

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different  
than previously  
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

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

Type or Print Name of Treasurer

THOMAS CONWAY

Signature of Treasurer

Electronically Filed by THOMAS CONWAY

Date

12

15

2009

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 65

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2009</span>		943984.31
(b) Cash on Hand at Beginning 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
7. Total Disbursements (from Line 31) .....	83181.98	1065446.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1469019.48	1469019.48
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 65

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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

## DETAILED SUMMARY PAGE

of Disbursements

4 / 65

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74000.00	856500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	9181.98	208946.65	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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 Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	67260.00	1582427.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67260.00	1582427.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN ABENSTEIN

Mailing Address 10978 ELEVENTH AVE., N.W.

City

ORONOCO

State

MN

Zip Code

55960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC ANES. DEPT.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81422

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS ADKINS

Mailing Address 1010 OVERTON LEA RD.

City

NASHVILLE

State

TN

Zip Code

37220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81250

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD ALBERTSON

Mailing Address 1001 CITY AVE #EC306

City

WYNNEWOOD

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-500.00

Date of Receipt

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

Transaction ID: SA11AI.81415

Amount of Each Receipt this Period

-500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANIELA ALEXIANU

Mailing Address 1310 E BLACKWOOD LN

City

SPOKANE

State

WA

Zip Code

99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81475

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

GUY ALIOTTA

Mailing Address 25 KENNEDY DRIVE

City

MERIDEN

State

CT

Zip Code

06450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDSTATE MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81151

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT ALLEN

Mailing Address 4454 WEST GLEN PL.

City

RAPID CITY

State

SD

Zip Code

57702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAPID CITY REG HOSP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81452

Amount of Each Receipt this Period

500.00

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

1583.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN BADAL

Mailing Address 483 N DAYSTAR MOUNTAIN DR

City

TUCSON

State

AZ

Zip Code

85745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ARIZONA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81320

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY BALSER

Mailing Address 403 GENTLEMAN'S RIDGE

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81506

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

SHAWN BANKS

Mailing Address 601 NE 36TH ST APT 3407

City

MIAMI

State

FL

Zip Code

33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MIAMI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

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

Transaction ID: SA11AI.81206

Amount of Each Receipt this Period

4.00

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

1004.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD BANNER

Mailing Address 5523 CANDLEWOOD DR.

City

HOUSTON

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GHA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81367

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

BRION BEERLE

Mailing Address PO BOX 212289

City

ANCHORAGE

State

AK

Zip Code

99521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHUGACH ANESTHESIA, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.81539

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR BERGH

Mailing Address 3300 GALLOWS RD., ANES. DEPT.

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRFAX ANES. ASSOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81161

Amount of Each Receipt this Period

125.00

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

1375.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF CHICAGO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81434

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH BOCHENEK

Mailing Address 2000 SPRUCE DR

City

LAFAYETTE

State

IN

Zip Code

47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY ASSOCIATES,  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81155

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City

OWENS CROSS ROADS

State

AL

Zip Code

35763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPREHENSIVE ANESTHESIA  
SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.81169

Amount of Each Receipt this Period

83.00

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

708.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT BRANDT

Mailing Address 741 MAYFAIR LN

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81482

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY BURGAN

Mailing Address 11115 S. FREYA RD.

City

SPOKANE

State

WA

Zip Code

99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81451

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES BYLAND

Mailing Address 13 CARMEL LN

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81354

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARTYN CAVALLO

Mailing Address 110-29TH AVE. NORTH, #201

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

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

Transaction ID: SA11AI.81142

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

CLAIRE CHANDLER

Mailing Address 41 KINGSWAY AVE

City

WINNIPEG

State

ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIV OF MANITOBA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81628

Amount of Each Receipt this Period

500.00

LEGAL RESIDENT

**C.**

Full Name (Last, First, Middle Initial)

JIRAVUD CHANVITAYAPONGS

Mailing Address 7737 E PURPLE DESERT PASS

City

TUCSON

State

AZ

Zip Code

85715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81316

Amount of Each Receipt this Period

250.00

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

791.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN CHATELAIN

Mailing Address 1319 S.9TH ST.

