

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

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different
than previously
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2008

through

02

29

2008

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

Type or Print Name of Treasurer

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

03

14

2008

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)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		1160205.04
(b) Cash on Hand at Beginning of Reporting Period	1248733.07	
(c) Total Receipts (from Line 19)	138934.39	271902.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1387667.46	1432107.72
7. Total Disbursements (from Line 31)	112760.36	157200.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1274907.10	1274907.10
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	105575.00	210500.00
(i) Itemized (use Schedule A)	29405.00	53075.00
(ii) Unitemized	134980.00	263575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	134980.00	263575.00
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.)	3954.39	8327.68
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))	138934.39	271902.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	138934.39	271902.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106000.00	149000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6760.36	8200.62
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))..	112760.36	157200.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112760.36	157200.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	134980.00	263575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	134980.00	263575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 118

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMR ABOUTLEISH

Mailing Address 4303 EVERGREEN ELM CT

City

HOUSTON

State

TX

Zip Code

77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59766

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MATTHEW ACKERT

Mailing Address 24 REVERE RD

City

MANHASSET

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARITAS 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60286

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID ADAMS

Mailing Address 4000 SPEAR ST

City

CHARLOTTE

State

VT

Zip Code

05445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60298

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 7 / 118

(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)

JASON ADAMS

Mailing Address 55 GUNTHER COURT

City

SALINE

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
ANN ARBOR

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 2 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.59354

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK ADAMS

Mailing Address 19010 ASHBOURNE LN

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59785

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SEAN ADAMS

Mailing Address 3123 AVIARA COURT

City

NAPERVILLE

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANESTHESIOLOGISTS

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59506

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 118

(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 ADKINS

Mailing Address 2901 N CENTRAL #500

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60455

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

HOWARD ALBERT

Mailing Address 3938 GLENDENNING RD

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
HINSDALE ANESTHESIA ASSOC-
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.59611

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARK ALLEY

Mailing Address 3805 LOCHWOOD RD

City

KINGSPORT

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLSTON ANES ASSOC

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60206

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 118

(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)

ERIC AMADOR

Mailing Address 5323 ORCHARD PARK LN

City

GOLETA

State

CA

Zip Code

93111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP SANTA BARB

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60352

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER AMBROZE

Mailing Address 262 BREAD & CHEESE

City

NORTHPORT

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60121

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHARLES ANDERSON

Mailing Address 60975 BILLADEAU ROAD

City

BEND

State

OR

Zip Code

97702

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEND ANESTHESIOLOGY 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 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.59832

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN ANDREWS

Mailing Address 7703 FLOYD CURL DR

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT HEALTH SCI CTR

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60409

Amount of Each Receipt this Period

250.00

B.

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
PHYS ANESTH 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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60062

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANTOINETTE APPLING

Mailing Address 5 MONTGOMERY PLACE

City

DECATUR

State

IL

Zip Code

62522

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANGAMON ASSOC.ANESTHESIO-
LOGISTS.S.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59885

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 118

(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)

MIGUEL ARRIETA

Mailing Address 161 THOMPSON GROVE

City

MANALAPAN

State

NJ

Zip Code

02226

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59740

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HELENE AUGUSTIN

Mailing Address 207 MILL VALLEY RUN

City

LAFAYETTE

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
HSU MED SCHL

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59917

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARK BAKER

Mailing Address 4998 REYNOLDS LN

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES RESOURCES MGT

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60003

Amount of Each Receipt this Period

500.00

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 12 / 118

(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 BALDONE

Mailing Address 106 RANDOM OAKS LN

City

MANDEVILLE

State

LA

Zip Code

70448

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT 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 Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59810

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GREGORY BARNETT

Mailing Address 1201 EAST LAKE DRIVE

City

SPRINGFIELD

State

IL

Zip Code

62712

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANGAMON ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.59606

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW BARTON

Mailing Address 244 HOLGERSON RD

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLALLAM ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 118

(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)

STUART BASS

Mailing Address P.O. BOX 1447

City

PHOENIX

State

AZ

Zip Code

85252

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60462

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD BATCHELET

Mailing Address 705 CHELSEA DR

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCHESTER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60155

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DEWITT BATEMAN

Mailing Address 9050 AIRLINE HWY

City

BATON ROUGE

State

LA

Zip Code

70815

FEC ID number of contributing
federal political committee.

C

Name of Employer
LA ANESTH GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60288

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 14 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID BECKER

Mailing Address 4327 E NORTH LN

City

PHOENIX

State

AZ

Zip Code

85028

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60460

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BRION BEERLE

Mailing Address PO BOX 212289

City

ANCHORAGE

State

AK

Zip Code

99521

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHUGACH ANESTHESIA, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.59830

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TIM BEGER

Mailing Address 6114 E MONTECITO

City

SCOTTSDALE

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSULT

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60453

Amount of Each Receipt this Period

500.00

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 15 / 118

(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)

FRANK BEMIS

Mailing Address 700 REYNOLDS PL

City

VESTAVIA HILLS

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60251

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TOM BEN'S

Mailing Address 720 THORNAPPLE DR

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59783

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID BERGER

Mailing Address 7 SANDRA CT

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60167

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 16 / 118

(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)

HOWARD BERNSTEIN

Mailing Address 11 PINE GLEN DRIVE

City

BLAUVELT

State

NY

Zip Code

10913

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT. SINAI SCHOOL OF MEDIC-
INE

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59896

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHESTER BEYER

Mailing Address 577 POLLY ROAD

City

SUNNYVALE

State

TX

Zip Code

75182

FEC ID number of contributing
federal political committee.

C

Name of Employer
PORTER, SONE AND ASSOCIAT-
ES

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 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.59620

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARK BIGALKE

Mailing Address 3715 WAUNA VISTA DR

City

VANCOUVER

State

WA

Zip Code

98661

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA ANESTH GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60063

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 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH BILLIG

Mailing Address P.O. BOX 96

City

VAIL

State

CO

Zip Code

81658

FEC ID number of contributing
federal political committee.

