12/15/2009 11:44

Image# 29935555445

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIM 3X	For C	Other Than An	Authorized Cor	mmittee	Offic	e Use Only
NAME OF COMMITTEE (in fu		FEC MAILING LAE	BEL Example:li over the lir	f typing, type		
AMERICAN SOCIE	ETY OF ANESTI	HESIOLOGISTS P	OLITICAL ACTION (COMMITTEE		
	1 1 1 1 1	1 1 1 1 1			1 1 1 1 1 1	
ADDRESS (number and	street) 52	0 N. NORTHWEST	「HIGHWAY			
Check if differ than previously reported. (ACC	/ . PA	ARK RIDGE				60068
2. FEC IDENTIFICAT	ION NUMBER	~	CITY 🛋		STATE	ZIPCODE 🛕
C00255752			3. IS THIS REPORT	NEW (N) OR	AMEND (A)	ED
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) 15 Report(Q3) 81 Report(YE) Idid-Year on-election	(d) 30-Day Post -Elect Report for the	converse Con	May 20 (M5) Jun 20 (M6) Jul 20 (M7) Try (12P) Pention (12C) ral (30G)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12G)	Year Only) X Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	11	01 200	9 thr	rough 1 1	30 20	0 9
I certify that I have exam Type or Print Name of T	· _	and to the best of n	,	lief it is true, correct	and complete.	
Signature of Treasurer	Electronically	Filed by THOMA	S CONWAY	D	ate 1,2	15 2009
NOTE : Submission of f	alse, erroneous,	or incomplete infor	mation may subject th	ne person signing thi	s Report to the pena	Ities of 2 U.S.C 437g.
Office Use					F	EC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 65 FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE ^D 30 м м 1 1 D D 2009 2009 0 1 Report Covering the Period: From:

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 2009^{Y} Y		943984.31
(b) Cash on Hand at Begining of Reporting Period	1484929.62	
(c) Total Receipts (from Line 19)	67271.84	1590481.82
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1552201.46	2534466.13
Total Disbursements (from Line 31)	83181.98	1065446.65
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1469019.48	1469019.48
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 65

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

м м 1 1 0 1 м°м 1 1 30 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 56259.00 1366654.00 (i) Itemized (use Schedule A) 11001.00 215773.50 (ii) Unitemized (iii) TOTAL (add 67260.00 1582427.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 67260.00 1582427.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 11.84 3054.32 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 67271.84 1590481.82 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 67271.84 1590481.82 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 65

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		I.
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
٠.	Federal Candidates/Committeesand Other Political Committees	74000.00	856500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	_	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	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	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	9181.98	208946.65
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		3.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	83181.98	1065446.65
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	83181.98	1065446.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 65

III. Net Contribu Expendit		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (oth from Line 11(d), page 3	′	67260.00	1582427.50
4. Total Contribution Refu (from Line 28(d))		0.00	0.00
Net Contributions (othe (subtract Line 34 from	′	67260.00	1582427.50
6. Total Federal Operating (add Line 21(a)(i) and L	· '	0.00	0.00
7. Offsets to Operating E: (from Line 15, page 3)	· ·	0.00	0.00
 Net Operating Expendit (subtract Line 37 from 		0.00	0.00

FE6AN026

ITEMIZED I		atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF CO	DMMITTEE (In Full)		dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions oscilicit contributions from such committee. MITTEE
JOHN ABENST				Date of Receipt
Mailing Addres	ss 10978 ELEVENTH AVE	E., N.W.		11 23 2009
City		State	Zip Code	Transaction ID: SA11Al.81422
ORONOCO	<u> </u>	MN	55960	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing Il committee.	C		1000.00
	oyer C ANES. DEPT.	Occupation PHYSIC		
Receipt For: Primary Other (s	General pecify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La THOMAS ADK	st, First, Middle Initial) INS			Date of Receipt
Mailing Addres		RD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.81250
<u>NASHVILLE</u>		TN	37220	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing Il committee.	C		500.00
Name of Empl AMG	loyer	Occupatio ANESTH	n IESIOLOGIST	7
Receipt For: Primary Other (s	General pecify) ₩	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La	st, First, Middle Initial) ERTSON			Date of Receipt
Mailing Addres	ss 1001 CITY AVE #EC30	6		11 20 4 2009
City		State	Zip Code	Transaction ID: SA11AI.81415
WYNNEWC		PA	19096	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing Il committee.	C		-500.00
Name of Empl RETIRED	oyer	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Consul	Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼		-500.00]
SUBTOTAL of	Receipts This Page (optional)			1000.00
OOD!OTAL OF	Toosiple Trile Lage (optional)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIELA ALEXIANU Mailing Address 1310 E BLACKWOC City SPOKANE FEC ID number of contributing federal political committee. Name of Employer PHYS ANES GRP Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) GUY ALIOTTA Mailing Address 25 KENNEDY DRIVI City MERIDEN FEC ID number of contributing federal political committee. Name of Employer MIDSTATE MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code CT 06450 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 913.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 9 Transaction ID: SA11AI.81151 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) ROBERT ALLEN Mailing Address 4454 WEST GLEN F City RAPID CITY FEC ID number of contributing federal political committee. Name of Employer RAPID CITY REG HOSP Receipt For: Primary General Other (specify)	DL. State Zip Code SD 57702 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		1583.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 65 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN BADAL			Date of Receipt
	Mailing Address 483 N DAYSTAR MOU	JNTAIN DR		11 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.81320
	TUCSON FEC ID number of contributing federal political committee.	C	85745	Amount of Each Receipt this Period 500.00
	Name of Employer UNIVERSITY OF ARIZONA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) JEFFREY BALSER	1		Date of Receipt
	Mailing Address 403 GENTLEMAN'S F	RIDGE		11 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.81506
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	+ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
C.	Full Name (Last, First, Middle Initial) SHAWN BANKS	•		Date of Receipt
	Mailing Address 601 NE 36TH ST APT	3407		11 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.81206
	MIAMI FEC ID number of contributing federal political committee.	C	33137	Amount of Each Receipt this Period 4.00
	Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSIC		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 834.00	
	SUBTOTAL of Receipts This Page (optional)			1004.00
İ	TOTAL This Period (last page this line number	onlv)		