City

FARGO

State

ND

Zip Code

58103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERITCARE MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

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

Transaction ID: SA11AI.81119

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

ALBERT CHO

Mailing Address 2094 W 29TH AVE

City

EUGENE

State

OR

Zip Code

97405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCARED HEART MEDICAL, DEPT  
OF ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81368

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ROGER COLEMAN

Mailing Address 939 HARLOW RD STE 110

City

SPRINGFIELD

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST ANESTHESIA PHYS-  
ICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81623

Amount of Each Receipt this Period

250.00

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

791.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BHASKAR DEB

Mailing Address 6TH AVE & SPRUCE ST.

City

WEST READING

State

PA

Zip Code

19611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
READING HOSPITAL MEDICAL  
CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81431

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN DICKERSON

Mailing Address 93 VICTORIA PARK

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICES ASSOC-  
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81181

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTIAN DIEZ

Mailing Address 3000 BIRD AVE UNIT 1

City

COCONUT GROVE

State

FL

Zip Code

33133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERISTY OF MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81153

Amount of Each Receipt this Period

83.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DENISE DRVOL

Mailing Address 3330 N. 129TH CIRCLE

City

OMAHA

State

NE

Zip Code

68164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HOSPITAL AND ME-  
DICAL CENTER

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81175

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CLIFTON DUBOSE

Mailing Address 4201 LAKE BREEZE DR.

City

FORT WORTH

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NSA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81460

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID DULL

Mailing Address 2109 HUNTERS RUN N.E.

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECTRUM HEALTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81478

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL DUPUY

Mailing Address 214 W MORTEN AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VALLEY ANES. CONSULTANTS,  
LTD.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81334

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TRUITT ELLIS

Mailing Address 4421 SHEPPARD PL

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.81444

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JAY EPSTEIN

Mailing Address 7358 SAWGRASS POINT DR.

City

PINELLAS PARK

State

FL

Zip Code

33782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAPC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81543

Amount of Each Receipt this Period

250.00

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

1050.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY ERB

Mailing Address 14905 W. 60TH ST

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDWEST ANESTHESIA ASSOCI-  
ATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81362

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY ESSER

Mailing Address 10487 DEERPATH SOUTH

City

TRAVERSE CITY

State

MI

Zip Code

49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRAVERSE ANESTHESIA ASSOC-  
IATES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81372

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN EVANS

Mailing Address 59 AQUINAS ST

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OREGON ANESTHESIOLOGY GRO-  
UP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81625

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN FEUER

Mailing Address 6127 E CALLE DEL PAISANO

City

SCOTTSDALE

State

AZ

Zip Code

85251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANESTHESIOLOGISTS  
CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81208

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT FIELDEN

Mailing Address 3010 W CHARLESTON BLVD STE 150

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY CONSULTANT-  
S, INC. CREDE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.00

Date of Receipt

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

Transaction ID: SA11AI.81170

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

JANE C.K. FITCH

Mailing Address 7351 BAYLINER LAUNCH

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OU

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81433

Amount of Each Receipt this Period

1000.00

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

1333.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GERHARDT FLACKE

Mailing Address 7888 N. RONDURE LOOP

City

TUCSON

State

AZ

Zip Code

85743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLD PUEBLO ANESTHESIA

Occupation

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81361

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

STANLEY FOUTZ

Mailing Address 3390 N CAMPBELL  
SUITE 110

City

TUCSON

State

AZ

Zip Code

85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81552

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY FUQUA

Mailing Address 12419 MALLARD BAY DR.

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMAET

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

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

Transaction ID: SA11AI.81158

Amount of Each Receipt this Period

166.00

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

916.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES FUTRELL

Mailing Address 6141 BEDFORD AVE

City

LOS ANGELES

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUTRELL MED CORP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81522

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MARIA GOMEZ

Mailing Address 617 E. DESERT PARK LN.

City

PHOENIX

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANESTHESIOLOGY CON-  
SULTANTS, LTD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81217

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

HELENA GUNNERSON

Mailing Address 8809 LAKE RIDGE DR

City

DARIEN

State

IL

Zip Code

60561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDWEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81497

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PHILIP HALL

Mailing Address 4942 HEARTLAND PKY.