C

Name of Employer
VAIL VALLEY ANES

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60467

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN BILLINGS

Mailing Address 1915 LUKER DR

City

CASPER

State

WY

Zip Code

82609

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59461

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SRINIVAS BOLLIMPALLI

Mailing Address 2901 N CENTRAL AVE #500

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

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	2	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.59660

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 18 / 118

(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)

DOUGLAS BORG

Mailing Address 7005 MIRA VISTA BLVD

City

FT WORTH

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
COOK CHILDRENS PHYS

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	2	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.59556

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN BORNSTEIN

Mailing Address 4330 MEADOWVIEW PL

City

ENCINO

State

CA

Zip Code

91436

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	2	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.59473

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT BOSSARD

Mailing Address 17210 MEADOW TREE CIRCLE

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA CONSU-
LTANTS

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	2	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.59586

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 118

(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 BOSSARD

Mailing Address 17210 MEADOW TREE CIRCLE

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA PARTN-
ERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.60149

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LISA BOWERS

Mailing Address 1470 PLACE PICARDY

City

WINTER PARK

State

FL

Zip Code

32789

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 Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60119

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LOIS BREADY

Mailing Address 7703 FLOYD CURL DR MC7838

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTHSCSA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59700

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 118

(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 BRENNAN

Mailing Address 8015 GREENWICH WOODS

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
CERTIFIED ANES 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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59851

Amount of Each Receipt this Period

250.00

B.

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

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60364

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KURT BRIESACHER

Mailing Address 1106 BYRNWYCK ROAD

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA, P

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 2 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.59365

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 21 / 118

(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)

ROMUALDAS BRIZGYS

Mailing Address 14529 EVANS LN

City

SARATOGA

State

CA

Zip Code

95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALO ALTO FOUND 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 Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.59558

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GRAIL BROOKSHIRE

Mailing Address 1960 REMSEN CT

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT ANESTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59458

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES BUESE

Mailing Address 100 W CALIFORNIA BLVD

City

PASADENA

State

CA

Zip Code

91105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59550

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 22 / 118

(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 BUFFO

Mailing Address 1550 BOYSON RD

City

HIAWATHA

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
LCA

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59872

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

REGINALD BULKLEY

Mailing Address 104 S FOX MILL LN

City

SPRINGFIELD

State

IL

Zip Code

62712

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANES SPRINGFIELD

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60102

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANGUS BURNS

Mailing Address 5300 HAWLEY RD

City

THE DALLES

State

OR

Zip Code

97058

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60399

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 / 118

(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 BURRIS

Mailing Address 3615 WOODED CRK CIR

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59796

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

RICHARD BUSH

Mailing Address 132 SLEEPY POINT WAY

City

SUFFOLK

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESAPEAKE ANES

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60110

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARINO CAMAIONI

Mailing Address 9317 S ALDER DR

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABC ANESTH

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60458

Amount of Each Receipt this Period

250.00

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 24 / 118

(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)

JAMES CANNON

Mailing Address 1015 SALIM PL

City

LEMONT

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59774

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOAQUIN CANTILLO

Mailing Address 703 WORTHINGTON MILL RD

City

RICHBORO

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRENTON ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59732

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CURTIS CARL

Mailing Address 916 WILDWOOD

City

E LANSING

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS ANESTH 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 Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59468

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 25 / 118

(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)

IAN CHAIT

Mailing Address 1430 CATALINA AVE

City

SEAL BEACH

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIED ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59913

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BRENT CHILD

Mailing Address 1287 WOODLAND CT

City

FARMINGTON

State

UT

Zip Code

84025

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59433

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY CHILDES

Mailing Address 219 WATERFORD DR

City

INMAN

State

SC

Zip Code

29349

FEC ID number of contributing
federal political committee.

C

Name of Employer
WATERFORD ANES

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60471

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 26 / 118

(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)

WILLIAM CIESLA

Mailing Address 311 WILLOW RUN CT

City

MILLERSVILLE

State

MD

Zip Code

21108

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEVERN ANES SERV

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	2	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.59696

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY CLARK

Mailing Address 520 VERNON DR SE

City

CEDAR RAPIDS

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59719

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY CLAYTON

Mailing Address 3315 WATT AVE

City

SACRAMENTO

State

CA

Zip Code

95821

FEC ID number of contributing
federal political committee.

C

Name of Employer
CASE MEDICAL GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.59860

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 118

(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)

RICHARD COCHRANE

Mailing Address 215 MEADOWOOD PL

City

VADNAIS HTS

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITY ANESTH

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KELLY CONATY

Mailing Address 2305 LONGLEAF WAY

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES, P.C.

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 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.60143

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KATHLEEN CONNOR

Mailing Address 20 ASH ST

City

WESTON

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59729

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 118

(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)

SUZANE COOPER

Mailing Address 1014 DELLWOOD DR

City

TALLADEGA

State

AL

Zip Code

35160

FEC ID number of contributing
federal political committee.

C

Name of Employer
TALLADEGA ANES GRP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59928

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

F A COPELAND

Mailing Address 397 MADISON ST

City

DENVER

State

CO

Zip Code

80206

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO DENVER ANES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59963

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CRIS COWLEY

Mailing Address 6985 CANYON CREEK CIR

City

SALT LAKE CITY

State

UT

Zip Code

84121

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 Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60103

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 29 / 118

(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)

REGINALD CPARA

Mailing Address 24410 N 85TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60426

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KENNETH CRANE

Mailing Address 12891 S 150 E

City

CLINTON

State

IN

Zip Code

47842

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59981

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DEBORAH CREATH

Mailing Address 3823 BRIGHTON CRK CIR

City

TYLER

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer
E TX ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59781

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 30 / 118

(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 CRISPELL

Mailing Address 425 PINE RIDGE BLVD #211

City

WAUSAU

State

WI

Zip Code

54401

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL WI ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59440

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BRIAN CROSS

Mailing Address P.O. BOX 3010

City

TUSTIN

State

CA

Zip Code

92781

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID A CROSS

Mailing Address 5483 DENMANS LOOP

City

BELTON

State

TX

Zip Code

76513

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT AND WHITE MEMORIAL
HOSPITAL AND

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.60141

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 31 / 118

(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)

STEVE CROY

Mailing Address 20 ENDICOTT LN

City

HIGHWOOD

State

IL

Zip Code

60040

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULTANTS

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59736

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CHRIS CUCITI

Mailing Address 7631 SAN MATEO LANE

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

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 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.59637

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RUDY ANTHONY CUETO

Mailing Address 9104 WHISPERING PINES DRIVE

City

SALINE

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
ANN ARBOR

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 2 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.59511

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 32 / 118

(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)

KIMBERLEY CULP

Mailing Address W6025 RIM OF THE CITY RD

City

LA CROSSE

State

WI

Zip Code

54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUNDERSEN LUTHERAN

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 2 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.59590

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK DAGOSTINO

Mailing Address 8714 WOOLWORTH AVENUE

City

OMAHA

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA WEST, 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 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.59633

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT DAY

Mailing Address 937 E HAVERFORD RD #204

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAS

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.60191

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 33 / 118

(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)

STANLEY DENNISON

Mailing Address 1921 W MLK JR BLVD

City

TAMPA

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED PAIN CARE

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59738

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH DEVINE

Mailing Address 340 KUHN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60395

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RALPH DIMINYATZ

Mailing Address 12711 BIOLA AVE

City

LA MIRADA

State

CA

Zip Code

90638

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60370

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 34 / 118

(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)

H A DORSEY

Mailing Address 3850 E HUBER ST #1

City

MESA

State

AZ

Zip Code

85205

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAVAMC

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60044

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHRISTINE DOYLE

Mailing Address 2077 WALNUT GROVE AVE

City

SAN JOSE

State

CA

Zip Code

95128

FEC ID number of contributing
federal political committee.

