03/14/2008 10:54

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2008 02 29 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RICHARD BARWACZ Type or Print Name of Treasurer Electronically Filed by RICHARD BARWACZ 03 14 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE [®] D " D 0.2 29 0 2 0 1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 1160205.04 January 1 (b) Cash on Hand at 1248733.07 Begining of Reporting Period 138934.39 271902.68 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1387667.46 1432107.72 6(a) and 6(c) for Column B) 112760.36 157200.62 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1274907.10 1274907.10 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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: 0 2 0 1 2 0 0 8	To: D 2 9 2 9 2 0 0 8
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans)(a) Individuals/Persons OtherThan Political Committees	From: 105575.00	210500.00
(i) Itemized (use Schedule	29405.00	53075.00
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)	124000.00	263575.00
(b) Political Party Committees .	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lin		0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		263575.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditure		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00
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	d Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule	H5)	0.00
(c) Total Transfer (add 18(a) and	d 18(b)).	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)	100004 00	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
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
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	106000.00	149000.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(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
O. Other Disbursements	6760.36	8200.62
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
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	112760.36	157200.62
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		

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

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
	THESIOLOGISTS POLITICAL ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) AMR ABOULEISH		Date of Receipt
Mailing Address 4303 EVERGREE	EN ELM CT	02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59766
HOUSTON	TX 77059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UTMB	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MATTHEW ACKERT		Date of Receipt
Mailing Address 24 REVERE RD		02 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60286
MANHASSET	NY 11030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CARITAS ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID ADAMS		Date of Receipt
Mailing Address 4000 SPEAR ST		02 / 29 / 2008
City CHARLOTTE	State Zip Code VT 05445	Transaction ID: SA11AI.60298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JASON ADAMS			Date of Receipt
Mailing Address 55 GUNTHER COURT	-		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City SALINE	State MI	Zip Code 48176	Transaction ID: SA11AI.59354 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10170	250.00
Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK ADAMS			Date of Receipt
Mailing Address 19010 ASHBOURNE L			02 19 2008
City BROOKFIELD	State WI	Zip Code 53045	Transaction ID: SA11AI.59785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC	Occupation	n IESIOLOGIST	7
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . SEAN ADAMS			Date of Receipt
Mailing Address 3123 AVIARA COURT			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City NAPERVILLE	State IL	Zip Code 60564	Transaction ID: SA11AI.59506
FEC ID number of contributing federal political committee.	C	00304	Amount of Each Receipt this Period 1000.00
Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS	Occupation PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL ADKINS Mailing Address 2901 N CENTRAL #5 City PHOENIX FEC ID number of contributing federal political committee.	State Zip Code AZ 85012	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) HOWARD ALBERT Mailing Address 3938 GLENDENNING	G RD	Date of Receipt 0 2 1 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59611
DOWNERS GROVE	IL 60515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer HINSDALE ANESTHESIA ASSOC-	Occupation ANESTHESIOLOGIST	
IATES Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) MARK ALLEY		Date of Receipt
Mailing Address 3805 LOCHWOOD F	RD	02 29 2008
City	State Zip Code	Transaction ID: SA11AI.60206
KINGSPORT	TN 37660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HOLSTON ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		·····-
A. ERIC AMADOR	12//	Date of Receipt
Mailing Address 5323 ORCHARD P	ARK LN	02 29 2008
City	State Zip Code	Transaction ID: SA11AI.60352
GOLETA	CA 93111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES MED GRP SANTA BARB	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER AMBROZE	1	Date of Receipt
Mailing Address 262 BREAD & CHE	EESE	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State Zip Code	Transaction ID: SA11AI.60121
NORTHPORT	NY 11768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHARLES ANDERSON	I	Date of Receipt
Mailing Address 60975 BILLADEAU	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59832
BEND	OR 97702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BEND ANESTHESIOLOGY GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	500.00	
SUPTOTAL of Possints This Page (artists		1000.00
SUBTUTAL OF Receipts This Page (options	al)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/118 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JOHN ANDREWS			Date of Receipt
Mailing Address 7703 FLOYD CUR	L DR		02 29 2008
City SAN ANTONIO	State TX	Zip Code 78229	Transaction ID: SA11AI.60409 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UT HEALTH SCI CTR	Occupation PROFES		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DIANNE ANSARI-WINN			Date of Receipt
Mailing Address 7844 E 7TH AVE			02 26 2008