City

LEXINGTON

State

KY

Zip Code

40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTH ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81508

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN HALL

Mailing Address 27 SALEM LN

City

EVANSTON

State

IL

Zip Code

60203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRIC ANESTHESIA DEPA-  
RTMENT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81332

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

AARON HAMMOND

Mailing Address 3390 N. CAMPBELL AVE., STE. 110

City

TUCSON

State

AZ

Zip Code

85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN ARIZONA ANESTHES-  
IA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.81086

Amount of Each Receipt this Period

83.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN HATTAMER

Mailing Address 8 PROSPECT STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

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

Transaction ID: SA11AI.81107

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

SHAHANA HAYAT

Mailing Address 8552 N MOONFIRE DR

City

TUCSON

State

AZ

Zip Code

85743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORO VALLEY ANESTHESIA

Occupation

ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81258

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA HERTZBERG

Mailing Address 6622 N. FORKNER AVE.

City

FRESNO

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81456

Amount of Each Receipt this Period

500.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN HILL

Mailing Address P.O. BOX 3549

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIOLOGISTS ASSOC.,  
PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81378

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALBERT HO

Mailing Address 2033 BRANDON CIR

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHEAST ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.81405

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

BARBARA HURLBERT

Mailing Address 9223 DAVENPORT ST.

City

OMAHA

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81465

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL IVERSON

Mailing Address 330 CHAPEL LOOP

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST ST. TAMMANY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81438

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DALE JAMISON

Mailing Address 713 ROANTREE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation

ANES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.81469

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY KEHLER

Mailing Address 689 JONES HILL DR.

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81239

Amount of Each Receipt this Period

250.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CANDACE KELLER

Mailing Address 8520 LEGEND CREEK DR

City

MIRAMAR BEACH

State

FL

Zip Code

32550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81443

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RUBIN KESNER

Mailing Address 35 HEARTHSTONE DRIVE

City

GANSEVOORT

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA GROUP OF ALBANY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.81081

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES KIM

Mailing Address 1209 FOX TRAIL CT.

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUPAGE VALLEY ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81085

Amount of Each Receipt this Period

83.00

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

1166.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY KING

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

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL GROUP,  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81468

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SANDRA KINSELLA

Mailing Address 6047 BROKENHURST RD.

City

INDIANAPOLIS

State

IN

Zip Code

46220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IUMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81535

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

CHRIS KITTLE

Mailing Address 8 ROSECROFT CT.

City

WILMINGTON

State

DE

Zip Code

19808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTH SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81487

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAN KNISELY

Mailing Address 6335 MIAMI CT.

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AGP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81541

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

HEIDI KOENIG

Mailing Address 507 RIDGEWOOD ROAD

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF LOUISVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.81423

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL CONSULTANTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

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

Transaction ID: SA11AI.81083

Amount of Each Receipt this Period

41.00

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

791.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALAN KROLL

Mailing Address 3014 N.W. 58TH BLVD.

City

GAINESVILLE

State

FL

Zip Code

32606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AANF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.81180

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

HUNG-CHI KWOK

Mailing Address 2732 MUIR WOODS DR., SE

City

HAMPTON COVE

State

AL

Zip Code

35763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA ANES. OF HUNTSVIL-  
LE, LLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.81416

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM LANE

Mailing Address 151 GLENEAGLES CIR.

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE NEXUS MEDICAL GROUP,  
LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81424

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK LAU

Mailing Address 4345 W BRYN MAWR AVE

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81298

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

NEVILLE LEIBMAN

Mailing Address 4807 VALERIE ST

City

BELLAIRE

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER HOUSTON ANESTHESIOLOGY, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81259

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT LEIGHTY

Mailing Address 3900 WALNUT CLAY DR.

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUSTIN ANESTHESIOLOGY GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

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

Transaction ID: SA11AI.81098

Amount of Each Receipt this Period

41.00

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

791.00

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

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

FOR LINE NUMBER: PAGE 30 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUSAN LISMAN

Mailing Address 2014 WASHINGTON ST.

City

NEWTON

State

MA

Zip Code

02462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMONWEALTH ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81477

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY LONG

Mailing Address 200 1ST ST SW

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC COLLEGE OF ME-  
DICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81529

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID MANCINI

Mailing Address 1423 CHAPEL STREET

City

NEW HAVEN

State

CT

Zip Code

06511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES OF  
NEW HAVEN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.81117

Amount of Each Receipt this Period

25.00

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

1025.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY  
619 S. 19TH ST., JT845

City State Zip Code  
BIRMINGHAM AL 35249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIV. OF ALABAMA - BIRMIN-  
GHAM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

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

Transaction ID: SA11AI.81087

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

DURGESH MANKIKAR

Mailing Address 7 REID ST.