C

Name of Employer
COAST ANES MED GRP

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59990

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY DOYLE

Mailing Address 16 HOWES PINEVIEW DR

City

OGDENSBURG

State

NY

Zip Code

13669

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60374

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 35 / 118

(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)

JEFF DRAWBOND

Mailing Address 4790 215TH ST

City

AMES

State

IA

Zip Code

50014

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCFARLAND 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	2		0	6		2	0	0	8

Transaction ID: SA11AI.59401

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SUZANNE DREWSSEN

Mailing Address 6106 E SHANGRI-LA RD

City

SCOTTSDALE

State

AZ

Zip Code

85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK CENTRAL ANES

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.60204

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

BRUCE DURKEE

Mailing Address 1900 SWIFT #203

City

KANSAS CITY

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHLAND ANESTH

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	2		2	6		2	0	0	8

Transaction ID: SA11AI.60011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 118

(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 EGAN

Mailing Address 13601 PRESTON RD#900W

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60130

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN ERICKSON

Mailing Address 1008 FAIR OAKS

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF CHICAGO

Occupation

TEACHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59575

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY ESSER

Mailing Address 10487 DEERPATH S

City

TRAVERSE CITY

State

MI

Zip Code

49684

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRAVERSE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59704

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 37 / 118

(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)

CARLOS ESTRADA

Mailing Address 300 AVE LA SIERRA #110

City

SAN JUAN

State

PR

Zip Code

00926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59942

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES FARMEIR

Mailing Address 64 QUARRY LODGE

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC NEW HAVEN

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59787

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

THOMAS FELTON

Mailing Address 2801 W KINNICKINNIC RIVER

City

MILWAUKEE

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAW

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60026

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 38 / 118

(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)

MARK FENDER

Mailing Address 14718 FOXBORO CT

City

HOLLAND

State

MI

Zip Code

49424

FEC ID number of contributing
federal political committee.

C

Name of Employer
MACATAWA 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 Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59683

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DENNIS FORBES

Mailing Address 911 CAMDEN AVE

City

SALISBURY

State

MD

Zip Code

21801

FEC ID number of contributing
federal political committee.

C

Name of Employer
TIDEWATER ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59723

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

W. RODGER FUNDERBURG

Mailing Address 910 ROCKY HILLS CV. N.

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN ANESTHESIA
ALLIANCE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.59602

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 118

(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)

SCOTT GAMMEL

Mailing Address P.O. BOX 60475

City

LAFAYETTE

State

LA

Zip Code

70596

FEC ID number of contributing
federal political committee.

C

Name of Employer
A&PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59647

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL GARCIA

Mailing Address 3231 FOUNTAIN BLVD

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL PED ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59717

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM GARRETT

Mailing Address 2523 VISTA PL SE

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN GERSCHULTZ

Mailing Address 3602 COURTSIDE CIR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60321

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JACK GILDAR

Mailing Address 13720 N 85TH PL

City

VALLEY ANESTH

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59812

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD GILLERMAN

Mailing Address 6 LORIMAR LN

City

REHOBOTH

State

MA

Zip Code

02769

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE ANESTH

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59775

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 41 / 118

(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)

HAROLD GOLL

Mailing Address 8528 HUNTSRING DR

City

LUTHERVILLE

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAA

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59910

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DIEGO GONZALEZ

Mailing Address 4401 MASTHEAD ST NE #120

City

ALBUQUERQUE

State

NM

Zip Code

87109

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59702

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHARLES GOODMAN

Mailing Address 1304 GRAYSON RD

City

WILMINGTON

State

DE

Zip Code

19803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MED BUSINESS SOLUTIONS

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59764

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 42 / 118

(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)

LAWRENCE GORFINE

Mailing Address 2290 TENTH AVE N #600

City

LAKE WORTH

State

FL

Zip Code

33461

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 Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60376

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MORTON GREEN

Mailing Address P.O. BOX 40506

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIANA UNIV ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.59554

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

RICHARD GREEN

Mailing Address 1651 VIEWCREST DR

City

BOUNTIFUL

State

UT

Zip Code

84010

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 Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59949

Amount of Each Receipt this Period

250.00

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 43 / 118

(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)

PHILIP GREIDER

Mailing Address 7428 MULHOLLAND DR

City

LOS ANGELES

State

CA

Zip Code

90046

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES GRIFFIN

Mailing Address P.O. BOX 230

City

WAKEFIELD

State

RI

Zip Code

02880

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60335

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRETT GUTSCHE

Mailing Address 1515 ASHBY RD

City

PAOLI

State

PA

Zip Code

19301

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF PA MED CTR

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	2	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.59808

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 118

(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)

STEPHEN HALL

Mailing Address 15 VALLEY VIEW DR

City

S HADLEY

State

MA

Zip Code

01075

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPRINGFIELD ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KEVIN HAM

Mailing Address 125 GAY THOMPSON DR

City

CANTON

State

GA

Zip Code

30115

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSIDE CHEROKEE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.60013

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FORREST HAMON

Mailing Address 1621 E CALLE DE CABALLOS

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60456

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 45 / 118

(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)

SUZANNE HARRISON

Mailing Address 11452 BLACK FOREST DR

City

SANDY

State

UT

Zip Code

84094

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59950

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ANDREW HART

Mailing Address 60 BAIRD ST

City

ASHEVILLE

State

NC

Zip Code

28801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASHEVILLE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59725

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ANNE HARTNEY-BAUCOM

Mailing Address 5671 PEACHTREE DUNWOODY RD
STE 530

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA, P

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 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.59643

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN HATRIDGE

Mailing Address 8140 N MOPAC EXPWY

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60194

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RICKARD HAWKINS

Mailing Address 670 BRIARLEIGH WAY

City

WOODSTOCK

State

GA

Zip Code

30189

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBULATORY ANESTHESIA OF
ATLANTA

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 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.59828

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

STEVEN HAYES

Mailing Address 5076 IVYBRIDGE DR

City

LEXINGTON

State

KY

Zip Code

40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 118

(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)

DANIEL HEFLIN

Mailing Address 1332 DEEPWELL DR

City

STOCKTON

State

CA

Zip Code

95209

FEC ID number of contributing
federal political committee.

