

**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 (12S)

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

01

01

2011

through

01

31

2011

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

02

18

2011

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)

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Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>Y Y Y Y<br/>2011</span>   |                         | 1200707.26                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 1200707.26              |                                   |
| (c) Total Receipts (from Line 19) .....  | 57888.39                | 57888.39                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 1258595.65              | 1258595.65                        |
| 7. Total Disbursements (from Line 31) .....  | 19257.52                | 19257.52                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 1239338.13              | 1239338.13                        |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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)

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Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 39850.00                      | 39850.00                          |
| (ii) Unitemized .....  | 18006.00                      | 18006.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 57856.00                      | 57856.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 57856.00                      | 57856.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 32.39                         | 32.39                             |
| 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)) .....                          | 57888.39                      | 57888.39                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 57888.39                      | 57888.39                          |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |          | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 1292.52  | 1292.52                       |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 1292.52  | 1292.52                       |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10000.00 | 10000.00                      |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 7965.00  | 7965.00                       |                                   |
| 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.....   | 0.00     | 0.00                          |                                   |
| 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))..       | 19257.52 | 19257.52                      |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19257.52 | 19257.52                      |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 57856.00                      | 57856.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 57856.00                      | 57856.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1292.52                       | 1292.52                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1292.52                       | 1292.52                           |

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

FOR LINE NUMBER: PAGE 6 / 42

(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)

JOE ANDERSON

Mailing Address 120 NW 14TH AVE., SUITE #300

City

PORTLAND

State

OR

Zip Code

97209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON ANESTH 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 |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95964

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ANNAND

Mailing Address 6600 COLONIAL FOREST LN

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95929

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DIANNE ANSARI-WINN

Mailing Address 7844 E. 7TH AVE.

City

DENVER

State

CO

Zip Code

80230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIAN ANESTHESIA SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95945

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 7 / 42

(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)

ROBERT ARDIS

Mailing Address 2521 E 5TH ST

City

DULUTH

State

MN

Zip Code

55812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESSENTIA HEALTH

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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.96008

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT ASCANIO

Mailing Address 98 STARBIRD RD

City

PORTLAND

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPECTRUM 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  
0 1 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.95768

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL BAKER

Mailing Address 1921 LYONS BEND RD.

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95934

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 8 / 42

(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)

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 ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95566

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY BERGER

Mailing Address 6715 TOMLINSON TER

City

CABIN JOHN

State

MD

Zip Code

20818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE WASHINGTON SCHOOL  
OF MEDICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95749

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

GENE BRENOWITZ

Mailing Address 4510 W. SHERIDAN ST.

City

SEATTLE

State

WA

Zip Code

98199

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 |
| 0 | 1 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95610

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 9 / 42

(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)

DAVID BROUSSARD

Mailing Address 1514 JEFFERSON HWY

ANESTHESIA DEPARTMENT

City

NEW ORLEANS

State

LA

Zip Code

70121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCHSNER CLINIC FOUNDATION

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95555

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY BROUSSARD

Mailing Address 610 CHEROKEE BLVD

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL ALLIAN-  
CE OF EAST TE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95753

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

KURT BUDENBENDER

Mailing Address 9290 E THOMPSON PEAK PARKWAY # 146

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAC, LTD.

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  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.95815

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 10 / 42

(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)

TIFFANY BUTLER

Mailing Address 15221 N CLUBGATE DR UNIT 2023

City

SCOTTSDALE

State

AZ

Zip Code

85254

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95683

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROSE CAMPISE- LUTHER

Mailing Address 3729 N 101ST ST

City

WAUWATOSA

State

WI

Zip Code

53222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS HOSPITAL OF WIS-  
COSNIN ANESTH

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  
0 1 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.95802

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

SHOBANA CHANDRASEKHAR

Mailing Address 5702 STRATFORD GARDENS DR

City

SUGAR LAND

State

TX

Zip Code

77479

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95559

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 11 / 42

(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)

CATHERINE CHEUNG

Mailing Address 925 ALLISON MEWS PL. NW

City

CONCORD

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHEAST ANESTHESIA AND  
PAIN SPECIALI

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95863

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALEXANDER CHOI

Mailing Address 230 N. MAIN ST.