City State Zip Code  
WEST ORANGE NJ 07052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MONTCLAIR ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD MARATEA

Mailing Address 1504 BAY RD APT 1607

City State Zip Code  
MIAMI BEACH FL 33139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF MIAMI

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81157

Amount of Each Receipt this Period

125.00

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

1208.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City

COOLTEWAH

State

TN

Zip Code

37363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE ANESTHESIOLOGY DEPT  
OF ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

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

Transaction ID: SA11AI.81165

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD MCNEER

Mailing Address 18340 SW 122 ST.

City

MIAMI

State

FL

Zip Code

33196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MIAMI DEPT  
OF ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81084

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN MCQUEEN

Mailing Address 1850 N CENTRAL AVE STE 1600

City

PHOENIX

State

AZ

Zip Code

85004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANESTHESIOLOGY CON-  
SULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81426

Amount of Each Receipt this Period

1000.00

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

1166.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS MILLER

Mailing Address 2699 LEE RD STE 510

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AGO

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81193

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JACK MOORE

Mailing Address 6188 WOOSTER AVE.

City

LOS ANGELES

State

CA

Zip Code

90056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81512

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS MOORE

Mailing Address 1748 VESTWOOD HILLS DR.

City

VESTAVIA HILLS

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ALABAMA SCH-  
OOL OF MEDICI

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.81091

Amount of Each Receipt this Period

125.00

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

875.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID MORSE

Mailing Address 218 CORONA ST

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEJAS ANESTHESIA

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81358

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JEFF MUELLER

Mailing Address 9121 E PALM TREE DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.81457

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City

SPRINGFIELD

State

VT

Zip Code

05156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
V A MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.00

Date of Receipt

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

Transaction ID: SA11AI.81124

Amount of Each Receipt this Period

83.00

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

5583.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROSS MUSUMECI

Mailing Address 9 LINCOLN STREET

City

WESTON

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. ASSOC. OF MASSACHUSETTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

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

Transaction ID: SA11AI.81082

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID NAKATA

Mailing Address 7440 NORMANDY BLVD.

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIANA UNIVERSITY MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81483

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL NICHOLS

Mailing Address 1090 DEVINE CIRCLE

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGIST

Occupation

ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.00

Date of Receipt

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

Transaction ID: SA11AI.81092

Amount of Each Receipt this Period

83.00

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

624.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK O'NEIL

Mailing Address 7357 U.S. 52, S.

City

LAFAYETTE

State

IN

Zip Code

47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81445

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND OAKES

Mailing Address 1850 N. CENTRAL AVE., STE.1600

City

PHOENIX

State

AZ

Zip Code

85004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANES. CONSULTANTS,  
LTD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.81191

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES OTTO

Mailing Address 6270 N CAMINO PIMERIA ALTA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF ARIZONA HEALTH &  
SCIENCE CENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81429

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM OWENS

Mailing Address 500 NORTH & SOUTH RD., #102

City

ST. LOUIS

State

MO

Zip Code

63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81502

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SAM PAGE

Mailing Address 17 WINDSOR TERRACE LN

City

CREVE COEUR

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81459

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGE PARKER

Mailing Address 112 BELLAIRE COURT

City

BELLAIRE

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREATER HOUSTON ANESTHESI-  
OLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81276

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DIPAKKUMAR PATEL

Mailing Address 11312 OLD RIVER TRAIL

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HMA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81561

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SAMIR PATEL

Mailing Address 1301 W LAMBERT LN APT 9205

City

ORO VALLEY

State

AZ

Zip Code

85737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORO VALLEY ANESTHESIA, PL-  
LC

Occupation

PHYSICIAN - ANESTHESIOLOGY AND PAIN ME

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81216

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHAD PEDLEY

Mailing Address 3103 BROADMEAD DR.

City

HOUSTON

State

TX

Zip Code

77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GHA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81279

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK PELEROSI

Mailing Address 9101 HERITAGE DR.