City DENVER	State CO	Zip Code 80230	Transaction ID: SA11Al.60062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00230	250.00
Name of Employer PHYS ANESTH SERV	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANTOINETTE APPLING			Date of Receipt
Mailing Address 5 MONTGOMERY	PLACE		0 2 2 5 2 0 0 8
City DECATUR	State IL	Zip Code 62522	Transaction ID: SA11AI.59885
FEC ID number of contributing federal political committee.	C	02322	Amount of Each Receipt this Period 500.00
Name of Employer SANGAMON ASSOC.ANESTHESIO- LOGISTS,S.C.		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
	al)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MIGUEL ARRIETA Mailing Address 161 THOMPSON GI	ROVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MANALAPAN	State Zip Code NJ 02226	Transaction ID: SA11AI.59740
FEC ID number of contributing federal political committee.	C 02226	Amount of Each Receipt this Period 1000.00
Name of Employer LIBERTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) HELENE AUGUSTIN Mailing Address 207 MILL VALLEY F	RUN	Date of Receipt
City LAFAYETTE	State Zip Code LA 70508	Transaction ID: SA11Al.59917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HSU MED SCHL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. MARK BAKER		Date of Receipt
Mailing Address 4998 REYNOLDS LI		02 26 2008
City BIRMINGHAM	State Zip Code AL 35242	Transaction ID: SA11AI.60003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES RESOURCES MGT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 118 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID BALDONE Mailing Address 106 RANDOM OA City MANDEVILLE FEC ID number of contributing federal political committee. Name of Employer SUMMIT ANESTH	KS LN State Zip Code LA 70448 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GREGORY BARNETT Mailing Address 1201 EAST LAKE	DRIVE	Date of Receipt 0 2 1 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59606
SPRINGFIELD	IL 62712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SANGAMON ANESTHESIA	Occupation ANESTHESIOLGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MATTHEW BARTON		Date of Receipt
Mailing Address 244 HOLGERSON	I RD	0 2 0 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59526
SEQUIM FEC ID number of contributing federal political committee.	WA 98382	Amount of Each Receipt this Period 250.00
Name of Employer CLALLAM ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STUART BASS			Date of Receipt
Mailing Address P.O. BOX 1447			02 29 2008
City	State	Zip Code	Transaction ID: SA11AI.60462
PHOENIX	AZ	85252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer VALLEY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 705 CHELSEA DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.60155
WINCHESTER	VA	22601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WINCHESTER ANES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEWITT BATEMAN			Date of Receipt
Mailing Address 9050 AIRLINE HWY			02 29 2008
City	State	Zip Code	Transaction ID: SA11AI.60288
BATON ROUGE	LA	70815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer LA ANESTH GROUP	Occupatio ANESTH	n IESIOLOGIST	7
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/118 (check only one)
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID BECKER			Date of Receipt
Mailing Address 4327 E NORTH LN			M M / D D / Y Y Y Y Y O 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.60460
PHOENIX FEC ID number of contributing federal political committee.	C	85028	Amount of Each Receipt this Period 250.00
Name of Employer METRO	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRION BEERLE	<u> </u>		Date of Receipt
Mailing Address PO BOX 212289			0 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ANCHORAGE	State AK	Zip Code	Transaction ID: SA11AI.59830
FEC ID number of contributing federal political committee.	C	99521	Amount of Each Receipt this Period 1000.00
Name of Employer CHUGACH ANESTHESIA, LLC	Occupation	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 6114 E MONTECITO			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SCOTTSDALE	State	Zip Code	Transaction ID: SA11AI.60453
FEC ID number of contributing federal political committee.	AZ C	85251	Amount of Each Receipt this Period 500.00
Name of Employer VALLEY ANES CONSULT	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 118 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) FRANK BEMIS Mailing Address 700 REYNOLDS PL City VESTAVIA HILLS FEC ID number of contributing federal political committee. Name of Employer ARM Receipt For: Primary General Other (specify)	 	Zip Code 35242 In IESIOLOGIST 2 Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 / 2 9 / 2 0 0 8 Transaction ID: SA11AI.60251 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) TOM BEN'S Mailing Address 720 THORNAPPLE I City NAPERVILLE FEC ID number of contributing federal political committee. Name of Employer DUPAGE VALLEY ANES Receipt For: Primary General Other (specify)	State IL C Occupatio ANESTH	Zip Code 60540 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID BERGER Mailing Address 7 SANDRA CT City GLEN COVE FEC ID number of contributing federal political committee. Name of Employer NAPA Receipt For: Primary General Other (specify)	State NY C Occupatio PHYSICI Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	750.00

or for commercial purposes, o NAME OF COMMITTEE (AMERICAN SOCIETY Full Name (Last, First, Mid HOWARD BERNSTEIN Mailing Address 11 PIN City BLAUVELT FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE	ther than using the name at In Full) OF ANESTHESIOLOG de Initial) IE GLEN DRIVE Stany Stany MEDIC- Agginated and a stany Culting Culting Occur ANE Ane Ane Ane Ane Ane Ane Ane An	ate Zip Code y 10913 upation ESTHESIOLOGIST uregate Year-to-Date 250.00	Date of Receipt Date of Receipt Transaction ID: SA11AI.59896 Amount of Each Receipt this Period Date of Receipt