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS OF  
INDIANAPOLIS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95716

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

K. CHONG

Mailing Address P.O. BOX 2688

City

IOWA CITY

State

IA

Zip Code

52244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95899

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 12 / 42

(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)

JOE CLARK

Mailing Address 6549 TALLWOOD DR.

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY ANESTHESIA, P.C.  
LEWIS-GALE MED

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 |
| 0 | 1 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95513

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

NORMAN COHEN

Mailing Address 0841 SW GAINES ST # 504

City

PORTLAND

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON HEALTH AND SCIENCE  
UNIV. ANES.

Occupation

ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95711

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES CROOK

Mailing Address 747 52ND STREET  
ANESTHESIA OFFICE, 3RD FLOOR

City

OAKLAND

State

CA

Zip Code

94609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILDRENS ANESTHESIA MEDI-  
CAL GROUP

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 |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95909

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 13 / 42

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN CUPLIN

Mailing Address 14320 168TH AVE., N.E.

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MATRIX ANESTHESIA

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 |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95745

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MARK DAVIDSON

Mailing Address 4243 CREEK WATER CROSSING

City

FLOWERY BRANCH

State

GA

Zip Code

30542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES OF  
GAINESVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95609

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

LISA DRAKE

Mailing Address 655 COLEBROOK CT. N.W.

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMBULATORY ANESTHESIA SPE-  
CIALISTS, 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 |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.96004

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 14 / 42

(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)

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  
ANESTHESIA

Occupation

ANESTHESIOLOGISTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95838

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ENGLAND

Mailing Address 250 BEACON ST # 5

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS MED CTR

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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.95947

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW FISCHER

Mailing Address 5026 LAUDERDALE AVE.

City

VIRGINIA BEACH

State

VA

Zip Code

23455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95722

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 15 / 42

(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)

WAYNE FONG

Mailing Address 630 FIRST AVENUE  
#27-H

City State Zip Code  
NEW YORK NY 10016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PARK SLOPE ANESTHESIA ASS-  
OCIATES, 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  
0 1 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.95726

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY GLADSTEIN

Mailing Address 4664 MEADOW BLUFF LN.

City State Zip Code  
SUWANEE GA 30024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GWINNETT ANESTHESIA SERVI-  
CE, 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  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.95585

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM GOGLIN

Mailing Address 2119 CORTELYOU RD

City State Zip Code  
CHARLOTTE NC 28211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHEAST ANESTHESIA AND  
PAIN

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95897

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 16 / 42

(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)

RANDALL GOSKOWICZ

Mailing Address 5024 CHELTERHAM TERR.

City

SAN DIEGO

State

CA

Zip Code

92130

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  
0 1 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.95552

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM HALLOWES

Mailing Address 3216 DUNLAP DR.

City

GAINESVILLE

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC GVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95982

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

YUSUF HAMEED

Mailing Address 223 LYMAN HALL RD.

City

SAVANNAH

State

GA

Zip Code

31410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95995

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 17 / 42

(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)

MAURICE HART

Mailing Address 411 LAUREL #3170

City

DES MOINES

State

IA

Zip Code

50314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED CTR 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  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.95613

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

BRADLEY HAUGSTAD

Mailing Address 9623 42ND AVE.

City

PLEASANT PRAIRIE

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRADLEY N HAUGSTAD MD SC

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  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.95796

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES HEWELL

Mailing Address 519 WING LN

City

SAINT CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANE ANESTHESIA ASSOCIATE-  
S. S.C.

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  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.95741

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 18 / 42

(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)

BRADLEY HINDMAN

Mailing Address 26 RITA LYN CT.