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL GROUP

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81349

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

EDGAR PIERRE

Mailing Address 1800 NW 10TH AVE., T244

City

MIAMI

State

FL

Zip Code

33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYDER TRAUMA CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81152

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

JOHNATHAN PREGLER

Mailing Address 10556 DUNLEER DR

City

LOS ANGELES

State

CA

Zip Code

90064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCLA DEPT OF ANESTHESIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81518

Amount of Each Receipt this Period

500.00

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

833.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN PRICE

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

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81195

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SRIPAD RAO

Mailing Address 1504 BAY RD APT 3307

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RYDER TRAUMA CENTER ANEST-  
HESIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.81171

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

BOBBY RAY

Mailing Address 6127 BAYWATER LN.

City

HIXSON

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGISTS ASSOCIA-  
TED

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.81312

Amount of Each Receipt this Period

1000.00

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

1583.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KYLE ROACH

Mailing Address 1105 W MISSISSIPPI AVE

City

CHATTANOOGA

State

TN

Zip Code

37405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGISTS ASSOCIA-  
TED, PC

Occupation

PHYSICIAN..ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.81370

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR RUNYON-HASS

Mailing Address 1503 KIMBERLEIGH CT.

City

FRANKLIN

State

TN

Zip Code

37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81564

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICK SALISBURY

Mailing Address 3333 RIVERBEND DR  
SACRED HEART MEDICAL CENTER

City

SPRINGFIELD

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA DEPARTMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81615

Amount of Each Receipt this Period

250.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
THEODORE SANFORD

Mailing Address 1500 E MEDICAL CENTER DRIVE, MS 1H

City State Zip Code  
ANN ARBOR MI 48109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF MICHIGAN HO-  
SPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81467

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
DANNY SARTORE

Mailing Address 4009 SURRY PL. LN.

City State Zip Code  
SPRINGFIELD IL 62711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANGAMON ASSOCIATED ANEST-  
HESIOLOGISTS

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81384

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
PAUL SEITZ

Mailing Address 821 SHADOWSTONE PL

City State Zip Code  
NASHVILLE TN 37220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ANESTHESIA MEDICAL GROUP  
PC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81211

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN SHANKLE

Mailing Address 110 29TH AVE N STE 201

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81283

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRED SHAPIRO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY  
330 BEACON ST, C-86

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARVARD MEDICAL SCHOOL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81296

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JONATHAN SLONIN

Mailing Address 8832 BALLY BUNION ROAD

City

PORT SAINT LUCIE

State

FL

Zip Code

34986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHERIDAN HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81538

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD STERN

Mailing Address 46 SPRINGBROOK LN.

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICES, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.81167

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHIAS STOPFKUCHEN-EVANS

Mailing Address 60 WASHINGTON ST

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIGHAM AND WOMENS HOSPIT-  
AL DEPT OF AN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81307

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT SWITZER

Mailing Address 26 FARM HILL RD.

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILFORD ANESTHESIA, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.81164

Amount of Each Receipt this Period

83.00

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

358.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NARENDRA TRIVEDI

Mailing Address 8143 E. BAILEY WAY

City

ANAHEIM HILLS

State

CA

Zip Code

92808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81514

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ANDREW TROBRIDGE

Mailing Address 13909 WATERWAY BLVD.

City

FORTVILLE

State

IN

Zip Code

46040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERVENTIONAL PAIN CARE

Occupation

PAIN PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.81078

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN PENNSYLVANIA HOSP-  
ITAL DEPARTME

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

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

Transaction ID: SA11AI.81134

Amount of Each Receipt this Period

83.00

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

416.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN ULATOWSKI

Mailing Address 600 N. WOLFE ST., BLALOCK 1415

City

BALTIMORE

State

MD

Zip Code

21287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNS HOPKINS UNIVERSITY  
SCHOOL OF MED

Occupation

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81188

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES VACANTI

Mailing Address 355 POND STREET

City

UXBRIDGE

State

MA

Zip Code

01569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BWH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81428

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN VAKILI

Mailing Address 8552 N MOONFIRE DR

City

TUCSON

State

AZ

Zip Code

85743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORO VALLEY ANESTHESIA

Occupation

ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81234

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD.

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNICOM ANESTHESIA ASSOCIA-  
TES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

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

Transaction ID: SA11AI.81136

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

HECTOR VILA

Mailing Address 4304 W AZEELE ST

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HV PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.81172

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN VITKUN

Mailing Address 8 SILVER BEECH CT.

City

POQUOTT

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY AT STONY BROOK

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81533

Amount of Each Receipt this Period

250.00

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

416.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICK VLAHOS

Mailing Address 135 DEVONWOOD DR.