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	State Zip Code TX 77056 C Occupation PHYSICIAN Aggregate Year-to-Date	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD BANNER Mailing Address 5523 CANDLEWOOD City HOUSTON FEC ID number of contributing federal political committee.	ODR. State Zip Code TX 77056 C Occupation PHYSICIAN	Date of Receipt 1 1 1 1 5 2 0 0 9 Transaction ID: SA11AI.81367 Amount of Each Receipt this Period
EDWARD BANNER Mailing Address 5523 CANDLEWOOD City HOUSTON FEC ID number of contributing federal political committee.	State Zip Code TX 77056 C Occupation PHYSICIAN	Transaction ID: SA11AI.81367 Amount of Each Receipt this Period
City HOUSTON FEC ID number of contributing federal political committee.	State Zip Code TX 77056 C Occupation PHYSICIAN	Transaction ID: SA11AI.81367 Amount of Each Receipt this Period
HOUSTON FEC ID number of contributing federal political committee.	TX 77056 C Occupation PHYSICIAN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation PHYSICIAN	
Name of Employer	PHYSICIAN	
G ПА	1	
Receipt For: Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) BRION BEERLE		Date of Receipt
Mailing Address PO BOX 212289		11 25 2009
City	State Zip Code	Transaction ID: SA11AI.81539
ANCHORAGE FEC ID number of contributing federal political committee.	AK 99521	Amount of Each Receipt this Period
Name of Employer CHUGACH ANESTHESIA, LLC	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) ARTHUR BERGH		Date of Receipt
Mailing Address 3300 GALLOWS RD.	, ANES. DEPT.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FALLS CHURCH	State Zip Code VA 22042	Transaction ID: SA11AI.81161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer FAIRFAX ANES. ASSOC.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 65 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of the name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WENDY BINSTOCK Mailing Address 1122 W MONTANA S City CHICAGO FEC ID number of contributing federal political committee. Name of Employer UNIV OF CHICAGO Receipt For: Primary General Other (specify)	State Zip Code IL 60614 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR City LAFAYETTE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Receipt For: Primary General Other (specify)	State Zip Code IN 47905 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GREGORY BOUSKA Mailing Address 3000 BOGEY CIR SE City OWENS CROSS ROADS FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify)	State Zip Code AL 35763 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 253.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		708.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) ROBERT BRANDT Mailing Address 741 MAYFAIR LN City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	CARMEL FEC ID number of contributing federal political committee.	IN	46032	Amount of Each Receipt this Period 500.00
	Name of Employer ACI Receipt For: Primary General Other (specify) ▼	Occupation PHYSIC Aggregate		
- 3.	Full Name (Last, First, Middle Initial) JEFFREY BURGAN Mailing Address 11115 S. FREYA RD.			Date of Receipt 1 1 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81451
	SPOKANE FEC ID number of contributing federal political committee.	C	99223	Amount of Each Receipt this Period 500.00
	Name of Employer PHYS ANES GRP Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
-).	Full Name (Last, First, Middle Initial) JAMES BYLAND Mailing Address 13 CARMEL LN			Date of Receipt 1 1 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81354
	BRENTWOOD FEC ID number of contributing federal political committee.	C	37027	Amount of Each Receipt this Period 250.00
	Name of Employer SELF	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 65 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARTYN CAVALLO			Date of Receipt
Mailing Address 110-29TH AVE. NC	ORTH, #201		1 1 0 1 2 0 0 9
City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11Al.81142
FEC ID number of contributing federal political committee.	C	37203	Amount of Each Receipt this Period 41.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation	n ESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 299.00	
Full Name (Last, First, Middle Initial) CLAIRE CHANDLER			Date of Receipt
Mailing Address 41 KINGSWAY AVI	E		1 1 25 2009
City WINNIPEG	State ZZ	Zip Code	Transaction ID: SA11AI.81628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIV OF MANITOBA	Occupation	n ESIOLOGIST	LEGAL RESIDENT
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JIRAVUD CHANVITAYAPONGS			Date of Receipt
Mailing Address 7737 E PURPLE DI	ESERT PASS		11 09 2009
City TUCSON	State AZ	Zip Code 85715	Transaction ID: SA11AI.81316
FEC ID number of contributing federal political committee.	C	03/13	Amount of Each Receipt this Period 250.00
Name of Employer OLD PUEBLO ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 1 '	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	.1)		791.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 65 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
Mailing Address 1319 S.9TH ST.			1 1 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.81119
FARGO FEC ID number of contributing federal political committee.	ND C	58103	Amount of Each Receipt this Period 41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	- 1 	Year-to-Date ▼ 459.00	
Full Name (Last, First, Middle Initial) ALBERT CHO	<u> </u>		Date of Receipt
Mailing Address 2094 W 29TH AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EUGENE	State OR	Zip Code 97405	Transaction ID: SA11AI.81368 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37403	500.00
Name of Employer SCARED HEART MEDICAL, DEPT	Occupation	n ESIOLOGIST	
OF ANES Receipt For:	 '	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) ROGER COLEMAN			Date of Receipt
Mailing Address 939 HARLOW RD S	STE 110		1 1 3 0 2 0 0 9
City SPRINGFIELD	State OR	Zip Code 97477	Transaction ID: SA11AI.81623
FEC ID number of contributing federal political committee.	C	97477	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTHESIA PHYS- ICIANS	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
			791.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee of the sold o	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BHASKAR DEB Mailing Address 6TH AVE & SPRU		Date of Receipt 1 1 2 3 2 0 0 9
City WEST READING FEC ID number of contributing	State Zip Code PA 19611	Transaction ID: SA11AI.81431 Amount of Each Receipt this Period
federal political committee. Name of Employer READING HOSPITAL MEDICAL CENTER Receipt For: □ Primary □ General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) STEVEN DICKERSON Mailing Address 93 VICTORIA PAR	 ⊰K	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.81181
NASHVILLE FEC ID number of contributing federal political committee.	TN 37205	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES ASSOC- IATES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ Mailing Address 3000 BIRD AVE U	NIT 1	Date of Receipt 1 1 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81153
COCONUT GROVE FEC ID number of contributing federal political committee.	FL 33133	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERISTY OF MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 913.00	
SUBTOTAL of Receipts This Page (option	nal)	833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee the HESIOLOGISTS POLITICAL ACTION COM	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DENISE DRVOL Mailing Address 3330 N. 129TH CIF City OMAHA FEC ID number of contributing federal political committee. Name of Employer CHILDRENS HOSPITAL AND MEDICAL CENTER Receipt For: Primary General	State Zip Code NE 68164 C Occupation PEDIATRIC ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) CLIFTON DUBOSE Mailing Address 4201 LAKE BREEZ City FORT WORTH FEC ID number of contributing federal political committee.		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer NSA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) DAVID DULL Mailing Address 2109 HUNTERS R City ADA	UN N.E. State Zip Code MI 49301	Date of Receipt 1 1 2 4 2 0 0 9 Transaction ID: SA11AI.81478 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00
Name of Employer SPECTRUM HEALTH Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
` '	SIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) MICHAEL DUPUY Mailing Address 214 W MORTEN AVE		Date of Receipt
City	State Zip Code	1 1 1 0 2 0 0 9 Transaction ID: SA11AI.81334
PHOENIX	AZ 85021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) TRUITT ELLIS	1	Date of Receipt
Mailing Address 4421 SHEPPARD PL		11 23 7 2009
City	State Zip Code	Transaction ID: SA11AI.81444
NASHVILLE	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) JAY EPSTEIN		Date of Receipt
Mailing Address 7358 SAWGRASS PC	DINT DR.	11 25 7 2009
City PINELLAS PARK	State Zip Code FL 33782	Transaction ID: SA11AI.81543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33702	250.00
Name of Employer AAPC	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	1	1050.00