A. A. Full Name (Last, First, Midhoward Bernstein Mailing Address 11 PIN City BLAUVELT FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary GeOther (specify) Full Name (Last, First, Midhord Chester Beyer Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary GeOther (specify) Full Name (Last, First, Midhord Chester) For: Primary GeOther (specify) Full Name (Last, First, Midhord Mark BIGALKE Mailing Address 3715 V City	OF ANESTHESIOLOG dle Initial) IE GLEN DRIVE Sta NY uting C MEDIC- Agg dle Initial) DLLY ROAD Sta TX	ate Zip Code Y 10913 upation ESTHESIOLOGIST regate Year-to-Date 250.00	Date of Receipt M
A. HOWARD BERNSTEIN Mailing Address 11 PIN City BLAUVELT FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	Sta NY Iting C MEDIC- Agg Agg Claim of the property of th	y 10913 upation ESTHESIOLOGIST pregate Year-to-Date ▼ 250.00 ate Zip Code	Transaction ID: SA11AI.59896 Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BLAUVELT FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City City	Sta NY Inting C MEDIC- MEDIC- Agg Intination Occur ANE Agg TX Sta TX	y 10913 upation ESTHESIOLOGIST pregate Year-to-Date ▼ 250.00 ate Zip Code	Date of Receipt Date of Receipt Date of Rec
BLAUVELT FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	NY Itting C MEDIC- MEDIC- Agg Interest of the property o	y 10913 upation ESTHESIOLOGIST pregate Year-to-Date ▼ 250.00 ate Zip Code	Date of Receipt Date o
FEC ID number of contributederal political committee. Name of Employer MT. SINAI SCHOOL OF MINE Receipt For: Primary GeOther (specify) THE Mailing Address 577 PCCCity SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary GeOther (specify) THE MARK BIGALKE Mailing Address 3715 VCCity	MEDIC- MEDIC- ANE eneral Aggi dle Initial) DLLY ROAD Sta TX	upation ESTHESIOLOGIST iregate Year-to-Date ▼ 250.00 ate Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
INE Receipt For: Primary Other (specify) Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Other (specify) Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	And Aggreneral Aggreneral Aggreneral States	esthesiologist Irregate Year-to-Date 250.00 ate Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Ge Other (specify) ▼ Full Name (Last, First, Mid CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	dle Initial) DLLY ROAD Sta	250.00 atte Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. CHESTER BEYER Mailing Address 577 PC City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	OLLY ROAD Sta	·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	Sta TX	·	Transaction ID: SA11AI.59620 Amount of Each Receipt this Period
SUNNYVALE FEC ID number of contributederal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	TX	·	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee. Name of Employer PORTER, SONE AND ASES Receipt For: Primary Ge Other (specify) Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	at a sa	75182	
federal political committee. Name of Employer PORTER, SONE AND AS ES Receipt For: Primary Other (specify) Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	uting		250.00
ES Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City			
Primary Ge Other (specify) ▼ Full Name (Last, First, Mid MARK BIGALKE Mailing Address 3715 V City	SSOCIAT- Occu	upation YSICIAN	
MARK BIGALKE Mailing Address 3715 V City	Aggi	regate Year-to-Date ▼ 250.00	
City	dle Initial)		Date of Receipt
•	VAUNA VISTA DR		02 26 2008
	Sta W	· •	Transaction ID: SA11AI.60063 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			250.00
Name of Employer COLUMBIA ANESTH GR	D I	upation ESTHESIOLOGIST	
Receipt For: Primary Ge Other (specify) ▼	Aggi	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	I		

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH BILLIG Mailing Address P.O. BOX 96 City VAIL FEC ID number of contributing federal political committee. Name of Employer VAIL VALLEY ANES Receipt For: Primary General	State CO C Occupatio PHYSICI Aggregate	AN e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 2 9 2 0 0 8 Transaction ID: SA11AI.60467 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JOHN BILLINGS Mailing Address 1915 LUKER DR City CASPER FEC ID number of contributing federal political committee.	State WY	Zip Code 82609	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SRINIVAS BOLLIMPALLI Mailing Address 2901 N CENTRAL A'	Aggregate	ESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt
City PHOENIX FEC ID number of contributing federal political committee. Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify)	State AZ C Occupatio PHYSICI Aggregate		Transaction ID: SA11AI.59660 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 118 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person to the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DOUGLAS BORG		Date of Receipt
Mailing Address 7005 MIRA VISTA	BLVD	02 08 2008
City	State Zip Code	Transaction ID: SA11AI.59556
FT WORTH	TX 76132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COOK CHILDRENS PHYS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN BORNSTEIN		Date of Receipt
Mailing Address 4330 MEADOWVIE	EW PL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59473
ENCINO	CA 91436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT BOSSARD		Date of Receipt
Mailing Address 17210 MEADOW T	TREE CIRCLE	0 2 1 1 2 0 0 8
City DALLAS	State Zip Code TX 75248	Transaction ID: SA11AI.59586
FEC ID number of contributing federal political committee.	C /5246	Amount of Each Receipt this Period 1000.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE Full Name (Last, First, Middle Initial)	SIOLOGISTS	POLITICAL ACTION COM	
ROBERT BOSSARD Mailing Address 17210 MEADOW TR	EE CIRCLE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City DALLAS	State TX	Zip Code 75248	Transaction ID: SA11AI.60149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PINNACLE ANESTHESIA PARTN- ERS	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) LISA BOWERS			Date of Receipt
Mailing Address 1470 PLACE PICARI	DY		02 26 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.60119
WINTER PARK FEC ID number of contributing federal political committee.	FL C	32789	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LOIS BREADY			Date of Receipt
Mailing Address 7703 FLOYD CURL I	DR MC7838		02 19 2008