City

PITTSBURGH

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81504

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER WASSINK

Mailing Address 3300 EGYPT VALLEY NE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL CONSULTANTS PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

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

Transaction ID: SA11AI.81106

Amount of Each Receipt this Period

41.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY WATSON

Mailing Address 1224 TROTWOOD AVENUE

City

COLUMBIA

State

TN

Zip Code

38401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAURY REGL HOSP DEPT. OF ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81578

Amount of Each Receipt this Period

1000.00

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

1541.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LYNDA TORFREDA WELLS

Mailing Address 4098 WOOD LN

City

KESWICK

State

VA

Zip Code

22947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF VIRGINIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81480

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES WEST

Mailing Address 5229 COSGROVE CV.

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.81447

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

KENNY WILLIARD

Mailing Address 5809 BEAUREGARD DR.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81222

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 65

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK YACKO

Mailing Address 9036 GLASS CHIMNEY LN.

City

FISHERS

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY ANESTHESIA ASSO-  
CIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.81179

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CHAHINE YAMINE

Mailing Address 1227 EARNESTINE STREET

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOMINION ANESTHESIA PLLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

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

Transaction ID: SA11AI.81154

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)

LEONARD ZALIK

Mailing Address 1341 S INDIANA AVE UNIT D

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HINSDALE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.81584

Amount of Each Receipt this Period

250.00

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

833.00

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

56259.00

# **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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3054.32

Date of Receipt

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

Transaction ID: SA17.81709

Amount of Each Receipt this Period

11.84

INTEREST INCOME

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

11.84

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

11.84

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	<b>Transaction ID:</b> SB23.81699 <b>Date of Disbursement</b>
Mailing Address 14 KNIGHTSWOOD DR	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>9</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>9</div> </div>
City MARLTON State NJ Zip Code 08053	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC	<b>Transaction ID:</b> SB23.81659 <b>Date of Disbursement</b>
Mailing Address 607 14TH ST NW #800	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>9</div> </div>
City WASHINGTON State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS	<b>Transaction ID:</b> SB23.81705 <b>Date of Disbursement</b>
Mailing Address PO BOX 2059	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>4</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>9</div> </div>
City LEXINGTON State KY Zip Code 40588	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BERMAN FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD #1612

City  
LOS ANGELES

State  
CA

Zip Code  
90048

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 28

Transaction ID: SB23.81661

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

BOLD PAC

Mailing Address 426 C STREET NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2009 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.81665

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

CIRO D RODRIGUEZ FOR CONGRESS

Mailing Address 236 MASSACHUSETTS AVE NE #603

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 23

Transaction ID: SB23.81643

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR RUSH

Mailing Address PO BOX 7292

City  
CHICAGO

State  
IL

Zip Code  
60680

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: IL District: 01

Transaction ID: SB23.81657

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CMTE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S VICTORY BLVD #211

City  
BURBANK

State  
CA

Zip Code  
91502

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 39

Transaction ID: SB23.81649

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COBURN FOR SENATE 2010

Mailing Address PO BOX 977

City  
MUSKOGEE

State  
OK

Zip Code  
74402

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: OK District:

Transaction ID: SB23.81645

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	<b>Transaction ID:</b> SB23.81675 <b>Date of Disbursement</b>
Mailing Address PO BOX 977	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City MUSKOGEE State OK Zip Code 74402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON CMTE	<b>Transaction ID:</b> SB23.81692 <b>Date of Disbursement</b>
Mailing Address PO BOX 1444	<div> <div>11</div> <div>18</div> <div>2009</div> </div>
City ENNIS State TX Zip Code 75120	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS	<b>Transaction ID:</b> SB23.81638 <b>Date of Disbursement</b>
Mailing Address 2501 WISCONSIN AVE NW #304	<div> <div>11</div> <div>04</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FORWARD TOGETHER PAC</b>	<b>Transaction ID:</b> SB23.81663 <b>Date of Disbursement</b>
Mailing Address 201 N UNION ST #300	<div> <div>11</div> <div>04</div> <div>2009</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF BENNIE THOMPSON</b>	<b>Transaction ID:</b> SB23.81651 <b>Date of Disbursement</b>
Mailing Address PO BOX 100	<div> <div>11</div> <div>04</div> <div>2009</div> </div>
City BOLTON State MS Zip Code 39041	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>	<b>Transaction ID:</b> SB23.81655 <b>Date of Disbursement</b>
Mailing Address PO BOX 44369, 250 PRAIRIE CTR DR	<div> <div>11</div> <div>04</div> <div>2009</div> </div>
City EDEN PRAIRIE State MN Zip Code 55344	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**5500.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GINNY BROWN-WAITE