			<u>-</u>
SCHEDULE A (FEC Form	າ 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/65
ITEMIZED RECEIPTS	,	for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may using the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANE	ESTHESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) A. GREGORY ERB			Date of Receipt
Mailing Address 14905 W. 60TI	H ST		11 13 2009
City	State	Zip Code	Transaction ID: SA11AI.81362
SHAWNEE	KS	66216	Amount of Each Receipt this Period
			7 tilled it of Eddit Hoodipt tille 1 ciled
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MIDWEST ANESTHESIA ASSOCI ATES	Occupation - ANESTHI	ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	7 iggi ogalo		
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) TIMOTHY ESSER			Date of Receipt
Mailing Address 10487 DEERP	ATH SOUTH		M M / D D / Y Y Y Y
			11 16 2009
City	State	Zip Code	Transaction ID: SA11AI.81372
TRAVERSE CITY	MI	49684	Amount of Each Receipt this Period
FEC ID number of contributing			050.00
federal political committee.	C		250.00
Name of Employer TRAVERSE ANESTHESIA ASSOC IATES, PC	Occupation ANESTHI	: ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	35 5		7
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. JOHN EVANS	I		Date of Receipt
Mailing Address 59 AQUINAS S	ST		11 30 2009
City	State	Zip Code	Transaction ID: SA11AI.81625
LAKE OSWEGO	OR	97035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer OREGON ANESTHESIOLOGY GF UP, P.C.	Occupation ANESTHI	ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General	7.59.59410		7
Other (specify)		250.00	
			-
OUDTOTAL (B. 11 THE F.			1000.00
SUBTOTAL of Receipts This Page (or	otionai)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pour the name and address of any political committed. HESIOLOGISTS POLITICAL ACTION C	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JONATHAN FEUER Mailing Address 6127 E CALLE DEI		Date of Receipt
City SCOTTSDALE	State Zip Code AZ 85251	Transaction ID: SA11AI.81208 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer VALLEY ANESTHESIOLOGISTS	Occupation	250.00
CONSULTANTS Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SCOTT FIELDEN Mailing Address 3010 W CHARLES	TON BLVD STE 150	Date of Receipt
City LAS VEGAS	State Zip Code NV 89102	Transaction ID: SA11AI.81170 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. CREDE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 753.00	
Full Name (Last, First, Middle Initial) JANE C.K. FITCH Mailing Address 7351 BAYLINER LA	AUNCH	Date of Receipt 1 1 2 3 2 0 0 9
City EDMOND	State Zip Code OK 73013	Transaction ID: SA11AI.81433
FEC ID number of contributing federal political committee.	OK 73013	Amount of Each Receipt this Period 1000.00
Name of Employer OU	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	1)	1333.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 65 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persor ing the name and address of any political committee to s	solicit contributions from such committee.
AMERICAN SOCIETY OF ANES	STHESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) GERHARDT FLACKE		Date of Receipt
Mailing Address 7888 N. RONDU	RE LOOP	1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81361
TUCSON	AZ 85743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OLD PUEBLO ANESTHESIA	Occupation PHYSICIAN ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STANLEY FOUTZ		Date of Receipt
Mailing Address 3390 N CAMPBE SUITE 110	ELL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.81552
TUCSON FEC ID number of contributing federal political committee.	AZ 85719	Amount of Each Receipt this Period 250.00
Name of Employer SAAS	Occupation PHYSICIAN	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFERY FUQUA		Date of Receipt
Mailing Address 12419 MALLARE	BAY DR.	11 01 2009
City	State Zip Code	Transaction ID: SA11AI.81158
KNOXVILLE	TN 37922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	
SUBTOTAL of Receipts This Page (option	onal)	916.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF CO	DMMITTEE (In Full)		y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La JAMES FUTRE Mailing Addres City LOS ANGE	st, First, Middle Initial) ELL SS 6141 BEDFORD AVE LES er of contributing all committee.	State CA C	Zip Code 90056	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	General pecify) ▼		Year-to-Date ▼ 250.00	
Full Name (La MARIA GOMEZ Mailing Addre		(LN.		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.81217
federal politica	er of contributing al committee.	AZ C Occupatio	85020	Amount of Each Receipt this Period 250.00
SULTANTS, I Receipt For: Primary	STHESIOLOGY CON- TD General pecify) ▼	PHYSICI		
Full Name (La HELENA GUN	st, First, Middle Initial) NERSON			Date of Receipt
Mailing Addres	ss 8809 LAKE RIDGE DF	?		1 1 2 4 2 0 0 9
City		State	Zip Code	Transaction ID: SA11Al.81497
DARIEN FEC ID numb federal politica	er of contributing Il committee.	C	60561	Amount of Each Receipt this Period 1000.00
Name of Empl MIDWEST At	oyer NESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of F	Receipts This Page (optional)			1500.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 65 (check only one) X 11a
or for commercial purpos NAME OF COMMITT	es, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First PHILIP HALL			Date of Receipt
Mailing Address 49	42 HEARTLAND PKY.		11 24 2009
City	State	Zip Code	Transaction ID: SA11AI.81508
LEXINGTON FEC ID number of co federal political comm		40515	Amount of Each Receipt this Period 500.00
Name of Employer ANESTH ASSOC	Occupati PHYSIC		
Receipt For: Primary Other (specify)	General	te Year-to-Date 500.00	
Full Name (Last, First	i, Middle Initial)		Date of Receipt
Mailing Address 27	SALEM LN		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EVANSTON	State IL	Zip Code 60203	Transaction ID: SA11AI.81332 Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer PEDIATRIC ANESTI RTMENT	HESIA DEPA- Occupati		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00]
Full Name (Last, First	i, Middle Initial)		Date of Receipt
	90 N. CAMPBELL AVE., STE.	110	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON	State AZ	Zip Code 85719	Transaction ID: SA11AI.81086 Amount of Each Receipt this Period
FEC ID number of co federal political comm	ntributing		83.00
Name of Employer SOUTHERN ARIZOI IA	NA ANESTHES- Occupati	on HESIOLOGIST	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts	s This Page (optional)		833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS POLITICAL ACTION C	COMMITTEE
Full Name (Last, First, Middle Initial) STEVEN HATTAMER		Date of Receipt
Mailing Address 8 PROSPECT STREET	Ī	11 01 2009
City	State Zip Code	Transaction ID: SA11AI.81107
NASHUA	NH 03060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 751.00	
Full Name (Last, First, Middle Initial) SHAHANA HAYAT		Date of Receipt
Mailing Address 8552 N MOONFIRE DR	3	1 1 0 5 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81258
TUCSON	AZ 85743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ORO VALLEY ANESTHESIA	Occupation ATTENDING ANESTHESIOLOG	IST
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LINDA HERTZBERG		Date of Receipt
Mailing Address 6622 N. FORKNER AV	E.	11 23 2009
City	State Zip Code	Transaction ID: SA11AI.81456
FRESNO	CA 93711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		833.00

