <hr/> Mailing Address 1212 S VICTORY BLVD <hr/> City BURBANK State CA Zip Code 91502 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71559 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMM</p> <p>Mailing Address PO BOX 713</p> <p>City WHEATON State IL Zip Code 60189</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71484</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS</p> <p>Mailing Address PO BOX 23219</p> <p>City JEFFERSON State LA Zip Code 70183</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71518</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND</p> <p>Mailing Address 507 CAPITOL CT NE #100</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.71503</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS <hr/> Mailing Address 2501 WISCONSIN AVE #304 <hr/> City WASHINGTON State DC Zip Code 20007 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 09	Transaction ID: SB23.71554 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	B. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS <hr/> Mailing Address PO BOX 938 <hr/> City MANKATO State MN Zip Code 56002 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01
C. Full Name (Last, First, Middle Initial) TODD AKIN FOR CONGRESS <hr/> Mailing Address P.O. BOX 31222 <hr/> City ST LOUIS State MO Zip Code 63131 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 02	Transaction ID: SB23.71537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) TUESDAY GROUP PAC <hr/> Mailing Address PO BOX 11586 <hr/> City WASHINGTON State DC Zip Code 20008 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71506 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) WOLVERINE PAC <hr/> Mailing Address 607 14TH STREET NW <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71504 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) WYOMING VALUES PAC <hr/> Mailing Address 406 VIRGINIA AVE <hr/> City ALEXANDRIA State VA Zip Code 22302 <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.71475 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	130000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.72735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4890.63

SUBTOTAL of Disbursements This Page (optional)

4890.63

TOTAL This Period (last page this line number only)

4890.63