Mailing Address PO BOX 865

City BROOKSVILLE State FL Zip Code 34605

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 05

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

Category/  
Type

Transaction ID: SB23.81694

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE PITTS

Mailing Address 1707 PRINCE ST #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 16

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

Category/  
Type

Transaction ID: SB23.81682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NH District:

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

Category/  
Type

Transaction ID: SB23.81703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GINGREY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.81673 <b>Date of Disbursement</b>
Mailing Address 700 12TH STREET NW #700	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN CARTER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.81677 <b>Date of Disbursement</b>
Mailing Address 1717 N IH-35 #304	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City ROUND ROCK State TX Zip Code 78664	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN LEWIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.81679 <b>Date of Disbursement</b>
Mailing Address PO BOX 2323 #5300	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City ATLANTA State GA Zip Code 30301	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**5500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS	<b>Transaction ID:</b> SB23.81669 <b>Date of Disbursement</b>
Mailing Address PO BOX 1441	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City TOPEKA State KS Zip Code 66601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS	<b>Transaction ID:</b> SB23.81671 <b>Date of Disbursement</b>
Mailing Address PO BOX 1441	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City TOPEKA State KS Zip Code 66601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC	<b>Transaction ID:</b> SB23.81698 <b>Date of Disbursement</b>
Mailing Address PO BOX 10134	<div> <div>11</div> <div>18</div> <div>2009</div> </div>
City BAKERSFIELD State CA Zip Code 93389	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 CONTRIBUTION	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARTIN HEINRICH FOR CONGRESS

Mailing Address 2118 CENTRAL AVE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NM District: 01

**Transaction ID:** SB23.81634

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MARTIN HEINRICH FOR CONGRESS

Mailing Address 2118 CENTRAL AVE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NM District: 01

**Transaction ID:** SB23.81636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MCGOFF FOR CONGRESS

Mailing Address PO BOX 44188

City INDIANAPOLIS State IN Zip Code 46244

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: IN District: 05

**Transaction ID:** SB23.81684

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MCNERNEY FOR CONGRESS

Mailing Address 888 16TH ST NW #680

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 11

Transaction ID: SB23.81640

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City  
BOISE

State  
ID

Zip Code  
83701

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: ID District:

Transaction ID: SB23.81686

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MILLENNIUM LEADERSHIP PAC

Mailing Address PO BOX 100277

City  
FT LAUDERDALE

State  
FL

Zip Code  
33310

Purpose of Disbursement  
2009 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.81667

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEVADA STATE DEMOCRATIC PARTY	<b>Transaction ID:</b> SB23.81707 <b>Date of Disbursement</b>																				
Mailing Address 409 HORN ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City LAS VEGAS State NV Zip Code 89107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	<b>Transaction ID:</b> SB23.81631 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 581	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City BRIGHTON State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS	<b>Transaction ID:</b> SB23.81688 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 782	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	9												
City PENNINGTON State NJ Zip Code 08534	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address 209 PENNSYLVANIA AVE SE #229D

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: IL District: 18

Transaction ID: SB23.81632

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN DAVIS FOR CONGRESS

Mailing Address 1212 S VICTORY BLVD #200

City  
BURBANK

State  
CA

Zip Code  
91502

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 53

Transaction ID: SB23.81647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

TED DEUTCH FOR CONGRES CMTE

Mailing Address 20423 SR 7 #F6-383

City  
BOCA RATON

State  
FL

Zip Code  
33498

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: FL District: 19

Transaction ID: SB23.81701

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THE FREEDOM PROJECT

Mailing Address 631-B PENNSYLVANIA AVE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2009 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OH District:

Transaction ID: SB23.81690

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City  
MANKATO

State  
MN

Zip Code  
56002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: MN District: 01

Transaction ID: SB23.81630

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WYOMING VALUES PAC

Mailing Address 901 N WASHINGTON ST #102

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2009 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.81653

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

74000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 65

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.81710

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

9181.98

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

9181.98

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

9181.98