	for each category of the Detailed Summary Page	(check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN HILL Mailing Address P.O. BOX 3549 City CHATTANOOGA FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGISTS ASSOC.,	State Zip Code TN 37404 C	Date of Receipt 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.81378 Amount of Each Receipt this Period 500.00
PC Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ALBERT HO Mailing Address 2033 BRANDON CI	R	Date of Receipt 1 1 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81405
CHARLOTTE FEC ID number of contributing federal political committee.	NC 28211	Amount of Each Receipt this Period 1000.00
Name of Employer NORTHEAST ANESTHESIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) BARBARA HURLBERT Mailing Address 9223 DAVENPORT	ST.	Date of Receipt
City	State Zip Code	1 1 2 3 2 0 0 9 Transaction ID: SA11AI.81465
ОМАНА	NE 68114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 65 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL IVERSON Mailing Address 330 CHAPEL LOOP City MANDEVILLE FEC ID number of contributing federal political committee. Name of Employer WEST ST. TAMMANY ANES Receipt For: Primary General		Zip Code 70471 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M 23 2009 Transaction ID: SA11AI.81438 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) DALE JAMISON Mailing Address 713 ROANTREE City BRENTWOOD	State TN	1000.00 Zip Code 37027	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer AMG Receipt For: Primary General Other (specify) ▼	Occupation ANES Aggregate	n e Year-to-Date ▼ 750.00	250.00
Full Name (Last, First, Middle Initial) JEFFREY KEHLER Mailing Address 689 JONES HILL DR City BRENTWOOD FEC ID number of contributing federal political committee.	State TN	Zip Code 37027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer ANESTHESIA MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 65 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CANDACE KELLER Mailing Address 8520 LEGEND CRE	EEK DR		Date of Receipt 1 1 2 3 2 0 0 9
City MIRAMAR BEACH FEC ID number of contributing	State FL	Zip Code 32550	Transaction ID: SA11AI.81443 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify)	Occupation PHYSICI		1
Full Name (Last, First, Middle Initial) RUBIN KESNER Mailing Address 35 HEARTHSTONE	E DRIVE		Date of Receipt 1 1 0 1 2 0 0 9
City GANSEVOORT FEC ID number of contributing federal political committee.	State NY	Zip Code 12831	Transaction ID: SA11AI.81081 Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIA GROUP OF ALBANY Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 420.00	
Full Name (Last, First, Middle Initial) CHARLES KIM Mailing Address 1209 FOX TRAIL C	T.		Date of Receipt
City NAPERVILLE FEC ID number of contributing federal political committee.	State IL	Zip Code 60540	Transaction ID: SA11AI.81085 Amount of Each Receipt this Period 83.00
Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 913.00	
SUBTOTAL of Receipts This Page (optional	(b	······	1166.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 65 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFFREY KING Mailing Address 110 29TH AVE. N., #2 City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP, PC Receipt For: Primary General Other (specify)	State Zip Code TN 37203 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt 1 1 2 3 2 0 0 9 Transaction ID: SA11AI.81468 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) SANDRA KINSELLA Mailing Address 6047 BROKENHURST City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer IUMC Receipt For: Primary General Other (specify)	TRD. State Zip Code IN 46220 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CHRIS KITTLE Mailing Address 8 ROSECROFT CT. City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer ANESTH SERV Receipt For: Primary General Other (specify)	State Zip Code DE 19808 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received the such respective to the suc	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 27 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicitic contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial)			MITTEE
Α.	JAN KNISELY Mailing Address 6335 MIAMI CT.			Date of Receipt 1 1 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.81541
	LOVELAND FEC ID number of contributing federal political committee.	ОН	45140	Amount of Each Receipt this Period 250.00
	Name of Employer AGP Receipt For: Primary General		HESIOLOGIST e Year-to-Date ▼	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
B.	HEIDI KOENIG			Date of Receipt
	Mailing Address 507 RIDGEWOOD RO	AD		11 23 2009
	City	State	Zip Code	Transaction ID: SA11Al.81423
	LOUISVILLE	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF LOUISVILLE	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00	
C.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY			Date of Receipt
•	Mailing Address 2248 SHAWNEE S.E.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GRAND RAPIDS	State MI	Zip Code 49506	Transaction ID: SA11AI.81083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 451.00	
	SUBTOTAL of Receipts This Page (optional)			791.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 65 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using t	the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) ALAN KROLL			Date of Receipt
Mailing Address 3014 N.W. 58TH BL	VD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.81180
GAINESVILLE	FL	32606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer AANF	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	- 	e Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) HUNG-CHI KWOK			Date of Receipt
Mailing Address 2732 MUIR WOODS	S DR., SE		11 21 2009
City	State	Zip Code	Transaction ID: SA11Al.81416
HAMPTON COVE	AL	35763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) WILLIAM LANE			Date of Receipt
Mailing Address 151 GLENEAGLES	CIR.		11 23 7 2009
City	State	Zip Code	Transaction ID: SA11AI.81424
MACON	GA	31210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer THE NEXUS MEDICAL GROUP, LLC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
			1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) PATRICK LAU Mailing Address 4345 W BRYN MAWR	AVF		Date of Receipt
	City	State	Zip Code	1 1 0 8 2 0 0 9 Transaction ID: SA11AI.81298
	CHICAGO	IL	60646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) NEVILLE LEIBMAN			Date of Receipt
	Mailing Address 4807 VALERIE ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81259
	BELLAIRE	TX	77401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY, P.A.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY			Date of Receipt
	Mailing Address 3900 WALNUT CLAY [OR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81098
	AUSTIN	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	549.00	
	SUBTOTAL of Receipts This Page (optional)			791.00
ŀ				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 65 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) SUSAN LISMAN			Date of Receipt
Mailing Address 2014 WASHINGTON	ST.		1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81477
NEWTON	MA	02462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer COMMONWEALTH ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TIMOTHY LONG			Date of Receipt
Mailing Address 200 1ST ST SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.81529
ROCHESTER	MN	55905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID MANCINI	l		Date of Receipt
Mailing Address 1423 CHAPEL STREE	ΞT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.81117
NEW HAVEN	СТ	06511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer ANESTHESIA ASSOCIATES OF NEW HAVEN	, '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
			1025.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check drily drie)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	HESIOLOGISTS POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial) MARK MANDABACH		Date of Receipt
Mailing Address DEPT. OF ANEST 619 S. 19TH ST.,	JT845	11 01 2009
City BIRMINGHAM	State Zip Code AL 35249	Transaction ID: SA11AI.81087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.0	0
Full Name (Last, First, Middle Initial) DURGESH MANKIKAR	1	Date of Receipt
Mailing Address 7 REID ST.		11 23 2009
City WEST ORANGE	State Zip Code NJ 07052	Transaction ID: SA11AI.81436
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MONTCLAIR ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	0
Full Name (Last, First, Middle Initial) EDWARD MARATEA		Date of Receipt
Mailing Address 1504 BAY RD APT	T 1607	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI BEACH	State Zip Code FL 33139	Transaction ID: SA11AI.81157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UNIVERSITY OF MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	0
		1208.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 65 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	ng the name and add	dress of any political committee to	
Full Name (Last, First, Middle Initial) STACEY MCCLARTY Mailing Address 8505 RAMBLING	ROSE DR		Date of Receipt
City OOLTEWAH FEC ID number of contributing	State TN	Zip Code 37363	Transaction ID: SA11AI.81165 Amount of Each Receipt this Period 83.00
Receipt For: Primary Other (specify) Gederal political committee. Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL Receipt For: Other (specify) ▼	Occupation ANESTH	n ESIOLOGIST • Year-to-Date ▼ 836.00	
Full Name (Last, First, Middle Initial) RICHARD MCNEER Mailing Address 18340 SW 122 S	Г.		Date of Receipt 1 1 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81084
MIAMI FEC ID number of contributing federal political committee.	FL C	33196	Amount of Each Receipt this Period 83.00
Name of Employer UNIVERSITY OF MIAMI DEPT OF ANESTHESIO Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 913.00	
Full Name (Last, First, Middle Initial) KATHRYN MCQUEEN	l .		Date of Receipt
Mailing Address 1850 N CENTRAL	AVE STE 1600		M M / D D / Y Y Y Y Y 1 1 1 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81426
PHOENIX FEC ID number of contributing federal political committee.	AZ C	85004	Amount of Each Receipt this Period 1000.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS Receipt For:		ESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)		1166.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 65 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) DOUGLAS MILLER			Date of Receipt
	Mailing Address 2699 LEE RD STE 51	0		11 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.81193
	WINTER PARK	FL	32789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AGO	Occupatio MD	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ s.	Full Name (Last, First, Middle Initial) JACK MOORE			Date of Receipt
	Mailing Address 6188 WOOSTER AV	Ε.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81512
	LOS ANGELES	CA	90056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer KAISER PERMANENTE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial) THOMAS MOORE	1		Date of Receipt
	Mailing Address 1748 VESTWOOD H	ILLS DR.		11 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81091
	VESTAVIA HILLS	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI	-, '	IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		625.00	
	SUBTOTAL of Receipts This Page (optional)	l		875.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 65 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) DAVID MORSE			Date of Receipt
Mailing Address 218 CORONA ST			11 13 2009
City SAN ANTONIO	State TX	Zip Code 78209	Transaction ID: SA11AI.81358 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TEJAS ANESTHESIA	Occupatio PEDIATE	n RIC ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JEFF MUELLER			Date of Receipt
Mailing Address 9121 E PALM TRE	E DR		1 1 2 3 2 0 0 9
City SCOTTSDALE	State AZ	Zip Code 85255	Transaction ID: SA11AI.81457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00200	5000.00
Name of Employer MAYO CLINIC HOSPITAL	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 1 '	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) JOEL MUMFORD			Date of Receipt
Mailing Address 221 ELM HILL RD.			1 1 0 1 2 0 0 9
City SPRINGFIELD	State VT	Zip Code 05156	Transaction ID: SA11AI.81124 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100	83.00
Name of Employer V A MEDICAL CENTER	Occupatio PHYSICI		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 917.00	
			5583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 65 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROSS MUSUMECI Mailing Address 9 LINCOLN STREE	Т	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.81082
WESTON	MA 02493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 451.00	
Full Name (Last, First, Middle Initial) DAVID NAKATA		Date of Receipt
Mailing Address 7440 NORMANDY E	BLVD.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.81483
INDIANAPOLIS FEC ID number of contributing federal political committee.	IN 46278	Amount of Each Receipt this Period 500.00
Name of Employer INDIANA UNIVERSITY MEDICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL NICHOLS		Date of Receipt
Mailing Address 1090 DEVINE CIRC	LE	1 1 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81092
ATLANTA	GA 30319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI	Occupation ANESTHESIOLOGIST ASSISTANT	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	587.00	