City

IOWA CITY

State

IA

Zip Code

52245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF IOWA HOSPIT-  
ALS & CLINICS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95976

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.95882

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD HOFSTRA

Mailing Address 29160 KING ARTHUR CT

City

WESTLAKE

State

OH

Zip Code

44145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTGATE MEDICAL ANESTHES-  
IOLOGY

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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.95999

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 19 / 42

(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)

HOBSON HORNBuckle

Mailing Address 490 HARRISON RD

City

ROEBUCK

State

SC

Zip Code

29376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPARTANBURG REGIONAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95811

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN HUTCHINS

Mailing Address 501 20TH ST STE 606

City

KNOXVILLE

State

TN

Zip Code

37916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95974

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY IARUSSI

Mailing Address 1438 DYER AVE

City

CINCINNATI

State

OH

Zip Code

45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA GROUP PRACTICE  
BETHESDA NOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95665

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 20 / 42

(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 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  
WSTAA

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  
0 1 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.95661

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

JOEL JOHNSON

Mailing Address 2025 SOUTHERN LIGHT DR.

City

LINCOLN

State

NE

Zip Code

68512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, 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  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.95868

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

BABAK KHABIRI

Mailing Address 1489 BERKSHIRE RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO STATE DEPT OF ANESTH-  
ESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95695

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 21 / 42

(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)

ROGER KINKOR

Mailing Address 411 LAUREL ST STE 3170

City

DES MOINES

State

IA

Zip Code

50314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL CENTER ANESTHESIO-  
LOGISTS, 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  
0 1 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.95724

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ELLIOTT KLAIN

Mailing Address 2931 N. TENAYA WAY, SUITE #102

City

LAS VEGAS

State

NV

Zip Code

89128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT ANES. 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.95988

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ADAM KOVAC

Mailing Address 1147 W OHIO ST  
APT 305

City

CHICAGO

State

IL

Zip Code

60642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDWEST ANESTHESIOLOGY AS-  
SOCIATES

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  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.95707

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 22 / 42

(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 LALICH

Mailing Address 1501 S. LAKE GEORGE DR.

City

MISHAWAKA

State

IN

Zip Code

46545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH VALLEY ANESTHE-  
SIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

KRISTYNA LANDT

Mailing Address 3003 MEDINAH CT.

City

ATLANTA

State

GA

Zip Code

30341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDEPENDENT CONTRACTOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95886

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SEAN LEACH

Mailing Address 6410 S. 66TH ST.

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGI-  
STS, P.C.

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  
0 1 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.95809

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 23 / 42

(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)

MAXINE LEE

Mailing Address 5432 WOODCHUCK LN.

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACV, 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  
0 1 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.95580

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES LEVINE

Mailing Address 755 OAKWOOD DR.

City

RED LION

State

PA

Zip Code

17356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES OF  
YORK, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95895

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

GLORIA LEWIS

Mailing Address 501 20TH ST., SUITE #606

City

KNOXVILLE

State

TN

Zip Code

37916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED'ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95932

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 24 / 42

(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)

ROGER LOVEN

Mailing Address 925 ENGLISH OAK DRIVE

City

BISMARCK

State

ND

Zip Code

58501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. ALEXIUS HEART AND LUNG  
CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95742

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

PENNY LYNCH

Mailing Address 501 20TH ST., SUITE #606

City

KNOXVILLE

State

TN

Zip Code

37916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KNOXVILLE ANES 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.95928

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

RANDALL MALCHOW

Mailing Address 9137 CONCORD HUNT CIR

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95943

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 42

(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)

ANITA MALHOTRA

Mailing Address 3857 MEADOWBROOK BLVD

City

UNIVERSITY HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEVELAND CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95648

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JULIUS MAPALAD

Mailing Address 8418 N COLLEGE AVE

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95997

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

BRIAN MCCONNELL

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  
AMERICAN ANESTHESIOLOGY  
OF VIRGINIA

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  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.95603

Amount of Each Receipt this Period

300.00

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

800.00

**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 / 42

(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)  
COURTNEY MCKAY

Mailing Address PO BOX 1076

City State Zip Code  
GAINESVILLE GA 30503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC GVILLE

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95986

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
HOWARD MENDEL

Mailing Address 205 RALSTON DR

City State Zip Code  
MOUNT LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BURLINGTON ANESTHESIA ASS-  
OCIATES

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95903

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 12707 CRESTMOOR CIR

City State Zip Code  
PROSPECT KY 40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL CENTER ANESTHESIO-  
LOGISTS

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  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.95729

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 27 / 42

(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)

WILLIAM MURPHY

Mailing Address 10821 WEATHER VANE RD

City

HENRICO

State

VA

Zip Code

23238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOC. OF RICH-  
MOND, INC.

