

**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

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

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

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

0 1

2 2

2 0 0 7

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2006		559961.41
(b) Cash on Hand at Beginning of Reporting Period	697170.51	
(c) Total Receipts (from Line 19)	47568.35	1212089.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	744738.86	1772051.28
7. Total Disbursements (from Line 31)	112751.73	1140064.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	631987.13	631987.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	32745.00	774691.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	9880.00	199542.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	42625.00	974233.99
(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) ➡	42625.00	974233.99
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	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4943.35	233355.88
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))	47568.35	1212089.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47568.35	1212089.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	745250.00
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.....	106251.73	389814.15
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))..	112751.73	1140064.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	112751.73	1140064.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42625.00	974233.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42625.00	974233.99
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATALIE ABERCROMBIE

Mailing Address 204 SHORELINE DR E

City	State	Zip Code
N AUGUSTA	SC	29841

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV HOSP AUGUSTAOccupation
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	2	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.48658

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
BRANDON ALLEN

Mailing Address 3240 MILLSTONE CT

City	State	Zip Code
SPANISH SPRINGS	NV	89436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA ANESTHOccupation
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	2	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.48674

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DAVID AREND

Mailing Address ONE ELLIOT WAY #200

City	State	Zip Code
MANCHESTER	NH	03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIAOccupation
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	2	/	1	1	/	2	0	0	6

Transaction ID: SA11A1.48432

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STUART BEHRENS

Mailing Address 19 RUSTIC GATE LANE

City State Zip Code
DIX HILLS NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.A.P.A.

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 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.48529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BLAKE

Mailing Address 5639 WARNER PARK DRIVE

City State Zip Code
WESTERVILLE OH 43081

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONSULTANT ANESTHESIOLOGI-
STS, INC.

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48587

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. CASEY BLITT

Mailing Address P.O. BOX 32548

City State Zip Code
TUCSON AZ 85751

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLD PUEBLO ANESTH

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48401

Amount of Each Receipt this Period

500.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MICHAEL BOYER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 4 CLARK BASS BLVD. STE. 205		Transaction ID: SA11A1.48685	
City MCALESTER	State OK	Zip Code 74501	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) DAVID BREWSTER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 15 JOCELYN PL		Transaction ID: SA11A1.48677	
City WALNUT CREEK	State CA	Zip Code 94597	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PERMENENTE MED GRP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) BRIAN BYER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6	
Mailing Address 1890 LESTER RIVER RD		Transaction ID: SA11A1.48390	
City DULUTH	State MN	Zip Code 55804	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SMDC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		1750.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) KENNETH CARLSON Mailing Address 4334 BOULDER LAKE CIRCLE City VESTAVIA HILLS State AL Zip Code 35242 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIA RESOURCES MANAGEMENT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.48589 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) HOWARD CHAIT Mailing Address 3031 DANNYHILL DR City LOS ANGELES State CA Zip Code 90064 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.48504 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) KEITH CHAMBERLIN Mailing Address 540 SAN PEDRO COVE City SAN RAFAEL State CA Zip Code 94901 FEC ID number of contributing federal political committee. C Name of Employer ACM, INC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.48702 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCOTT CLARK

Mailing Address 2704 ROYSTER COURT

City State Zip Code
 VIRGINIA BEACH VA 23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTHESIA, INC.

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 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.48649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM CLAY

Mailing Address 468 CADIEUX RD

City State Zip Code
 GROSSE POINTE MI 48230

FEC ID number of contributing
federal political committee.

C

Name of Employer
GPA

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN COOPER

Mailing Address 4804 YOAKUM

City State Zip Code
 HOUSTON TX 77006

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYLOR COLLEGE OF MEDICINE

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 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.48717

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

MARVIN COVRIG

Mailing Address 2305 CORNERSTONE CT

City State Zip Code
 MODESTO CA 95355

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11A1.48678

Amount of Each Receipt this Period

250.00

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

KEITH CRAIG

Mailing Address PO BOX 525

City State Zip Code
 SNELLVILLE GA 30078

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW LONDON ANES & PAIN CO-
NSULTANTS

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48593

Amount of Each Receipt this Period

250.00

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

MICHAEL CROCKER

Mailing Address 5636 S. HELENA CT.

City State Zip Code
 CENTENNIAL CO 80015

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO DENVER ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48491

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY CROY

Mailing Address PO BOX 3218

City State Zip Code
 ALBANY OR 97321

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBANY ANESTHESIA, 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
 1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.48502

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CHARLES CURRAN

Mailing Address 1324 DARBY RUN DRIVE

City State Zip Code
 CHESAPEAKE VA 23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESAPEAKE ANESTHESIOLOGI-
STS INC

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 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.48517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DAVID CURRIER

Mailing Address 6406 CORRINE DR NW

City State Zip Code
 CANTON OH 44718

FEC ID number of contributing
federal political committee.