) >	624.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 65 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PATRICK O'NEIL			Date of Receipt
Mailing Address 7357 U.S. 52, S.			11 23 2009
City LAFAYETTE	State IN	Zip Code 47905	Transaction ID: SA11AI.81445 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47303	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) RAYMOND OAKES			Date of Receipt
Mailing Address 1850 N. CENTRAL	AVE., STE.160	00	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City PHOENIX	State AZ	Zip Code 85004	Transaction ID: SA11AI.81191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03004	250.00
Name of Employer VALLEY ANES. CONSULTANTS,	Occupation PHYSICI		
LTD Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) CHARLES OTTO			Date of Receipt
Mailing Address 6270 N CAMINO P	IMERIA ALTA		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TUCSON	State AZ	Zip Code 85718	Transaction ID: SA11AI.81429 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00710	1000.00
Name of Employer UNIV OF ARIZONA HEALTH & SCIENCE CENTE	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 65 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) WILLIAM OWENS			Date of Receipt
	Mailing Address 500 NORTH & SOUTH	I RD., #102		11 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.81502
	ST. LOUIS	MO	63130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) SAM PAGE			Date of Receipt
	Mailing Address 17 WINDSOR TERRA	1 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.81459
	CREVE COEUR	MO	63141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer WESTERN ANES ASSOC	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
-).	Full Name (Last, First, Middle Initial) GEORGE PARKER			Date of Receipt
	Mailing Address 112 BELLAIRE COUR	Т		11 06 2009
	City BELLAIRE	State TX	Zip Code 77401	Transaction ID: SA11AI.81276 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		.	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 65 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	ing the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MITTEE
Full Name (Last, First, Middle Initial) DIPAKKUMAR PATEL Mailing Address 11312 OLD RIVE	-R TRAII		Date of Receipt
City EDMOND	State OK	Zip Code 73013	Transaction ID: SA11AI.81561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HMA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) SAMIR PATEL Mailing Address 1301 W LAMBE	RT LN APT 9205		Date of Receipt 1 1 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81216
ORO VALLEY	AZ	85737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ORO VALLEY ANESTHESIA, PL- LC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n AN - ANESTHESIOLOGY A Year-to-Date ▼ 250.00	ND PAIN ME
Full Name (Last, First, Middle Initial) CHAD PEDLEY	•		Date of Receipt
Mailing Address 3103 BROADME	AD DR.		M M / D D / Y Y Y Y Y Y 1 1 1 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81279
HOUSTON FEC ID number of contributing federal political committee.	C	77025	Amount of Each Receipt this Period 250.00
Name of Employer GHA		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti-	onal)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK PELEROSSI			Date of Receipt
Mailing Address 9101 HERITAGE DR.			11 12 2009
City	State	Zip Code	Transaction ID: SA11AI.81349
BRENTWOOD	TN	37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupatio MD	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) EDGAR PIERRE			Date of Receipt
Mailing Address 1800 NW 10TH AVE.,	Γ244		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.81152
MIAMI	FL	33137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer RYDER TRAUMA CENTER	Occupatio PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 913.00	
Full Name (Last, First, Middle Initial) JOHNATHAN PREGLER			Date of Receipt
Mailing Address 10556 DUNLEER DR			1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81518
LOS ANGELES	CA	90064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UCLA DEPT OF ANESTHESIOLO- GY	Occupatio PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		·····	833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN PRICE Mailing Address 110 29TH AVE. N. City	, #202 State Zip Code	Date of Receipt 1 1 0 2 2 0 0 9 Transaction ID: SA11AI.81195
NASHVILLE FEC ID number of contributing federal political committee.	TN 37203	Amount of Each Receipt this Period 500.00
Name of Employer AMG Receipt For: Primary General Other (specify) ▼	Occupation MD Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) SRIPAD RAO Mailing Address 1504 BAY RD APT	3307	Date of Receipt 1 1 0 1 2 0 0 9
City MIAMI BEACH FEC ID number of contributing	State Zip Code FL 33139	Transaction ID: SA11AI.81171 Amount of Each Receipt this Period
rederal political committee. Name of Employer RYDER TRAUMA CENTER ANEST- HESIOLOGY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 253.00	83.00
Full Name (Last, First, Middle Initial) BOBBY RAY Mailing Address 6127 BAYWATER	LN.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HIXSON FEC ID number of contributing federal political committee.	State Zip Code TN 37343	Transaction ID: SA11AI.81312 Amount of Each Receipt this Period 1000.00
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (option	al)	1583.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 65 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) KYLE ROACH Mailing Address 1105 W MISSISSI	PPI AVE		Date of Receipt 1 1 1 5 2 0 0 9	
City CHATTANOOGA FEC ID number of contributing	State TN	Zip Code 37405	Transaction ID: SA11AI.81370 Amount of Each Receipt this Period 1500.00	
Receipt For: Primary Other (specify) ▼ Rederal political committee. Rame of Employer ANESTHESIOLOGISTS ASSOCIA- TED, PC Receipt For: Other (specify) ▼	Occupation PHYSICI	ANANESTHESIOLOGIST Year-to-Date 1500.00		
Full Name (Last, First, Middle Initial) ARTHUR RUNYON-HASS Mailing Address 1503 KIMBERLEIC	GH CT.		Date of Receipt 1 1 2 9 2 0 0 9	
City	•			
FRANKLIN FEC ID number of contributing federal political committee.	C	37069	Amount of Each Receipt this Period 250.00	
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) PATRICK SALISBURY			Date of Receipt	
Mailing Address 3333 RIVERBEND SACRED HEART		ER	11 30 7 2009	
City SPRINGFIELD	State OR	Zip Code 97477	Transaction ID: SA11AI.81615 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer ANESTHESIA DEPARTMENT	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (option	ıal)		2000.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 65 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THEODORE SANFORD Mailing Address 1500 E MEDICAL CE City ANN ARBOR FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF MICHIGAN HO-SPITAL Receipt For:	State MI C Occupation PHYSICI	Zip Code 48109	Date of Receipt 1 1 2 3 2 0 0 9 Transaction ID: SA11AI.81467 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) DANNY SARTORE Mailing Address 4009 SURRY PL. LN	1 1	250.00	Date of Receipt 1 1 1 6 2 0 0 9
City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer SANGAMON ASSOCIATED ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼	_ ,	Zip Code 62711 n IESIOLOGIST e Year-to-Date 500.00	Transaction ID: SA11AI.81384 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) PAUL SEITZ Mailing Address 821 SHADOWSTON City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA MEDICAL GROUP PC Receipt For: Primary General	State TN C Occupation ANESTH	ESIOLOGIST • Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)		•	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 65 (check only one) X 11a 11b 11c 12		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persol lress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.		
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) STEVEN SHANKLE Mailing Address 110 29TH AVE N S	ΓE 201		Date of Receipt 1 1 0 6 2 0 0 9		
City NASHVILLE	State TN	Zip Code 37203	Transaction ID: SA11AI.81283 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer ANESTHESIA MEDICAL GROUP		ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) FRED SHAPIRO Mailing Address DEPARTMENT OF	ANICCTUCCIO	007	Date of Receipt		
	330 BEACON ST, C-86				
City	State	Zip Code	Transaction ID: SA11AI.81296		
BOSTON FEC ID number of contributing federal political committee.	C	02116	Amount of Each Receipt this Period 250.00		
Name of Employer HARVARD MEDICAL SCHOOL	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]		
Full Name (Last, First, Middle Initial) JONATHAN SLONIN Mailing Address 8832 BALLY BUNIC	N ROAD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City PORT SAINT LUCIE	State FL	Zip Code 34986	Transaction ID: SA11AI.81538		
FEC ID number of contributing federal political committee.	C	34900	Amount of Each Receipt this Period 1000.00		
Name of Employer SHERIDAN HEALTHCARE	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		1500.00		
TOTAL This Period (last page this line numb	per only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 65 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RICHARD STERN			Date of Receipt
Mailing Address 46 SPRINGBROOK L	.N.		11 01 2009
City	State	Zip Code	Transaction ID: SA11AI.81167
<u>NEWARK</u>	DE	19711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer ANESTHESIA SERVICES, P.A.	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		350.00]
Full Name (Last, First, Middle Initial) MATTHIAS STOPFKUCHEN-EVANS	1		Date of Receipt
Mailing Address 60 WASHINGTON ST	Γ		11 09 2009
City	State	Zip Code	Transaction ID: SA11AI.81307
NATICK	MA	01760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer BRIGHAM AND WOMENS HOSPIT- AL DEPT OF AN	Occupatio PHYSICI		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) SCOTT SWITZER	<u> </u>		Date of Receipt
Mailing Address 26 FARM HILL RD.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.81164
WEST HARTFORD	CT	06107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer MILFORD ANESTHESIA, PC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		336.00]
SUBTOTAL of Receipts This Page (optional) .			358.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NARENDRA TRIVEDI Mailing Address 8143 E. BAILEY	WAY	Date of Receipt 1 1 2 4 2 0 0 9
City ANAHEIM HILLS FEC ID number of contributing	State Zip Code CA 92808	Transaction ID: SA11AI.81514 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE Mailing Address 13909 WATERW	AY BLVD.	Date of Receipt 1 1 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81078
FORTVILLE	IN 46040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer INTERVENTIONAL PAIN CARE	Occupation PAIN PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS Mailing Address 427 HEIGHTS DF	3	Date of Receipt
City	State Zip Code	1 1 0 1 2 0 0 9 Transaction ID: SA11AI.81134
GIBSONIA	PA 15044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 834.00	
SUBTOTAL of Receipts This Page (optio		416.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	***	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	ldress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) JOHN ULATOWSKI	LALOOKA		Date of Receipt
	Mailing Address 600 N. WOLFE ST., B City	State	Zip Code	1 1 0 2 2 0 0 9 Transaction ID: SA11AI.81188
	BALTIMORE	MD	21287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer JOHNS HOPKINS UNIVERSITY SCHOOL OF MED Receipt For:		on IAN ANESTHESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregat	250.00	
В.	Full Name (Last, First, Middle Initial) CHARLES VACANTI Mailing Address 355 POND STREET			Date of Receipt
				11 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.81428
	UXBRIDGE FEC ID number of contributing federal political committee.	C	01569	Amount of Each Receipt this Period 1000.00
	Name of Employer BWH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) KEVIN VAKILI			Date of Receipt
	Mailing Address 8552 N MOONFIRE D	R		11 04 2009
	City TUCSON	State AZ	Zip Code 85743	Transaction ID: SA11AI.81234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00740	250.00
	Name of Employer ORO VALLEY ANESTHESIA	Occupation ATTENE	on DING ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
Ī	TOTAL This Period (last page this line number	only)	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4/765 (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) DAVID VARLOTTA			Date of Receipt		
	Mailing Address 1303 BAYSHORE BLVD.				
City TAMPA	State FL	Zip Code 33606	Transaction ID: SA11AI.81136 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	33330	83.00		
Name of Employer UNICOM ANESTHESIA ASSOCIA- TES	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 668.00			
Full Name (Last, First, Middle Initial) HECTOR VILA			Date of Receipt		
Mailing Address 4304 W AZEELE S	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y				
City	State FL	Zip Code	Transaction ID: SA11AI.81172		
TAMPA FEC ID number of contributing federal political committee.	C	33609	Amount of Each Receipt this Period 83.00		
Name of Employer HV PA	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 253.00			
Full Name (Last, First, Middle Initial) STEPHEN VITKUN			Date of Receipt		
Mailing Address 8 SILVER BEECH (CT.		M M / D D / Y Y Y Y Y Y 1 1 1 2 5 2 0 0 9		
City POQUOTT	State NY	Zip Code 11733	Transaction ID: SA11AI.81533 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	11735	250.00		
Name of Employer SUNY AT STONY BROOK	Occupation PROFES				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	J)		416.00		