City SAN ANTONIO	State TX	Zip Code 78229	Transaction ID: SA11AI.59700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UTHSCSA	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/118 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	THESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL BRENNAN			Date of Receipt
Mailing Address 8015 GREENWIC	H WOODS		M M / D D / Y Y Y Y Y Y Y Y Y Z 2008
City MCLEAN	State VA	Zip Code 22102	Transaction ID: SA11AI.59851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	ZE10E	250.00
Name of Employer CERTIFIED ANES SERV	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GENE BRENOWITZ	I		Date of Receipt
Mailing Address 4510 W SHERIDA	N ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEATTLE	State WA	Zip Code 98199	Transaction ID: SA11AI.60364
FEC ID number of contributing federal political committee.	C	30133	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		1
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KURT BRIESACHER			Date of Receipt
Mailing Address 1106 BYRNWYCk	(ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ATLANTA	State	Zip Code	Transaction ID: SA11AI.59365
FEC ID number of contributing federal political committee.	GA C	30319	Amount of Each Receipt this Period 500.00
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA, P		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 118 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROMUALDAS BRIZGYS Mailing Address 14529 EVANS LN		Date of Receipt 0 2 0 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59558
SARATOGA FEC ID number of contributing federal political committee.	CA 95070	Amount of Each Receipt this Period 250.00
Name of Employer PALO ALTO FOUND MED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GRAIL BROOKSHIRE		Date of Receipt
Mailing Address 1960 REMSEN CT City	State Zip Code	0 2 0 6 2 0 0 8 Transaction ID: SA11Al.59458
LAS VEGAS FEC ID number of contributing federal political committee.	NV 89117	Amount of Each Receipt this Period 250.00
Name of Employer SUMMIT ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. JAMES BUESE		Date of Receipt
Mailing Address 100 W CALIFORN	IA BLVD	02 08 7 9 9 9
City <u>PASDENA</u>	State Zip Code CA 91105	Transaction ID: SA11AI.59550 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 118 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any phe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
1 \	ESIOLOGISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) JEFFREY BUFFO Mailing Address 4550 DOVGON DD		Date of Receipt
Mailing Address 1550 BOYSON RD City	State Zip Code	0 2 2 5 2 0 0 8 Transaction ID: SA11AI.59872
HIAWATHA	IA 52233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LCA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) REGINALD BULKLEY		Date of Receipt
Mailing Address 104 S FOX MILL LN		02 26 2008
City	State Zip Code	Transaction ID: SA11AI.60102
SPRINGFIELD	IL 62712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASSOC ANES SPRINGFIELD	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) ANGUS BURNS		Date of Receipt
Mailing Address 5300 HAWLEY RD		02 29 2008
City	State Zip Code	Transaction ID: SA11AI.60399
THE DALLES	OR 97058	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	se separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 23 / 118 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS PO	LITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM BURRIS			Date of Receipt
Mailing Address 3615 WOODED CF	K CIR		02 19 2008
City ARLINGTON		Zip Code 76016	Transaction ID: SA11AI.59796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer PINNACLE	Occupation ANESTHESIC	DLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) RICHARD BUSH			Date of Receipt
Mailing Address 132 SLEEPY POIN	ΓWAY		02 26 7 2008
City <u>SUFFOLK</u>		Zip Code 23435	Transaction ID: SA11AI.60110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CHESAPEAKE ANES	Occupation ANESTHESIC	DLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARINO CAMAIONI	l		Date of Receipt
Mailing Address 9317 S ALDER DR			02 29 2008
City TEMPE		Zip Code 85284	Transaction ID: SA11AI.60458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ABC ANESTH	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line numl	per only))	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 118 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES CANNON			Date of Receipt
	Mailing Address 1015 SALIM PL	01-1-	7'- 0-1-	02 / 19 / 2008
	City LEMONT	State IL	Zip Code 60439	Transaction ID: SA11AI.59774 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DUPAGE VALLEY ANES	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) JOAQUIN CANTILLO			Date of Receipt
	Mailing Address 703 WORTHINGTON	0 2 1 9 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.59732
	RICHBORO	PA	18954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TRENTON ANESTH ASSOC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) CURTIS CARL			Date of Receipt
	Mailing Address 916 WILDWOOD			02 06 2008
	City E LANSING	State MI	Zip Code 48823	Transaction ID: SA11AI.59468
	FEC ID number of contributing federal political committee.	C	40025	Amount of Each Receipt this Period 250.00
	Name of Employer PHYS ANESTH SERV	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number			

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) IAN CHAIT			Date of Receipt
Mailing Address 1430 CATALINA AVE			02 26 2008
City	State	Zip Code	Transaction ID: SA11AI.59913
SEAL BEACH	CA	90740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ALLIED ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRENT CHILD			Date of Receipt
Mailing Address 1287 WOODLAND CT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.59433
FARMINGTON	UT	84025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY CHILDES			Date of Receipt
Mailing Address 219 WATERFORD DR			02 29 7 2008
City	State	Zip Code	Transaction ID: SA11AI.60471
INMAN	SC	29349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WATERFORD ANES	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COMP	MITTEE
Full Name (Last, First, Middle Initial) WILLIAM CIESLA	LOT	Date of Receipt
Mailing Address 311 WILLOW RUN		02 19 2008
City MILLERSVILLE	State Zip Code MD 21108	Transaction ID: SA11AI.59696