C

Name of Employer
AULTMAN

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 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.48384

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEPHEN DAINESI

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LEE DAVIS

Mailing Address 3935 CLUB DR

City State Zip Code
ATLANTA GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAC

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CAROL DEAN

Mailing Address 148 BREAKWATER DR #10

City State Zip Code
SOUTH PORTLAND ME 04106

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GRP

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48457

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN DONDLINGER

Mailing Address 5513 KNOLL DR

City State Zip Code
 EDINA MN 55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTHESIA

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48679

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHN EDWARDS

Mailing Address 8122 SHANES WAY

City State Zip Code
 ROSCOE IL 61073

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PAUL FELLEBAUM

Mailing Address 12 STONINGHAM DRIVE

City State Zip Code
 WARREN NJ 07059

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS OF
CENTRAL NJ

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 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.48388

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALFREDO FERRARI

Mailing Address 4900 N OCEAN BLVD APART 717

City State Zip Code
 LAUD BY SEA FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO NB,LLC

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 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.48631

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CLAUDE FERRELL

Mailing Address 210 LYNWOOD BLVD

City State Zip Code
 NASHVILLE TN 37205

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.48452

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JILL FLAXMAN

Mailing Address 63 DEAUVILLE CIR

City State Zip Code
 LITTLE ROCK AR 72223

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48403

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARTIN GINSBERG

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MRUTHYUNJAYA GONCHIGAR

Mailing Address 9901 BENTCROSS DRIVE

City State Zip Code
POTOMAC MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
CPMAA, LLC

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 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.48513

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HARSHAD GURNANEY

Mailing Address 509 COOL VALLEY LANE

City State Zip Code
MEDIA PA 19063

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHOP

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 2 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.48595

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN HAHN

Mailing Address 5106 S GLENNGRAE CT

City State Zip Code
 SPOKANE WA 99223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KEVIN HAIM

Mailing Address 125 GAY THOMPSON DRIVE

City State Zip Code
 CANTON GA 30115

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
 1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.48706

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY HOUSEMAN

Mailing Address 609 BAY BLF E

City State Zip Code
 DAPHNE AL 36526

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTERN SHORE 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
 1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48424

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH HYATT

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. NELSON ISENHOWER

Mailing Address 2185 WELLTOWN ROAD

City State Zip Code
CLEAR BROOK VA 22624

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCHESTER ANESTHESIOLOGI-
STS, INC

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 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.48506

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL IVERSON

Mailing Address 330 CHAPEL LOOP

City State Zip Code
MANDEVILLE LA 70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST ST. TAMMANY ANESTHES-
IA

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 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.48350

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN JABOUR

Mailing Address 10571 GREENBELT DR

City State Zip Code
 CLIVE IA 50325

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC 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 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.48632

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SARAH JAMES

Mailing Address 1620 TETHER KEEP

City State Zip Code
 VIRGINIA BEACH VA 23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SENTARA HOSPITAL

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES JANSZEN

Mailing Address 2139 AUBURN AVE

City State Zip Code
 CINCINNATI OH 45219

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH ASSOC OF CINTI

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48399

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES JETER

Mailing Address 303 CYPRESS COVE

City

FLORENCE

State

AL

Zip Code

35634

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.48380

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ARIEL JURMANN

Mailing Address 13 TURRET LN

City

WOODBURY

State

NY

Zip Code

11797

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH AMERICAN PARTNERS
IN ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL KAISER

Mailing Address 1411 SHOAL AVE

City

RICHLAND

State

MI

Zip Code

49083

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAPC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48576

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUSAN KAPLAN

Mailing Address 1231 GULPH CREEK DR

City State Zip Code
 RADNOR PA 19087

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CANDACE KELLER

Mailing Address 8025 LEGEND CREEK

City State Zip Code
 MIRAMAR BEACH FL 32550

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRMC

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. SEAN KENNEDY

Mailing Address 1010 INDIAN CREEK LN

City State Zip Code
 WYNNEWOOD PA 19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF PENN

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48453

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BETTYLOU KOFFEL Mailing Address PMB 432 25 NW 23RD PL#6 City PORTLAND State OR Zip Code 97210 FEC ID number of contributing federal political committee. C Name of Employer NORTHWEST PERMANENTE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.48662 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) GOPAL KRICHNA Mailing Address 702 BARNHILL DR RM 2001 City INDIANAPOLIS State IN Zip Code 46202 FEC ID number of contributing federal political committee. C Name of Employer IUAA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.48619 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) ALAN KROLL Mailing Address 3014 NW 58TH BLVD City GAINESVILLE State FL Zip Code 32606 FEC ID number of contributing federal political committee. C Name of Employer ANES ASSOC NO. FL Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.48471 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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN LANDAU

Mailing Address 2443 DUNDEE DR.