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 65 (check only one) X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTH	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) PATRICK VLAHOS			Date of Receipt
	Mailing Address 135 DEVONWOOD	DR.		11 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.81504
	PITTSBURGH	PA	15241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
	Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK			Date of Receipt
	Mailing Address 3300 EGYPT VALLE	11 01 2009		
	City	State	Zip Code	Transaction ID: SA11AI.81106
	ADA	MI	49301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS PC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		299.00	
_	Full Name (Last, First, Middle Initial) TIMOTHY WATSON			Date of Receipt
	Mailing Address 1224 TROTWOOD /	AVENUE		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81578
	COLUMBIA	TN	38401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer MAURY REGL HOSP DEPT. OF ANES	- ' '	IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		1000.00	
Γ				1541.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 65 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) LYNDA TORFREDA WELLS			Date of Receipt
	Mailing Address 4098 WOOD LN			11 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.81480
	KESWICK	VA	22947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF VIRGINIA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) JAMES WEST			Date of Receipt
	Mailing Address 5229 COSGROVE C	V.		1 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81447
	MEMPHIS FEC ID number of contributing	TN	38117	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer MED ANES GRP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) KENNY WILLIARD			Date of Receipt
	Mailing Address 5809 BEAUREGARD	DR.		11 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.81222
	NASHVILLE	TN	37215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA MEDICAL GROUP		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK YACKO Mailing Address 9036 GLASS CHIMN City FISHERS FEC ID number of contributing federal political committee. Name of Employer COMMUNITY ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y 1 1 2 0 0 9 Transaction ID: SA11AI.81179 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) CHAHINE YAMINE Mailing Address 1227 EARNESTINE City MC LEAN FEC ID number of contributing federal political committee. Name of Employer DOMINION ANESTHESIA PLLC Receipt For: Primary General Other (specify)	STREET State Zip Code VA 22101 C Occupation PHYSICIAN Aggregate Year-to-Date 913.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LEONARD ZALIK Mailing Address 1341 S INDIANA AV City CHICAGO FEC ID number of contributing federal political committee. Name of Employer HINSDALE ANES ASSOC Receipt For: Primary General Other (specify)	E UNIT D State Zip Code IL 60605 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 65 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any person are name and address of any political committee to s	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COMM	NITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt
City	State Zip Code	Transaction ID: SA17.81709
CHICAGO FEC ID number of contributing federal political committee.	IL 60675	Amount of Each Receipt this Period 11.84
Name of Employer	Occupation	- INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3054.32	