FEC ID number of contributing federal political committee.	C 21100	Amount of Each Receipt this Period 250.00
Name of Employer SEVERN ANES SERV	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY CLARK		Date of Receipt
Mailing Address 520 VERNON DR	SE	02 19 2008
City CEDAR RAPIDS	State Zip Code IA 52403	Transaction ID: SA11AI.59719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LINN CTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JEFFREY CLAYTON		Date of Receipt
Mailing Address 3315 WATT AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SACRAMENTO	State Zip Code CA 95821	Transaction ID: SA11AI.59860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CASE MEDICAL GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, NAME OF COMMITTEE	other than using the name and ad (In Full)	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY	Y OF ANESTHESIOLOGIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Mi			Date of Receipt
Mailing Address 215 M	MEADOWOOD PL		02 19 2008
City	State	Zip Code	Transaction ID: SA11AI.59777
VADNAIS HTS	MN	55127	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer TWIN CITY ANESTH	Occupation PHYSIC		
Receipt For: Primary G Other (specify) ▼	Aggregat eneral	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 2305	LONGLEAF WAY		02 27 27 2008
City	State	Zip Code	Transaction ID: SA11AI.60143
BIRMINGHAM	AL	35243	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer PEDIATRIC ANESTHES CIATES, P.C.	SIA ASSO- Occupation PEDIAT	on RIC ANESTHESIOLOGIST	
Receipt For: Primary G Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 20 AS	SH ST		02 19 2008
City	State	Zip Code	Transaction ID: SA11AI.59729
WESTON	MA	02493	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer COMMONWEALTH AND	ES Occupation ANESTH	on HESIOLOGIST	
Receipt For: Primary Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts Th	is Page (optional)		1250.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 118 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) SUZANE COOPER			Date of Receipt
Mailing Address 1014 DELLWOOD	DR		02 26 2008
City TALLADEGA	State AL	Zip Code 35160	Transaction ID: SA11AI.59928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33100	500.00
Name of Employer TALLADEGA ANES GRP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- + -	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) F A COPELAND			Date of Receipt
Mailing Address 397 MADISON ST			02 26 7 2008
City DENVER	State CO	Zip Code 80206	Transaction ID: SA11AI.59963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00200	250.00
Name of Employer METRO DENVER ANES	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CRIS COWLEY	<u> </u>		Date of Receipt
Mailing Address 6985 CANYON CREEK CIR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SALT LAKE CITY	State UT	Zip Code 84121	Transaction ID: SA11AI.60103
FEC ID number of contributing federal political committee.	C	04121	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:			1000.00

or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC Full Name (Last, First, Middle Initial)		
Full Name (Last First Middle Initial)		Date of Receipt
A. REGINALD CPARA Mailing Address 24410 N 85TH ST		M M / D D / Y Y Y Y
City	State Zip Code	0 2 2 9 2 0 0 8 Transaction ID: SA11Al.60426
SCOTTSDALE	AZ 85255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. KENNETH CRANE		Date of Receipt
Mailing Address 12891 S 150 E		M M / D D / Y Y Y Y Y Y O 2 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59981
CLINTON	IN 47842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. DEBORAH CREATH		Date of Receipt
Mailing Address 3823 BRIGHTON CRK C	CIR	02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59781
TYLER	TX 75707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer E TX ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 118 (check only one)
ITEMIZED RECEIPTS	for each category of the	
II LIVIIZLD IILCLIF 13	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any person	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	marine and address or any political committee to s	Solicit Contributions from Such Confinitiee.
` ′	NOLOGICTO DOLUTIONE ACTION COM	ALTTEE
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COMN	/IIIIEE
Full Name (Last, First, Middle Initial) A. JEFFREY CRISPELL		Date of Receipt
Mailing Address 425 PINE RIDGE BLVI	D #211	02 06 2008
City	State Zip Code	Transaction ID: SA11AI.59440
WAUSAU	WI 54401	Amount of Each Receipt this Period
FEC ID number of contributing		500.00
federal political committee.	C	500.00
Name of Employer CENTRAL WI ANESTH	Occupation PHYSICIAN	7
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggregate real to Bate .	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) B. BRIAN CROSS		Date of Receipt
Mailing Address P.O. BOX 3010		M M / D D / Y Y Y Y
		02 26 2008
City	State Zip Code	Transaction ID: SA11Al.60123
TUSTIN	CA 92781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation	
Receipt For:	PHYSICIAN	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Calci (openly) V	0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) C. DAVID A CROSS		Date of Receipt
Mailing Address 5483 DENMANS LOOF	D	M M / D D / Y Y Y Y
City	State Zip Code	02 27 2008
City BELTON	TX 76513	Transaction ID: SA11AI.60141 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SCOTT AND WHITE MEMORIAL	Occupation	1
HOSPITAL AND	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	200.00	
CURTOTAL of Descints This Desc (anti-sell)		1000.00
SUBTOTAL of Receipts This Page (optional)	·····	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Repo	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVE CROY Mailing Address 20 ENDICOTT		Date of Receipt M
City HIGHWOOD	State Zip Code IL 60040	Transaction ID: SA11AI.59736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ANES CONSULTANTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. CHRIS CUCITI		Date of Receipt
Mailing Address 7631 SAN MA	FEO LANE State Zip Code	0 2 1 8 2 0 0 8 2 0 0 8
LINCOLN	NE 68516	Transaction ID: SA11AI.59637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI STS, P.C.	Occupation - ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RUDY ANTHONY CUETO		Date of Receipt