C

Name of Employer
STOCKTON ANES MED GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60031

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JIRI HEGER

Mailing Address P.O. BOX 1142

City

BILLINGS

State

MT

Zip Code

59103

FEC ID number of contributing
federal political committee.

C

Name of Employer
BILLINGS ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60135

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANN LOUISE HIGGINS

Mailing Address 860 BLANCH AVE

City

NORWOOD

State

NJ

Zip Code

07648

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59422

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 48 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY HILL

Mailing Address 10240 CROSBY RD

City

HARRISON

State

OH

Zip Code

45030

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV ANES ASSOC UNIV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59882

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ERNEST HOECKEL

Mailing Address 412 HIGH POINTE DR

City

GRAND JUNCTION

State

CO

Zip Code

81503

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSUL W CO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60343

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS HOLCOMB

Mailing Address 1755 KIRBY PKWY

City

MEMPHIS

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTH GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60095

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 49 / 118

(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 HOLDEN

Mailing Address 2901 N CENTRAL AVE #500

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60105

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GLEN HOLLEY

Mailing Address 2104 PENINSULA DR

City

FLOWER MOUND

State

TX

Zip Code

75022

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60368

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID HOLTZCLAW

Mailing Address 3640 RALSTON AVE

City

HILLSBOROUGH

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59960

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 50 / 118

(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)

ROBERT HOOLSEMA

Mailing Address 6306 HILLVIEW WAY

City

MISSOULA

State

MT

Zip Code

59803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MISSOULA ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60240

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM HORTON

Mailing Address 104 ROCK CREEK DR

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALMETTO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60314

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY HUANG

Mailing Address 1214 E CONCORD ST

City

ORLANDO

State

FL

Zip Code

32803

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS OF GREA-
TER ORLANDO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59817

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 51 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH IMANAKA

Mailing Address 1100 BLACK WOOD PL

City

MODESTO

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOULD MED GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER JANSSEN

Mailing Address 91 LONGWOOD DR

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARISH ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60171

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES JAWORSKI

Mailing Address 2135 TERRA VISTA AVE

City

MCKINLEYVILLE

State

CA

Zip Code

95519

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60046

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 52 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN JENKINS

Mailing Address 3232 BLEINHEIM WAY

City

LEXINGTON

State

KY

Zip Code

40503

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59731

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID JOLY

Mailing Address 1210 WIND FIELD CT

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH SERV NETWORK

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59930

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FREDERICK JONES

Mailing Address 2148 CHANCELLOR CV

City

NESBIT

State

MS

Zip Code

38651

FEC ID number of contributing
federal political committee.

C

Name of Employer
MID SOUTH ANES CONSUL

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60235

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 53 / 118

(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)

MONICA JONES

Mailing Address 4465 WEBB RD

City

CHATTANOOGA

State

TN

Zip Code

37416

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT EXCH

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	2	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.59721

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILL KENDRICK

Mailing Address 110 29TH AVE N #201

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG

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	2	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.59407

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SCOTT KERCHVILLE

Mailing Address 14 ETON GREEN CIRCLE

City

SAN ANTONIO

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTHSCSA

Occupation

ANESTHESIOLOGISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.59394

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN KINKEAD

Mailing Address 1776 MCCONNELL DRIVE

City

WILLIAMSPORT

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOC. OF WILL-
IAMSPORT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59356

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GERALD KIRK

Mailing Address 12543 GLENDURGAN DR

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSIDE ANESTHESIA, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59823

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

OLEN KITCHINGS

Mailing Address 4303 HIGH BLUFF CIR

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCOTT & WHITE CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.60217

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 118

(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 KLEMM

Mailing Address 683 BELVEDERE DR

City

BENICIA

State

CA

Zip Code

94510

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERMANENTE MED GRP

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60259

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

HEIDI KOENIG

Mailing Address 507 RIDGEWOOD RD

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF LOUISVILLE

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59498

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TONG-CHUI KOH

Mailing Address 2801 W KINNICKINNIC #453

City

MILWAUKEE

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC WISCONSIN

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60087

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 56 / 118

(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)

JANE KUGLER

Mailing Address 9739 FIELDCREST DR

City

OMAHA

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHILDRENS HOSP

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 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.59541

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

IRA KUPFERBERG

Mailing Address P.O. BOX 680916

City

PRATTVILLE

State

AL

Zip Code

36068

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59867

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARY KUSSMAN

Mailing Address 4705 HEATHERSTONE COURT

City

COLUMBIA

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MISSOURI

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 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.59568

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 57 / 118

(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)

ANDRE KWA

Mailing Address 1859 OAKBROOK DRIVE

City

LONGWOOD

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS OF GREATER ORLANDO

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59844

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHUN KWAN

Mailing Address 18801 OTTERCREEK DR

City

EDMOND

State

OK

Zip Code

73003

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60315

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DANIAL LAIRD

Mailing Address 4575 DEAN MARTIN DR #3003

City

LAS VEGAS

State

NV

Zip Code

89103

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'CALLAGHAN FED HOSP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60258

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 118

(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 LAM

Mailing Address 23600 CAMINO HERMOSO DR

City

LOS ALTOS HILLS

State

CA

Zip Code

94024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59675

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES LANGDON

Mailing Address 3600 MALONEY RD

City

KNOXVILLE

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY ANESTHESIOLOGY

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.60200

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH LAU

Mailing Address 6911 VAN DORN #2

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60228

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 118

(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)

CHRISTOPH LAUBER

Mailing Address MITTLERE GSTUECKTSTR. 14A

City

BUELACH

State

AE

Zip Code

08180

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPITAL BUELACH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.59598

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

STUART LAZAROV

Mailing Address 1900 EXETER RD #210

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59887

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DAVID LEE

Mailing Address 1021 SAVILE LN

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOMINION 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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 118

(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)

MARC LEIB

Mailing Address P.O. BOX 44527

City

PHOENIX

State

AZ

Zip Code

85064

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 Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60428

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN LEVELLE

Mailing Address 1091 KNOX RIDGE

City

ATHENS

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CENTER ANESTHESIO-
LOGISTS OF AT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.59383

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARC LEVI

Mailing Address 1113 GREENWOOD RIDGE

City

BEL AIR

State

MD

Zip Code

21014

FEC ID number of contributing
federal political committee.