SUBTOTAL of Receipts This Page (optional)	•	11.84
TOTAL This Period (last page this line number only)	<u> </u>	11.84

SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LINI	E NUMB	ER:		PAG	GE 52/	65	
TEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28a	X 23 28b	Н	24 28c	25 29	F	26 30
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam	ments may no	ot be sold or used	by any	person	for the p	urpose of s	solici	ing co	ntribution	IS	
NAME OF COMMITTEE (In Full)	ne and addres	ss of any political of	COMMIN	ilee to s	Olicit con	tributions n	TOITI S	such co	ommittee		
AMERICAN SOCIETY OF ANESTHESION	LOGISTS F	POLITICAL ACT	ΓΙΟΝ	COMM	IITTEE						
Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS						saction ID of Disburs	eme				
Mailing Address 14 KNIGHTSWOOD DF	?				1 1	M / D	19	/ Y	ž 0 ŏ	9 ^Y	
City	State	Zip Code			Amo	unt of Each	n Dis	burser	ment this	Peri	od
MARLTON	NJ	08053							2000.0	n	
Purpose of Disbursement							-		2000.0	Ÿ	_
Candidate Name			Cate Ty	gory/ pe							
	ement For: C Primary Other (spe	2010 General									
Full Name (Last, First, Middle Initial)					Tron	saction ID	·. c	-D22 C	01650		
AMERICA'S LEADERSHIP PAC						of Disburs	_		51009		
Mailing Address 607 14TH ST NW #800					1 1	M / D	0 4	/ Y	žoŏ	9 ^Y	
City	State	Zip Code			Amo	unt of Each	n Dis	burser	ment this	Peri	od
WASHINGTON	DC	20005				•			2500.0	n	
Purpose of Disbursement 2009 CONTRIBUTION									2300.0	Ÿ	
Candidate Name			Cate	gory/ pe							
Senate	ement For: Primary Other (spe	2009 General cify)									
Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS						saction ID of Disburs			31705		
Mailing Address PO BOX 2059					1 1	M / D	2 4	/ Y	žoŏ	9 ^Y	
City	State	Zip Code			Amo	unt of Each	n Dis	burser	ment this	Peri	od
LEXINGTON	KY	40588							5000.0	0	
Purpose of Disbursement									2000.0	Ž	_
Candidate Name			Cate	gory/ pe							
v A	ement For: (Primary Other (spe	2010 General cify)									
SUBTOTAL of Disbursements This Page (optional)				•					9500.0	0	
TOTAL This Period (last page this line number only											
E6AN026	')	•••••	•••••			EC Sched ı			010 :-		