Mailing Address 9104 WHISPE	RING PINES DRIVE	02 07 2008
City SALINE	State Zip Code MI 48176	Transaction ID: SA11AI.59511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA ASSOCIATES OF ANN ARBOR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	otional)	1500.00

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) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee t ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KIMBERLEY CULP Mailing Address W6025 RIM OF THE City LA CROSSE FEC ID number of contributing federal political committee. Name of Employer GUNDERSEN LUTHERAN	State Zip Code WI 54601 C Occupation ANESTHESIOLOGIST	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	ANEST TESTOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK DAGOSTINO Mailing Address 8714 WOOLWORTH	H AVENUE	Date of Receipt M
City	State Zip Code	Transaction ID: SA11AI.59633
OMAHA FEC ID number of contributing federal political committee.	NE 68124	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA WEST, PC Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) ROBERT DAY	1	Date of Receipt
Mailing Address 937 E HAVERFORD	RD #204	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City BRYN MAWR	State Zip Code PA 19010	Transaction ID: SA11AI.60191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UAS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		

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) X 11a
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to the sold of the sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STANLEY DENNISON Mailing Address 1921 W MLK JR BLV City TAMPA FEC ID number of contributing federal political committee. Name of Employer ADVANCED PAIN CARE Receipt For: Primary Other (specify)		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOSEPH DEVINE Mailing Address 340 KUHN DR City MANHATTAN BEACH FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 90266 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 9 2 9 2 0 0 8 Transaction ID: SA11AI.60395 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) RALPH DIMINYATZ Mailing Address 12711 BIOLA AVE City LA MIRADA FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 90638 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2
SUBTOTAL of Receipts This Page (optional)		1500.00

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)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) H A DORSEY			Date of Receipt
Mailing Address 3850 E HUBER ST	#1		02 26 2008
City MESA	State AZ	Zip Code 85205	Transaction ID: SA11Al.60044
FEC ID number of contributing federal political committee.	C	63203	Amount of Each Receipt this Period 500.00
Name of Employer PAVAMC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHRISTINE DOYLE			Date of Receipt
Mailing Address 2077 WALNUT GRO	OVE AVE		0 2 2 6 2 0 0 8
City SAN JOSE	State CA	Zip Code 95128	Transaction ID: SA11AI.59990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	95120	500.00
Name of Employer COAST ANES MED GRP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JEFFREY DOYLE			Date of Receipt
Mailing Address 16 HOWES PINEVIEW DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OGDENSBURG	State NY	Zip Code 13669	Transaction ID: SA11AI.60374 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	250.00
Name of Employer	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 35 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	he name and address of any po	litical committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFF DRAWBOND Mailing Address 4790 215TH ST City AMES FEC ID number of contributing federal political committee. Name of Employer MCFARLAND CLINIC Receipt For:	State Zip Code IA 50014 C Occupation ANESTHESIOLOGIS Aggregate Year-to-Date		Date of Receipt M M
Primary General Other (specify) Full Name (Last, First, Middle Initial) SUZANNE DREWSEN		500.00	Date of Receipt
Mailing Address 6106 E SHANGRI-L City SCOTTSDALE FEC ID number of contributing federal political committee. Name of Employer PARK CENTRAL ANES	State Zip Code AZ 85254 C Occupation PHYSICIAN	1 1	Transaction ID: SA11AI.60204 Amount of Each Receipt this Period 300.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) BRUCE DURKEE Mailing Address 1900 SWIFT #203	Aggregate Year-to-Date	300.00	Date of Receipt
Mailing Address 1900 SWIFT #203 City KANSAS CITY FEC ID number of contributing federal political committee.	State Zip Code MO 64116		Transaction ID: SA11AI.60011 Amount of Each Receipt this Period 250.00
Name of Employer NORTHLAND ANESTH Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional		>	1050.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 36 / 118 (check only one) X
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
A.	Full Name (Last, First, Middle Initial) ROBERT EGAN Mailing Address 13601 PRESTON RD#	900W		Date of Receipt
	City	State	Zip Code	0 2 2 6 2 0 0 8 Transaction ID: SA11Al.60130
	DALLAS	TX	75240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PINNACLE ANESTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) JOHN ERICKSON			Date of Receipt
	Mailing Address 1008 FAIR OAKS			02 10 2008
	City	State	Zip Code	Transaction ID: SA11AI.59575
	OAK PARK	IL	60302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIV OF CHICAGO	Occupation TEACHE		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 c.	Full Name (Last, First, Middle Initial) TIMOTHY ESSER			Date of Receipt
	Mailing Address 10487 DEERPATH S			02 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.59704
	TRAVERSE CITY	MI	49684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer TRAVERSE ANES ASSOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)		·····	1000.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
A .	Full Name (Last, First, Middle Initial) CARLOS ESTRADA Mailing Address 300 AVE LA SIERRA #	H110		Date of Receipt
	Walling Address Sub AVE LA SIERRA #	+110		02 26 2008
	Can Han	State PR	Zip Code	Transaction ID: SA11AI.59942
	SAN JUAN FEC ID number of contributing federal political committee.	C	00926	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) JAMES FARMEIR			Date of Receipt