City

ANN ARBOR

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES AT
FOOTE HOSPITAL

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 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.48372

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. KEITH LEWIS

Mailing Address 201 VICTORY RD

City

NORTH QUINCY

State

MA

Zip Code

02171

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOSTON UNIV

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL LIPSON

Mailing Address 342 SECOND STREET EAST

City

SONOMA

State

CA

Zip Code

95476

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48724

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**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JULIE LONGFELLOW

Mailing Address 103 OLD CARRIAGE ROAD

City State Zip Code
 PONCE INLET FL 32127

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

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 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.48721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BILL MAUPIN

Mailing Address 801 NW 145 CIR

City State Zip Code
 EDMUND OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTH

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 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.48623

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. WILLIAM MAXWELL

Mailing Address 2366 NEWCASTLE AVE.

City State Zip Code
 CARDIFF CA 92007

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 2 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.48479

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 38

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. YURIY MEDVID

Mailing Address PO BOX 327

City State Zip Code
HOLDEN ME 04429

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMMC

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 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.48519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. GEORGE NEUMAN

Mailing Address 170 W 12TH ST #NR 408

City State Zip Code
NEW YORK NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST VINCENT HOSPITAL

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 2 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.48565

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LUU NGUYEN

Mailing Address 9024 FORT CRAIG DR

City State Zip Code
BURKE VA 22015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL FACULTY ASSOCIATES

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 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.48393

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**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRIAN NIMER

Mailing Address 3158 SPRINGMEADOW DRIVE

City State Zip Code
 COLORADO SPRINGS CO 80906

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
COLORADO SPRING

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 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.48693

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER O'CONNOR

Mailing Address 1912 N HOYNE AVE

City State Zip Code
 CHICAGO IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY ANESTH

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 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.48625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JERRY O'HARA

Mailing Address 2931 HUNTERS WOODS LN

City State Zip Code
 WILLOUGHBY HILLS OH 44094

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FOUND

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48447

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**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN OZER

Mailing Address 9427 E LARKSPUR DR

City State Zip Code
SCOTTSDALE AZ 85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH CONSULT

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 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.48635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SCOTT PALMER

Mailing Address 3224 SOMERTON PLACE

City State Zip Code
BURLINGTON NC 27215

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAPA

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 2 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.48352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SRIKANTH PATANKAR

Mailing Address 124 LINCOLN RD

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW JERSEY 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
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48664

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**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) DAVID PETCU Mailing Address 6555 JOCELYN HOLLOW RD City State Zip Code NASHVILLE TN 37205 FEC ID number of contributing federal political committee. C Name of Employer ANESTH MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.48543 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) CREIGHTON PICKETT III Mailing Address 500 THROCKMORTON ST. 3306 City State Zip Code FORT WORTH TX 76102 FEC ID number of contributing federal political committee. C Name of Employer NORTHSTAR ANESTHESIA PA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.48699 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) JEFFERY PLAGENHOEF Mailing Address 32 HAMPTON WAY City State Zip Code DOTHAN AL 36305 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.48539 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**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MAMIE POLK Mailing Address 16 RAIN FERN CT. City SPRING State TX Zip Code 77380 FEC ID number of contributing federal political committee. C Name of Employer TOMMY A. POLK, M.D. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.48374 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) GEORGE POWELL Mailing Address P.O. BOX 189 City ST CHARLES State IL Zip Code 60174 FEC ID number of contributing federal political committee. C Name of Employer KANE ANESTH ASSOC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.48656 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) EDUARDO QUESADA Mailing Address ONE ELLIOT WAY #200 City MANCHESTER State NH Zip Code 03103 FEC ID number of contributing federal political committee. C Name of Employer AMOSKEAG ANESTHESIA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.48442 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**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SYED RAZVI

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAY RINEHOUSE

Mailing Address 28 WESTGATE DRIVE

City State Zip Code
EDISON NJ 08820

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBULATORY ANESTHESIA CARE

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GARY ROBELEN

Mailing Address 61 SUNSET RD

City State Zip Code
WESTON MA 02193

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARITAS MEDICAL 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 2 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.48477