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.95854

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH NAPLES

Mailing Address 6565 FANNIN ST MC B452

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE METHODIST 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  
0 1 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.95697

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DANIEL NELSON

Mailing Address 45395 CHOCTA CIRCLE

City

INDIAN WELLS

State

CA

Zip Code

92210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RANCHO MIRAGE ANESTHESIA  
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  
0 1 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.95543

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 28 / 42

(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)

DOUGLAS OLIN

Mailing Address 5270 VISTA CLUB RUN

City

SANFORD

State

FL

Zip Code

32771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JLR 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  
0 1 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.95881

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

PARAG PANDYA

Mailing Address 210 ROYAL VW

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENEVA GENERAL HOSPITAL

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95747

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD PARK

Mailing Address 99 NOBSCOT ROAD

City

SUDBURY

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMONWEALTH ANESTHESIA  
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  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.95598

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 42

(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 PICONE

Mailing Address 427 SWAIN CT

City

BELLE MEAD

State

NJ

Zip Code

08502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULTANTS OF NJ

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95659

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC POURMAND

Mailing Address 1040 10TH ST APT 402

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHERIDAN HEALTHCORP, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95861

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE RANDALL

Mailing Address 6911 VAN DORN ST STE 2

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, 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  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.95822

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42

(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)

DEELLA RAY

Mailing Address 127 BAY RIDGE LOOP

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDSTATE MEDICAL ANES. SE-  
RVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 5 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95714

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE REYNOLDS

Mailing Address 501 20TH ST STE 606

City

KNOXVILLE

State

TN

Zip Code

37916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95968

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

GARY RING

Mailing Address 2356 WINGSONG LANE

City

ALLEN

State

TX

Zip Code

75013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GARY RING, M.D.

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 |
| 0 | 1 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: SA11AI.95806

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)  
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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)

JEFFREY ROBERTS

Mailing Address 1700 KENSINGTON DR.

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95931

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN ROGOSKI

Mailing Address 915 OLENTANGY RIVER RD STE 1000  
DEPT OF ANES

City

COLUMBUS

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSUMC

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  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.95709

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER ROOT

Mailing Address 3414 WHEAT ST

City

COLUMBIA

State

SC

Zip Code

29205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DORN VA MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95800

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)  
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FOR LINE NUMBER: PAGE 32 / 42

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DANNY SARTORE

Mailing Address 4009 SURRY PL. LN.

City

SPRINGFIELD

State

IL

Zip Code

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95539

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH SCHIANODICOLA

Mailing Address 218 CENTER ST

City

STATEN ISLAND

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK SLOPE ANESTHESIA ASS-  
OCIATES

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  
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.95599

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

KENNETH SEARS

Mailing Address 110 29TH AVENUE NORTH, SUITE 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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95926

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  
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FOR LINE NUMBER: PAGE 33 / 42

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN SENAL

Mailing Address 3752 N WAYNE AVE

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JONATHAN A SENAL SERVICE  
CORPORATION

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.95877

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

SCOTT SIEGEL

Mailing Address 18 MELANIE MNR

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS OF  
NJ

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  
0 1 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.95890

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JEAN SIMONSON

Mailing Address 924 20TH AVE. CIR.

City

BLAIR

State

NE

Zip Code

68008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEBRASKA ME-  
DICAL 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.95907

Amount of Each Receipt this Period

500.00

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

1300.00

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 / 42

(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)

DOUGLAS STEWART

Mailing Address 1214 RED ROAN LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES OF  
CINCINNATI

Occupation

ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95575

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL TAHIR

Mailing Address 5831 WRIGHT RD

City

NEW ORLEANS

State

LA

Zip Code

70128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TULANE UNIVERSITY ANESTHE-  
SIOLOGY

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  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.95607

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

DAMON TEMPLETON

Mailing Address 3507 LAKESTONE CT.