	Mailing Address 64 QUARRY LODGE			02 19 2008
	City MADISON	State CT	Zip Code	Transaction ID: SA11AI.59787
	FEC ID number of contributing federal political committee.	C	06443	Amount of Each Receipt this Period 250.00
	Name of Employer ANES ASSOC NEW HAVEN	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) THOMAS FELTON			Date of Receipt
	Mailing Address 2801 W KINNICKINNIC	CRIVER		0 2 2 6 2 0 0 8
	City MILWAUKEE	State WI	Zip Code 53215	Transaction ID: SA11AI.60026 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AAW	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 118 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK FENDER Mailing Address 14718 FOXBORO CT			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HOLLAND FEC ID number of contributing	State MI	Zip Code 49424	Transaction ID: SA11AI.59683 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer MACATAWA ANESTH Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 250.00	230.00
Full Name (Last, First, Middle Initial) DENNIS FORBES Mailing Address 911 CAMDEN AVE			Date of Receipt 0 2 1 9 2 0 0 8
City SALISBURY FEC ID number of contributing federal political committee.	State MD	Zip Code 21801	Transaction ID: SA11AI.59723 Amount of Each Receipt this Period 500.00
Name of Employer TIDEWATER ANES ASSOC Receipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) W. RODGER FUNDERBURG Mailing Address 910 ROCKY HILLS CV	. N.		Date of Receipt
City CORDOVA	State TN	Zip Code 38018	Transaction ID: SA11AI.59602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE Receipt For: Primary General		ESIOLOGIST e Year-to-Date ▼	
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)		······	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee t	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) SCOTT GAMMEL		Date of Receipt
Mailing Address P.O. BOX 60475 City	State Zip Code	0 2 1 9 2 0 0 8 Transaction ID: SA11Al.59647
LAFAYETTE	LA 70596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer A&PC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL GARCIA		Date of Receipt
Mailing Address 3231 FOUNTAIN B	LVD	02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59717
TAMPA FEC ID number of contributing federal political committee.	FL 33609	Amount of Each Receipt this Period 500.00
Name of Employer FL PED ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM GARRETT		Date of Receipt
Mailing Address 2523 VISTA PL SE		02 29 2008
City OLYMPIA	State Zip Code WA 98501	Transaction ID: SA11AI.60397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	I)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee. HESIOLOGISTS POLITICAL ACTION COI	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN GERSCHULTZ Mailing Address 3602 COURTSIDE	CIR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTINGTON BEACH FEC ID number of contributing	State Zip Code CA 92649	Transaction ID: SA11AI.60321 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JACK GILDAR Mailing Address 13720 N 85TH PL		Date of Receipt 0 2 1 9 2 0 0 8
City VALLEY ANESTH FEC ID number of contributing federal political committee.	State Zip Code AZ 85260	Transaction ID: SA11AI.59812 Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANESTH Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) RICHARD GILLERMAN Mailing Address 6 LORIMAR LN		Date of Receipt
City REHOBOTH FEC ID number of contributing	State Zip Code MA 02769	Transaction ID: SA11AI.59775 Amount of Each Receipt this Period 250.00
Name of Employer PROVIDENCE ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAROLD GOLL Mailing Address 8528 HUNTSPRIN		Date of Receipt 0 2 2 6 2 0 0 8
City LUTHERVILLE FEC ID number of contributing	State Zip Code MD 21093	Transaction ID: SA11AI.59910 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) DIEGO GONZALEZ Mailing Address 4401 MASTHEAD	ST NE #120	Date of Receipt 0 2 1 9 2 0 0 8
City ALBUQUERQUE	State Zip Code NM 87109	Transaction ID: SA11AI.59702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHARLES GOODMAN Mailing Address 1304 GRAYSON I	RD	Date of Receipt 0 2 1 9 2 0 0 8
City WILMINGTON	State Zip Code DE 19803	Transaction ID: SA11AI.59764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19003	250.00
Name of Employer MED BUSINESS SOLUTIONS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/118 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST			
Full Name (Last, First, Middle Initial) LAWRENCE GORFINE			Date of Receipt
Mailing Address 2290 TENTH AVE	N #600		M M / D D / Y Y Y Y Y O D D / Y 2 9 D D D D D D D D D D D D D D D D D D
City LAKE WORTH	State FL	Zip Code 33461	Transaction ID: SA11AI.60376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33401	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MORTON GREEN			Date of Receipt
Mailing Address P.O. BOX 40506			0 2 0 8 2 0 0 8 2 0 0 8
City INDIANAPOLIS	State IN	Zip Code 46240	Transaction ID: SA11AI.59554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+02+0	300.00
Name of Employer INDIANA UNIV ANESTH	Occupation	n ESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) RICHARD GREEN			Date of Receipt
Mailing Address 1651 VIEWCREST	DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BOUNTIFUL	State UT	Zip Code 84010	Transaction ID: SA11AI.59949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04010	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)		800.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 118 (check only one) X
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PHILIP GREIDER Mailing Address 7428 MULHOL City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED		Date of Receipt M M D D D 2 9 2 0 0 8
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES GRIFFIN Mailing Address P.O. BOX 230		Date of Receipt Date of Receipt 2 9 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.60335
WAKEFIELD FEC ID number of contributing federal political committee.	RI 02880	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRETT GUTSCHE		Date of Receipt
Mailing Address 1515 ASHBY F	RD	02 19 2008
City PAOLI	State Zip Code PA 19301	Transaction ID: SA11AI.59808