C

Name of Employer
N CHESAPEAKE ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59715

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 61 / 118

(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)

KEITH LONG

Mailing Address 24 OAK ST

City

BELMONT

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCHESTER ANES

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59768

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER LOUX

Mailing Address 1606 DRAKE AVE SE

City

HUNTSVILLE

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE ANESTHESIA
SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59592

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WALTER SCOTT LYKINS

Mailing Address 11018 HWY 62

City

CALVERT CITY

State

KY

Zip Code

42029

FEC ID number of contributing
federal political committee.

C

Name of Employer
PURCHASE 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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59779

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 62 / 118

(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)

ADELE LYNAGH

Mailing Address 113 GREENLEAF LN

City

EASLEY

State

SC

Zip Code

29642

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITOL ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60281

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JENNIE MACE

Mailing Address P.O. BOX 369

City

MELROSE

State

FL

Zip Code

32666

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF FL

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59413

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS MACLEAR

Mailing Address 308 CORNELL DR

City

LAKE WORTH

State

FL

Zip Code

33460

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN PAIN INST

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60250

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 63 / 118

(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)

MYRTICE MACON

Mailing Address 4343 QUARTON RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROSSE POINTE ANES

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60253

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GARY MANNING

Mailing Address 4106 OBERLIN ST

City

HOUSTON

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60324

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RANDY MARCEL

Mailing Address 592 N COLLINS RD

City

MESQUITE

State

TX

Zip Code

75182

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXCEL

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60468

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 64 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN MARTY

Mailing Address 146 PEG SHOP RD

City

KEENE

State

NH

Zip Code

03431

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESHIRE 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60231

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SCOTT MAXWELL

Mailing Address 4200 WEST MEMORIAL ROAD
SUITE 703

City

OKC

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTHESIOLOGI-
STS INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.59632

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

AUBREY MAZE

Mailing Address 2901 N CENTRAL #500

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60431

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 65 / 118

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☒ 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)

JAMES MCGRATH

Mailing Address 5715 SANDERS

City

LAGRANGE

State

IL

Zip Code

60525

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUBURBAN ANESTHESIOLOGISTS

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 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.59589

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ANDRES MELENDEZ-DEDOS

Mailing Address P.O. BOX 367228

City

SAN JUAN

State

PR

Zip Code

00936

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANDRES MELENDEZ-DEDOS

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59938

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HOWARD MENDEL

Mailing Address 12 LUCERNE CT

City

CHERRY HILL

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

BURLINGTON 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60256

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 66 / 118

(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)

JAMES MESROBIAN

Mailing Address 827 E. BIRCH AVENUE

City

WHITEFISH BAY

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT ANESTHESIOLOGY, LT-D.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.60145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MIECZYSLAW MIDURA

Mailing Address 41 83RD ST

City

BROOKLYN

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC BAY RIDGE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60305

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRIAN MILLS

Mailing Address 4105 W 123RD ST

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60112

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 67 / 118

(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)

JULIAN MIRMAN

Mailing Address 220 S CITRUS AVE

City

LOS ANGELES

State

CA

Zip Code

90036

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59423

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CARLOS MORENO

Mailing Address P.O. BOX 548

City

CENTREVILLE

State

MI

Zip Code

49032

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST MARY'S HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.59548

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

PHILLIP MOSS

Mailing Address 5321 W MISTY WILLOW LN

City

GLENDALE

State

AZ

Zip Code

85310

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH MED

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PETER MULAİKAL

Mailing Address 11000 NACIREMA LN

City

STEVENSON

State

MD

Zip Code

21153

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARKWAY ANESTH

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59435

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MIHAI MURARESCU

Mailing Address 1640 OAK AVE

City

BOULDER

State

CO

Zip Code

80304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59677

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BRENT MURDOCK

Mailing Address 6036 FOOTHILL DR

City

HIGHLAND

State

UT

Zip Code

84003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59470

Amount of Each Receipt this Period

500.00

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 69 / 118

(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 PAUL MURPHY

Mailing Address 10821 WEATHER VANE ROAD

City

RICHMOND

State

VA

Zip Code

23238

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF
RICHMOND

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59840

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID MYERS

Mailing Address 27 REGENTS PARK

City

E AMHERST

State

NY

Zip Code

14051

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGIST

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59915

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NORAH NAUGHTON

Mailing Address 3621 S STATE ST 700 KMS

City

ANN ARBOR

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF MICHIGAN

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60085

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 70 / 118

(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)

DANIEL NGUYEN

Mailing Address 212 BIRCH ST

City

BOONE

State

NC

Zip Code

28607

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAA

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60277

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LUU NGUYEN

Mailing Address 9024 FT CRAIG DR

City

BURKE

State

VA

Zip Code

22015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL FACULTY ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60180

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARIA O'NEILL

Mailing Address 851 REVERE DR

City

ST LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
OBSTETRICAL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59727

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 118

(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 OLIVARES

Mailing Address 5913 QUINTA REAL CT

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60066

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PHILIP OWEN

Mailing Address 5130 HUNTERS CHASE RD

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer
MESILLA VALLEY ANES

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59979

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SCOTT PACIFIC

Mailing Address 37 ELLSWORTH DR

City

WARREN

State

NJ

Zip Code

07059

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT MEDICAL GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59523

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 72 / 118

(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)

BARBARA PAGE

Mailing Address 900 PEELER ST

City

KALAMAZOO

State

MI

Zip Code

49003

FEC ID number of contributing
federal political committee.