City

MARTINEZ

State

GA

Zip Code

30907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS OF  
AUGUSTA, LLC

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  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.95564

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

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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)

BRIAN THOMAS

Mailing Address 655 COLEBROOK COURT, NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGIA PERIOPERATIVE CON-  
SULTANTS, 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.96002

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH TUMAN

Mailing Address 1325 HACKBERRY LANE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUSH 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.96006

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY UNRUH

Mailing Address 21215 W 106TH ST

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY KANSAS MEDICAL  
CENTER

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  
0 1 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.95832

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 36 / 42

(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)

CHRISTOPHER WHITSON

Mailing Address PO BOX 1076

City

GAINESVILLE

State

GA

Zip Code

30583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC GVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES WILLIAMS

Mailing Address 503 CHESHIRE DR.

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES MED ALLI E TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95936

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS WILLIS

Mailing Address 209 UNIVERSITY MNR E

City

HERSHEY

State

PA

Zip Code

17033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILTON HERSHEY MED CTR

Occupation

ANESTHESIA RESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.95970

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 37 / 42

(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)

ROBERT WINHAM

Mailing Address PO BOX 1076

City

GAINESVILLE

State

GA

Zip Code

30503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC GVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.95984

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SARAH WITT

Mailing Address 52 MILLSTONE DRIVE

City

CONCORD

State

NH

Zip Code

03301

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  
0 1 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.95649

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER YOUNG

Mailing Address 7 CARRIAGE HILL

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY CONSULTANTS  
EXCHANGE

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  
0 1 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.95733

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) .....

39850.00

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

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

FOR LINE NUMBER: PAGE 38 / 42

(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)

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 ▼

32.39

Date of Receipt

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

Transaction ID: SA17.96022

Amount of Each Receipt this Period

32.39

INTEREST INCOME

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

32.39

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

32.39

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

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

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
CC/BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.96023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1292.52

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

1292.52

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

1292.52

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEW DEMOCRAT COALITON PAC

Mailing Address 700 13TH ST NW, STE 600

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2011 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

**Transaction ID:** SB23.96018

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E CEDAR AVE

City  
FLAGSTAFF

State  
AZ

Zip Code  
86004

Purpose of Disbursement  
2010 GENERAL DEBT RETIREMENT

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: AZ District: 01

**Transaction ID:** SB23.96021

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

PETE STARK RE-ELECTION COMM

Mailing Address P.O. BOX 8331

City  
FREMONT

State  
CA

Zip Code  
94537

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

**Transaction ID:** SB23.96020

Date of Disbursement

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

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)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City  
BURLINGTON

State  
VT

Zip Code  
05402

Purpose of Disbursement  
AT-LARGE

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VT

District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.96016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

10000.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |  |  |  |
|---|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE |  |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00255752</div>  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice        |  |  |  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>THE PUBLIC RESPONSE GROUP INC              |  |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M<br/>01</div> <div style="border: 1px solid black; padding: 2px;">D<br/>06</div> <div style="border: 1px solid black; padding: 2px;">Y<br/>2011</div> </div> |  |
| Mailing Address<br>12400 S HARLEM AVE 2ND FL NW   |  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">7965.00</div>   |  |
| City<br>PALOS HEIGHTS   |  | State<br>IL  | Zip Code<br>60463  |  |
| Purpose of Expenditure<br>RADIO/PRODUCTION  |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BOBBY BRIGHT                  |  |  | <b>Transaction ID:</b> SE.96014<br>Office Sought: <input checked="" type="checkbox"/> House State: <u>AL</u><br><input type="checkbox"/> Senate District: <u>02</u><br><input type="checkbox"/> Presidential   |  |
|   |  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
|   |  |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010   |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">7965.00</div>   |  |

|   |   |
|---|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....  | <div style="border: 1px solid black; padding: 2px;">7965.00</div>   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....  | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>  |
| (c) <b>TOTAL</b> Independent Expenditures .....   | <div style="border: 1px solid black; padding: 2px;">7965.00</div>   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |   |
| THOMAS CONWAY<br>_____<br>Signature   | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M<br/>02</div> <div style="border: 1px solid black; padding: 2px;">D<br/>18</div> <div style="border: 1px solid black; padding: 2px;">Y<br/>2011</div> </div> |