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J CARLOS ROMAN

Mailing Address 2019 WELLINGTON WDS DR

City State Zip Code
 LITTLE ROCK AR 72211

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. STUART ROTH

Mailing Address 7261 DOCKSIDE LANE

City State Zip Code
 COLUMBIA MD 21045

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNT VALLEY ANESTHESIA AS-
SOCIATES

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 2 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.48483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RUSSELL

Mailing Address 1515 HARBOUR VIEW DRIVE

City State Zip Code
 KILL DEVIL HILLS NC 27948

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY HEALTH SYSTEMS
EAST

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 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.48376

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)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

FRANKLIN SCAMMAN

Mailing Address 200 HAWKINS DR 6440 JCP

City State Zip Code
 IOWA CITY IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
U OF IOWA

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48668

Amount of Each Receipt this Period

500.00

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

JOHN SIEGLE

Mailing Address 30 PRIDE FARM RD

City State Zip Code
 FALMOUTH ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MED GRP

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48417

Amount of Each Receipt this Period

250.00

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

TIMOTHY SIEVERS

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
 MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG 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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48444

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRENT SILVER

Mailing Address 13002 E. TURQUOISE AVE.

City State Zip Code
 SCOTTSDALE AZ 85259

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIOLOGY CON-
SULTANTS, LTD

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48687

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARK SMITH

Mailing Address 815 SUMMIT LAKE SHORE RD NW

City State Zip Code
 OLYMPIA WA 98502

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAHOMA ANESTHESIOLOGY CON-
SULTANTS

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 2 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.48697

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. RICHARD SPAULDING

Mailing Address ONE ELLIOT WAY #200

City State Zip Code
 MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMOSKEAG ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.48434

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

KENNETH STONE

Mailing Address 317 LAURELWOOD RD.

City State Zip Code
 ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIDGEPORT ANESTHESIA AS-
SOC.

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 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.48463

Amount of Each Receipt this Period

250.00

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

VOLKER STRIEPE

Mailing Address 621 POST OAK CIRCLE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
NASHVILLE ANESTHESIA SERV-
ICE

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 2 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.48601

Amount of Each Receipt this Period

250.00

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

CLIFTON VAN PUTTEN

Mailing Address 6936 N AUTUMN

City State Zip Code
 CLOVIS CA 93619

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 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.48671

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CYNTHIA VAUGHN Mailing Address 2 DOGWOOD LN City State Zip Code BRANDON MS 39047 FEC ID number of contributing federal political committee. C Name of Employer RANKIN MEDICAL CTR Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.48665 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) HENRY WALTHER Mailing Address 6845 RANCHO LOS PAVOS City State Zip Code GRANITE BAY CA 95746 FEC ID number of contributing federal political committee. C Name of Employer CASE MEDICAL GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.48579 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) CARL WILSON Mailing Address 1899 W 1380 N City State Zip Code PROVO UT 84604 FEC ID number of contributing federal political committee. C Name of Employer MOUNTAIN WEST ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.48497 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

32745.00

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

FOR LINE NUMBER: PAGE 36 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231101.06

Date of Receipt

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

Transaction ID: SA17.48740

Amount of Each Receipt this Period

2688.53

INTEREST INCOME

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

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233355.88

Date of Receipt

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

Transaction ID: SA17.48331

Amount of Each Receipt this Period

2254.82

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

4943.35

TOTAL This Period (last page this line number only)

4943.35

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 37 / 38

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FREEDOM & DEMOCRACY FUND

Mailing Address 610 S BOULEVARD

City
TAMPA

State
FL

Zip Code
33606

Purpose of Disbursement
2006 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.48329

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHERROD BROWN

Mailing Address 2280 KRESGE DR #800

City
AMHERST

State
OH

Zip Code
44001

Purpose of Disbursement
2006 GENERAL DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼

State: OH District:

Transaction ID: SB23.48324

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RUSS CARNAHAN FOR CONGRESS

Mailing Address 7370 MANCHESTER #20

City
ST LOUIS

State
MO

Zip Code
63143

Purpose of Disbursement
2004 PRIMARY DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004 ☐ Primary ☐ General
☒ Other (specify) ▼

State: MO District: 3

Transaction ID: SB23.48326

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

6500.00

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 38 / 38

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.48741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4743.70

Full Name (Last, First, Middle Initial)

B. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
CD PURCHASED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.48742

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

C. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.48332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1508.03

SUBTOTAL of Disbursements This Page (optional)

106251.73

TOTAL This Period (last page this line number only)

106251.73