C

Name of Employer
KALAMAZOO 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60273

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROGERIO PARREIRA

Mailing Address 6470 OLD SHADBURN FERRY

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
GWINNETT ANES 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60270

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANDREW PATE

Mailing Address 2059 SKYHAWK CT

City

MT PLEASANT

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARLESTON ANES GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60360

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 73 / 118

(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)

THALES PAVLATOS

Mailing Address 2790 KILKENNY DR

City

SPRINGFIELD

State

OH

Zip Code

45503

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERCY 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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60083

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT PEASE

Mailing Address 3300 PROVIDENCE DR #207

City

ANCHORAGE

State

AK

Zip Code

99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAAMG

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60230

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

W C PETERSON

Mailing Address 1954 E FORT UNION #111

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANES

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60017

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 74 / 118

(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)

CREIGHTON PICKETT

Mailing Address 500 THROCKMORTON ST

City

FT WORTH

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSTAR 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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60212

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

HAROLD PIERCE

Mailing Address 12740 S 14TH CIR

City

JENKS

State

OK

Zip Code

74037

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHCREST HOSP

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	2	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.59713

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GREGORY PORTER

Mailing Address 115 HIGH ST

City

GRASS VALLEY

State

CA

Zip Code

95945

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA AMBULATORY SURGERY

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60327

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN PORTER

Mailing Address 217 E 96TH ST #23G

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT SINAI MED CTR

Occupation

ANESTHESIA RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60107

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PAUL POST

Mailing Address 70265 COUNTY RD 18

City

SCOTTSBLUFF

State

NE

Zip Code

69361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60262

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT POWERS

Mailing Address P.O. BOX 7288

City

LITTLE ROCK

State

AR

Zip Code

72217

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60389

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 76 / 118

(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)

EDWARD PREJEAN

Mailing Address 9706 VALLEY LAKE CT

City

IRVING

State

TX

Zip Code

75063

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTSW 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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60294

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WILLIE QUON

Mailing Address 8710 S COLLEGE LN

City

TEMPE

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
CANYON STATE ANES

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60435

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NATHAN RACHMAN

Mailing Address 1241 KILLARNEY DR

City

ORMOND BEACH

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALIFAX ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59653

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 77 / 118

(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)

TRELVIS RAGIN

Mailing Address 9610 GREENBANK DR

City

RIVERVIEW

State

FL

Zip Code

33569

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59734

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ANN REA

Mailing Address P.O. BOX 888

City

MCCOMB

State

MS

Zip Code

39649

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59543

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BRENT REICH

Mailing Address 4467 RIDGEWOOD LANE SOUTH

City

BILLINGS

State

MT

Zip Code

59106

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA PARTNERS OF MO-
NTANA

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	2	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.59371

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 78 / 118

(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 RENCK

Mailing Address 11041 N MOFFAT RD

City

MEAD

State

WA

Zip Code

99021

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMP HEALTH

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60308

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

THOMAS RICK

Mailing Address 1518 E VILLA MARIA DR

City

PHOENIX

State

AZ

Zip Code

85022

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60029

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID RITTER

Mailing Address 6234 NW 23RD TER

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59495

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 79 / 118

(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)

MELISSA ROCKFORD

Mailing Address 17507 W. 83RD TERR.

City

LENEXA

State

KS

Zip Code

66219

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF KANSAS PHYS-
ICIANS 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	2	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.59628

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RICHARD ROMERO

Mailing Address 1601 E 19TH AVE #5610

City

DENVER

State

CO

Zip Code

80218

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC ANES CONSUL

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	2	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.59975

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROBERT ROSEN

Mailing Address 1838 PARK ST N

City

ST PETERSBURG

State

FL

Zip Code

33710

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	2	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.60365

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 80 / 118

(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 ROSENFELD

Mailing Address 117 E MAIN ST #4

City

MARION

State

VA

Zip Code

24354

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMYTH ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59985

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RANDY ROSETT

Mailing Address 13611 ELENA GALLEGOS PL NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF NEW MEXICO

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59662

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATALIN RUSSAY

Mailing Address O N 662 CHELSEA CIR

City

WINFIELD

State

IL

Zip Code

60190

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST CENTRAL ANES

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60242

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 81 / 118

(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)

BRUCE SALTZMAN

Mailing Address 1581 BRICKELL AVE #2301

City

MIAMI

State

FL

Zip Code

33129

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MIAMI

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60337

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

HAFEZ SAMI

Mailing Address 7530 GLADSTONE DR

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
DVA

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59794

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MADHANKUMAR SATHYAMOORTHY

Mailing Address 41 ASTER CT

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRANITE STATE ANES

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59868

Amount of Each Receipt this Period

250.00

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 82 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN SATTERFIELD

Mailing Address 125 WHITE SAIL DR

City

SOUTHINGTON

State

CT

Zip Code

06489

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW BRITAIN ANESTH

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60208

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SCOTT SATTOVIA

Mailing Address 4102 NEWBURY DR

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANES SPRGFLD

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60300

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRIAN SCHANDER

Mailing Address 2624 WINTER PARK DR

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANES

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.60154

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 83 / 118

(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)

JAMES SCHLIMMER

Mailing Address 15321 TIMBER RIDGE

City

BURNSVILLE

State

MN

Zip Code

55306

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENNEPIN FACULTY ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59965

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HARRY SCHRIER

Mailing Address 7390 SW 153RD ST

City

VILL PALMETTO BAY

State

FL

Zip Code

33157

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59690

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LARRY SEGERS

Mailing Address 215 ASPHODEL DR

City

DOTHAN

State

AL

Zip Code

36303

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOTHAN ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59415

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 84 / 118

(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)

PAUL SEITZ

Mailing Address 821 SHADOWSTONE PL

City

NASHVILLE

State

TN

Zip Code

37220

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.59509

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY SHAPIRO

Mailing Address 5080 JETT FOREST TR

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIEDMONT 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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59758

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY SHIPE

Mailing Address 1304 MASTERS CT

City

CHESAPEAKE

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAI

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60465

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 85 / 118

(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)

LESLIE SHREM

Mailing Address 197 RIDGEDALE AVE

City

CEDAR KNOLLS

State

NJ

Zip Code

07927

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHERN ANESTH

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59665

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DEAN SIDER

Mailing Address 4043 BERMUDA GROVE PLACE

City

LONGWOOD

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS OF GREATER ORLANDO

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59815

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SCOTT SIEBEL

Mailing Address 8613 E WETHERSFIELD RD

City

SCOTTSDALE

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHANDLER ANES CONSULT

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59655

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 86 / 118

(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)

BRENT SILVER

Mailing Address 13002 E TURQUOISE AVE

City

SCOTTSDALE

State

AZ

Zip Code

85259

FEC ID number of contributing
federal political committee.

C

Name of Employer
VAC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.60416

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

MARK SINGLETON

Mailing Address 1805 GREENCREEK DR

City

SAN JOSE

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60363

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PAUL SKAFF

Mailing Address 28 NORWOOD ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL ANESTHESIA SERVICE-
ES

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	2	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.59842

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 87 / 118

(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 SMITH

Mailing Address 1555 MONTEBELLO OAKS

City

LOS ALTOS

State

CA

Zip Code

94024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59667

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

K D SMITH

Mailing Address 200 MANSELL CT #105

City

ROSWELL

State

GA

Zip Code

30076

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSIDE ANES CONSUL

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60091

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SHIRLEY SMITH

Mailing Address 6538 N 27TH ST

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60041

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 88 / 118

(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)

DON SOKOLIK

Mailing Address 2757 KINSINGTON CIR

City

WESTON

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCARE

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59883

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BARBARA SORENSEN

Mailing Address 627 CHICAGO BLVD

City

SEA GIRT

State

NJ

Zip Code

08750

FEC ID number of contributing
federal political committee.