	Use separat	te schedule(s)	FOR LINE	E NUMBER: ly one)	P/	23.81661 Y Y Y O Y O Y Sement this Period 2500.00 23.81665 Y Y Y O Y O Y Sement this Period 2500.00	65
TEMIZED DISBURSEMENTS		mmary Page	21b 27	22 X 23 28a 28	b 28c	29	26
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC							
Full Name (Last, First, Middle Initial) BERMAN FOR CONGRESS				Transaction Date of Disbu	ursement		V
Mailing Address 6380 WILSHIRE BLVD	#1612			111 1	04	2009	9
City LOS ANGELES		Zip Code 90048		Amount of Ea	ach Disburse	ment this	Period
Purpose of Disbursement			0 0	<u> </u>		2500.00	0
Candidate Name			Category/ Type				
	rsement For: X Primary Other (specify	2010 General y) 🔻					
Full Name (Last, First, Middle Initial) BOLD PAC				Transaction Date of Disbu		81665	
Mailing Address 426 C STREET NE				1 1 1 /	04	Ž O Ď S	9 ^Y
City WASHINGTON		Zip Code 20002		Amount of Ea	ach Disburse	ment this	Period
Purpose of Disbursement 2009 CONTRIBUTION						2500.00	Ď.
Candidate Name			Category/ Type				
Senate	rsement For: Primary X Other (specify	2009 General y) V					
Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS	6			Transaction Date of Disbu		81643	
Mailing Address 236 MASSACHUSETT	S AVE NE #60)3		111 /	04	ŽOŎS	9 ^Y
City WASHINGTON		Zip Code 20002		Amount of Ea	ach Disburse	ment this	Period
Purpose of Disbursement				<u> </u>		1000.00	0
Candidate Name		-	Category/ Type				
Office Sought: X House Senate President State: TX District: 23	rsement For: Primary Other (specify	2010 X General y) ▼					
SUBTOTAL of Disbursements This Page (optional	d)		>			6000.00	0

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	Mailing Address PO BOX 977					1 1	M / D C) ^D	/ L	žoŏ	9 [°]	
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<u></u>	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010			Transaction ID: SB23.81675 Date of Disbursement
	Mailing Address PO BOX 977			M M D D D Y 2009
	City MUSKOGEE	State Zip Code OK 74402		Amount of Each Disbursement this Period
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	State: OK District: Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON CMTE			Transaction ID: SB23.81692 Date of Disbursement
	Mailing Address PO BOX 1444			111 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	Mailing Address 2501 WISCONSIN AVE	NW #304		111 D 0 4 Y 2 0 0 9
	City WASHINGTON	State Zip Code DC 20007		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE				Transaction ID: SB23.81694 Date of Disbursement
	Mailing Address PO BOX 865				1 1 8 Y 2 0 0 9 Y
	City BROOKSVILLE	State FL	Zip Code 34605		Amount of Each Disbursement this Period
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	Mailing Address 1707 PRINCE ST #5				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y$
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	Senate President District: 16 Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address PO BOX 233 City NASHUA Purpose of Disbursement	Other (spe	General ecify) ▼ Zip Code	Туре	Date of Disbursement
	Senate President District: 16 Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address PO BOX 233 City NASHUA Purpose of Disbursement Candidate Name	Other (spe	General ecify) ▼ Zip Code 03061		Date of Disbursement M 1 M
	Senate President District: 16 Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address PO BOX 233 City NASHUA Purpose of Disbursement Candidate Name Office Sought: House X Senate President	Other (spe	General ecify) ▼ Zip Code 03061 2010 General	Type Category/	Date of Disbursement M 1 M
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•	State Zip Code DC 20005			<i>A</i>	Amou	nt o	f Each	n Di	sburse	men	t this	Peri	od
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A.	Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS Mailing Address PO BOX 1441						Date	of D		urse	D /	3.8°		69 0 ŏ 9	Y
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<u>/</u>	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS			Transaction ID: SB23.81640 Date of Disbursement
	Mailing Address 888 16TH ST NW #680			111 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WASHINGTON	State Zip Code DC 20006		Amount of Each Disbursement this Period
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	State: CA District: 11 Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE			Transaction ID: SB23.81686 Date of Disbursement
	Mailing Address PO BOX 1948			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City BOISE	State Zip Code ID 83701		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
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	Full Name (Last, First, Middle Initial) MILLENIUM LEADERSHIP PAC			Transaction ID: SB23.81667 Date of Disbursement
	Mailing Address PO BOX 100277			111 D 0 4 Y 2 0 0 9
	City FT LAUDERDALE	State Zip Code FL 33310		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) NEVADA STATE DEMOCRATIC PARTY			Transaction ID: SB23.81707 Date of Disbursement
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City LAS VEGAS	State Zip Code NV 89107		Amount of Each Disbursement this Period
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City BRIGHTON	State Zip Code MI 48116		Amount of Each Disbursement this Period
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Senate X President	ment For: 2010 Primary General Other (specify)		
State: MI District: 08			
Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS			Transaction ID: SB23.81688 Date of Disbursement
Mailing Address PO BOX 782			11 1 D 1 8 Y Y Y O Y Y
City PENNINGTON	State Zip Code NJ 08534		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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n/AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address 209 PENNSYLVANIA AVE SE #229D City WASHINGTON Disbursement Candidate Name Office Sought: X House President State: IL District: 18 Full Name (Last, First, Middle Initial) SUSAN DAVIS FOR CONGRESS Mailing Address 1212 S VICTORY BLVD #200 City State Zip Code Disbursement Candidate Name Office Sought: X House President State: IL District: 18 Full Name (Last, First, Middle Initial) State: CA District: 53 Full Name (Last, First, Middle Initial) State: CA District: 53 Full Name (Last, First, Middle Initial) State: CA District: 53 Full Name (Last, First, Middle Initial) State: CA District: 53 Full Name (Last, First, Middle Initial) State: CA District: 53 Full Name (Last, First, Middle Initial) State: CA District: 53 City Sanate President Mailing Address 20423 SR 7 #F6-383 City Sanate President Candidate Name Office Sought: X House Sanate President State: CA District: 53 City Sanate President State: CA District: 53 City Sanate President State: CA District: 51 City Primary General Disbursement For: 2010 Sanate President State: CA District: 53 City Sanate President State: CA District: 51 City Primary General President State: CA District: 51 Category' Type Office Sought: X House Sanate President State: CA District: 51 Category' Type Office Sought: X House Sanate President State: CA District: 51 Category' Type ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 2	
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check onl	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL ACTION COMM	ITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Transaction ID: SB29.81710 Date of Disbursement 11 1
	State Zip Code IL 60675	Amount of Each Disbursement this Period 9181.98
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SUBTOTAL of Disbursements This Page (optional)	•	9181.98
TOTAL This Period (last page this line number only)	<u> </u>	9181.98