C

Name of Employer
RANCOCAS ANESTHESIOLOGY
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 2 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.59583

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HOWARD SPANG

Mailing Address 2818 VALENCIA DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMGSB

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60349

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 89 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PETER SPERANDIO

Mailing Address 102 E CENTRE BLVD

City

MARLTON

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer
W JERSEY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59804

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD STEARNS

Mailing Address 514 W PUEBLO ST FL 2

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP S BARB

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60024

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOHN STEPHENSON

Mailing Address 926 E ROCK SPRINGS RD

City

ATLANTA

State

GA

Zip Code

30306

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS SPEC IN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60407

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 118

(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 STEVENS

Mailing Address 4233 POCONO CT

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO 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 Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59659

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RANDALL STOCKHAM

Mailing Address 5846 MEADOWCREST DR

City

SALT LAKE CITY

State

UT

Zip Code

84107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLCREEK 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 Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59481

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CRISTINA STOICA

Mailing Address 1640 OAK AVE

City

BOULDER

State

CO

Zip Code

80304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59676

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 118

(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)

FRANK SUATONI

Mailing Address 35 CASTLE ROCK

City

BRANFORD

State

CT

Zip Code

06405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDFORD ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60134

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT SUGAR

Mailing Address 14500 CASTLEROCK RD

City

SALINAS

State

CA

Zip Code

93908

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60126

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARK TASCH

Mailing Address 235 REDDING CT

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIANA UNIV SCHL MED

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59932

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 118

(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)

RENAE TAYS

Mailing Address 7324 E IRONWOOD ST

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSUL

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60039

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL TODD

Mailing Address 6618 JCP 200 HAWKINS DR

City

IOWA CITY

State

IA

Zip Code

52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF IOWA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.60022

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRANCISCO TORRES-SIERRA

Mailing Address P.O. BOX 189

City

CAGUAS

State

PR

Zip Code

00726

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRUPO ANES DE OJOS

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59936

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 118

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHY TRAWICK

Mailing Address 1870 CHATTAHOOCHEE RUN DRIVE

City

SUWANEE

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWINNETT ANESTHESIA SERVI-
CE, PC

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 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.59635

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CRAIG TROOP

Mailing Address 4701 AUGUSTA DR

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE 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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59416

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS TUCHIN

Mailing Address 2214 E BETHANY HOME RD

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANES CONSUL

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60097

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 118

(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)

ERIC TWEEDIE

Mailing Address 345 HERMAN MELVILLE

City

NEWPORT NEWS

State

VA

Zip Code

23606

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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59772

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

REED UNDERWOOD

Mailing Address 1518 T ST NW

City

WASHINGTON

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIR OAKS ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.59657

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MIKHAIL VAGER

Mailing Address 2662 NORCHARD ST #3

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONTINENTAL ANES

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.60153

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 95 / 118

(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 VASIL

Mailing Address 15500 SHANNON HTS

City

LOS GATOS

State

CA

Zip Code

95032

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROUP ANES SERV

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59983

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

HENRY VENABLE

Mailing Address 10410 CLIFFWOOD DR

City

HOUSTON

State

TX

Zip Code

77035

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.59386

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN VENABLE

Mailing Address 1051 W AREBA AVE

City

HERSHEY

State

PA

Zip Code

17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERSIDE 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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60356

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 118

(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)

DEBORAH VERNASCO

Mailing Address 319 EAST STATE AVENUE

City

PHOENIX

State

AZ

Zip Code

85020

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 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.59624

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT VILLARREAL

Mailing Address 5400 SUNCREST DR #B3

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULTS ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.59874

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

EDWARD VIOLANTE

Mailing Address 14700 28TH AVE N #20

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL 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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.60057

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 97 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN VITCOV

Mailing Address 35 PARKER AVE

City

SAN FRANCISCO

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60125

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARY VONWALDNER

Mailing Address 3027 DICK WILSON DR

City

SARASOTA

State

FL

Zip Code

34240

FEC ID number of contributing
federal political committee.

C

Name of Employer
SARASOTA 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 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59770

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ADAM WALDMAN

Mailing Address 7200 MEEKER CK DR

City

DAYTON

State

OH

Zip Code

45414

FEC ID number of contributing
federal political committee.

C

Name of Employer
AANWD

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 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.59534

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 98 / 118

(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)

TERESA WALKER

Mailing Address 3519 RIVIERE DU CHIEN

City

MOBILE

State

AL

Zip Code

36693

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60246

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHN WALSH

Mailing Address 1900 EXETER #210

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAA

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60227

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

XIAOLIN WANG

Mailing Address 2725 KEATS DRIVE

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAA, S.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.59822

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 118

(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)

GRANT WEICHT

Mailing Address 6055 N 2ND ST

City

PHOENIX

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANES CONSULT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.60451

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

COURTNEY WILLIAMS

Mailing Address 300 LAGO VISTA ST

City

KEMAH

State

TX

Zip Code

77565

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60306

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH WILLIAMS

Mailing Address 5523 BARTLETT ST

City

PITTSBURGH

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF PITTSBURGH

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59484

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 100 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN WILSON

Mailing Address 13207 ROCKLYN DR

City

URBANDALE

State

IA

Zip Code

50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.59824

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN WRIGHT

Mailing Address 1 MAPLE BROOK COURT

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.59377

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RICHARD WU

Mailing Address 12038 N HICKORY GROVE RD

City

DUNLAP

State

IL

Zip Code

61525

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC 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 Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.59762

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 101 / 118

(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)

K DUFF YAUNEY

Mailing Address 1954 FT UNION BLVD#111

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.60225

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BENJAMIN YODER

Mailing Address 1538 BIRKA LN

City

ONALASKA

State

WI

Zip Code

54650

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUNDERSEN LUTHERAN

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.59477

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DANIEL YOUSIF

Mailing Address 67 MARYWOOD TRL

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMHURST ANESTH

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 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.59536

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 102 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN ZIMMERMAN

Mailing Address P.O. BOX 970159

City

OREM

State

UT

Zip Code

84097

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN WEST ANES

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.59924

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK ZUKAITIS

Mailing Address 2204 CROSS CREEK DR

City

GASTONIA

State

NC

Zip Code

28056

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMAA

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 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.60347

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZYGMUNT

Mailing Address 1 S 413 CHASE AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMHURST ANESTH

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.60165

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)

105575.00

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

FOR LINE NUMBER: PAGE 103 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

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

General

Other (specify) ▼

Aggregate Year-to-Date ▼

8327.68

Date of Receipt

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

Transaction ID: SA17.60589

Amount of Each Receipt this Period

3954.39

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

3954.39

TOTAL This Period (last page this line number only)

3954.39

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)

PAGE 104 / 118

☐ 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) ADLER FOR CONGRESS	Transaction ID: SB23.60549 Date of Disbursement
Mailing Address 14 KNIGHTSWOOD DR	<div> <div>MM / DD / YY</div> <div>02 / 19 / 2008</div> </div>
City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.60537 Date of Disbursement
Mailing Address P.O. BOX 636	<div> <div>MM / DD / YY</div> <div>02 / 11 / 2008</div> </div>
City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	Transaction ID: SB23.60573 Date of Disbursement
Mailing Address P.O. BOX 8277	<div> <div>MM / DD / YY</div> <div>02 / 28 / 2008</div> </div>
City THE WOODLANDS State TX Zip Code 77387	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 118

☐ 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)

CARDOZA FOR CONGRESS

Mailing Address P.O. BOX 2749

City
MERCED

State
CA

Zip Code
95344

Purpose of Disbursement
CK VOIDED ORIG ISSUED 10/25/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2000.00

B.

Full Name (Last, First, Middle Initial)

CASTOR FOR CONGRESS

Mailing Address 301 W PLATT ST #385

City
TAMPA

State
FL

Zip Code
33606

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CHAMBLISS FOR SENATE

Mailing Address P.O. BOX 12469

City
ATLANTA

State
GA

Zip Code
30355

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 118

☐ 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) COMM TO RE-ELECT TRENT FRANKS TO CONGRESS	Transaction ID: SB23.60545 Date of Disbursement
Mailing Address 12416 N 57TH DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City GLENDALE State AZ Zip Code 85304	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM	Transaction ID: SB23.60551 Date of Disbursement
Mailing Address 430 S CAPITOL ST SE 2ND FL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 CONTRIBUTION	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM	Transaction ID: SB23.60553 Date of Disbursement
Mailing Address 430 S CAPITOL ST SE 2ND FL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 CONTRIBUTION	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 118

☐ 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)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM

Mailing Address 430 S CAPITOL ST SE 2ND FL

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.60556

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

DOGETT FOR US CONGRESS

Mailing Address 1157 SAN BERNARD

City
AUSTIN

State
TX

Zip Code
78702

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60585

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DOGETT FOR US CONGRESS

Mailing Address 1157 SAN BERNARD

City
AUSTIN

State
TX

Zip Code
78702

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60587

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 118

☐ 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) FRIENDS OF BILL POSEY	Transaction ID: SB23.60564 Date of Disbursement
Mailing Address 1824 S FISKE BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City State Zip Code ROCKLEDGE FL 32955	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: SB23.60583 Date of Disbursement
Mailing Address 315 INSPIRATION LN	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code GAITHERSBURG MD 20878	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.60512 Date of Disbursement
Mailing Address 110-B E BROAD ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code FALLS CHURCH VA 22046	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 118

☐ 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)
FRIENDS OF JOHN BARRASSO

Mailing Address 406 VIRGINIA AVE

City State Zip Code
ALEXANDRIA VA 22302

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60519

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARRASSO

Mailing Address P.O. BOX 52008

City State Zip Code
CASPER WY 82605

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60579

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON RD #1

City State Zip Code
WEST CHESTER OH 45069

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60521

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 118

☐ 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) FRIENDS OF MARK WARNER	Transaction ID: SB23.60560 Date of Disbursement
Mailing Address 201 N UNION #350	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS	Transaction ID: SB23.60566 Date of Disbursement
Mailing Address P.O. BOX 112	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City BURLINGAME State CA Zip Code 94011	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS	Transaction ID: SB23.60515 Date of Disbursement
Mailing Address P.O. BOX 636	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 118

☐ 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)
JOE WILSON FOR CONGRESS

Mailing Address P.O. BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60517

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOHN D DINGELL FOR CONGRESS

Mailing Address P.O. BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60523

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60525

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 118

☐ 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)

KUHL FOR CONGRESS

Mailing Address P.O. BOX 368

City
FALLS CHURCH

State
VA

Zip Code
22040

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MADISON PAC

Mailing Address P.O. BOX 15906

City
CHEVY CHASE

State
MD

Zip Code
20825

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.60529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City
ST PAUL

State
MN

Zip Code
55114

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 118

☐ 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)

MCCOLLUM FOR CONGRESS

Mailing Address P.O. BOX 14131

City
ST PAUL

State
MN

Zip Code
55114

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MCCONNELL SENATE COMMITTEE '08

Mailing Address P.O. BOX 1496

City
LOUISVILLE

State
KY

Zip Code
40201

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60494

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address P.O. BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60507

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 118

☐ 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)
PETE STARK RE-ELECTION COMM

Mailing Address P.O. BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60533

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address P.O. BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60498

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address P.O. BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60501

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 / 118

<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)
RICHARDSON FOR CONGRESS

Mailing Address 1212 S VICTORY BLVD

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
2007 PRIMARY DEBT RETIREMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Special-Primary

Transaction ID: SB23.60527

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
ROGERS FOR CONGRESS

Mailing Address 700 12TH ST NW #700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60570

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60509

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 118

☐ 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) SENATE MAJORITY FUND	Transaction ID: SB23.60568 Date of Disbursement
Mailing Address 507 CAPITOL CT NE #100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement 2008 CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: SB23.60562 Date of Disbursement
Mailing Address 81 S 5TH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 0 8</div> </div>
City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS	Transaction ID: SB23.60539 Date of Disbursement
Mailing Address 301 4TH ST NE #202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 118

☐ 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)

UDALL FOR COLORADO

Mailing Address 236 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60531

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

UDALL FOR US ALL

Mailing Address P.O. BOX 208

City SANTA FE State NM Zip Code 87504

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.60558

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

VOICE FOR FREEDOM

Mailing Address 2814 SPRING RD #103

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.60543

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

106000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 118

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN ZERWAS

Mailing Address 1 E GREENWAY PLAZA, #225

City
HOUSTON

State
TX

Zip Code
77046

Purpose of Disbursement
2008 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB29.60577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.60590

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1760.36

SUBTOTAL of Disbursements This Page (optional)

6760.36

TOTAL This Period (last page this line number only)

6760.36