FEC ID number of contributing federal political committee.	C 19301	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF PA MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (or	otional)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee of the sold of the name and address of any political committee of the sold of the so	
Full Name (Last, First, Middle Initial) STEPHEN HALL Mailing Address 15 VALLEY VIEW City S HADLEY FEC ID number of contributing federal political committee.	State Zip Code MA 01075	Date of Receipt M M
Name of Employer SPRINGFIELD ANES SERV Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) KEVIN HAM Mailing Address 125 GAY THOMP	SON DR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60013
CANTON	GA 30115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer NORTHSIDE CHEROKEE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) FORREST HAMON		Date of Receipt
Mailing Address 1621 E CALLE DE	E CABALLOS	02 29 2008
City	State Zip Code	Transaction ID: SA11AI.60456
TEMPE FEC ID number of contributing federal political committee.	AZ 85284	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option		1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 118 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) SUZANNE HARRISON			Date of Receipt
	Mailing Address 11452 BLACK FORE	ST DR		02 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.59950
	SANDY	UT	84094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MOUNTAIN WEST ANES	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) ANDREW HART			Date of Receipt
	Mailing Address 60 BAIRD ST			02 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.59725
	ASHEVILLE	NC	28801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASHEVILLE ANES ASSOC		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial) ANNE HARTNEY-BAUCOM			Date of Receipt
	Mailing Address 5671 PEACHTREE [STE 530			02 / 18 / 2008
	City ATLANTA	State GA	Zip Code	Transaction ID: SA11AI.59643
	FEC ID number of contributing		30342	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA, P		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN HATRIDGE Mailing Address 8140 N MOPAC EX	ESIOLOGISTS POLITICAL ACTION CON	Date of Receipt
City AUSTIN FEC ID number of contributing	State Zip Code TX 78759	Transaction ID: SA11AI.60194 Amount of Each Receipt this Period
rederal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	500.00
Other (specify) Full Name (Last, First, Middle Initial) RICKARD HAWKINS Mailing Address 670 BRIARLEIGH W	0 0 0 0 0 0 0 0	Date of Receipt M
WOODSTOCK FEC ID number of contributing federal political committee. Name of Employer AMBULATORY ANESTHESIA OF ATLANTA	GA 30189 C Occupation PHYSICIAN	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
STEVEN HAYES Mailing Address 5076 IVYBRIDGE D	R	Date of Receipt 0 2 2 9 2 0 0 8
City LEXINGTON FEC ID number of contributing federal political committee.	State Zip Code KY 40515	Transaction ID: SA11AI.60275 Amount of Each Receipt this Period 250.00
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 118 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIEL HEFLIN Mailing Address 1332 DEEPWELL DF City STOCKTON FEC ID number of contributing federal political committee. Name of Employer STOCKTON ANES MED GRP Receipt For: Primary General Other (specify)	State Zip Code CA 95209 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M D D D 2 6 2 0 0 8
Full Name (Last, First, Middle Initial) JIRI HEGER Mailing Address P.O. BOX 1142 City BILLINGS FEC ID number of contributing federal political committee. Name of Employer BILLINGS ANESTH Receipt For: Primary General Other (specify)	State Zip Code MT 59103 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2
Full Name (Last, First, Middle Initial) ANN LOUISE HIGGINS Mailing Address 860 BLANCH AVE City NORWOOD FEC ID number of contributing federal political committee. Name of Employer COLUMBIA ANES ASSOC Receipt For: Primary General Other (specify)	State Zip Code NJ 07648 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O 2 2 0 0 8 Transaction ID: SA11AI.59422 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 118 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MILLEE
Full Name (Last, First, Middle Initial) MARY HILL			Date of Receipt
Mailing Address 10240 CROSBY RD			02 25 2008
City	State	Zip Code	Transaction ID: SA11AI.59882
HARRISON	OH	45030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIV ANES ASSOC UNIV	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ERNEST HOECKEL			Date of Receipt
Mailing Address 412 HIGH POINTE DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GRAND JUNCTION	State CO	Zip Code 81503	Transaction ID: SA11AI.60343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer ANES CONSUL W CO	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS HOLCOMB			Date of Receipt
Mailing Address 1755 KIRBY PKWY			02 26 7 2008
City	State	Zip Code	Transaction ID: SA11AI.60095
MEMPHIS	TN	38120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MEDICAL ANESTH GRP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (ITEMIZED REC Any information copied to	EIPTS rom such Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 49 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMIT			solicit contributions from such committee. MITTEE
Full Name (Last, Firs JEFFREY HOLDEN Mailing Address 29	t, Middle Initial) 901 N CENTRAL AVE #500		Date of Receipt
City PHOENIX	State AZ	Zip Code 85012	Transaction ID: SA11AI.60105 Amount of Each Receipt this Period
FEC ID number of co	ontributing	00012	250.00
Name of Employer VALLEY ANES CON	AINESTE	ESIOLOGIST	
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, Firs GLEN HOLLEY Mailing Address 2:	t, Middle Initial)		Date of Receipt
City FLOWER MOUN	State	Zip Code 75022	Transaction ID: SA11AI.60368 Amount of Each Receipt this Period
FEC ID number of co	ontributing		250.00
Name of Employer PINNACLE ANES C	ANESTE	ESIOLOGIST	
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, Firs DAVID HOLTZCLAW	,		Date of Receipt
	640 RALSTON AVE	71.0	02 26 2008
City <u>HILLSBOROUG</u> F	State CA	Zip Code 94010	Transaction ID: SA11AI.59960 Amount of Each Receipt this Period
FEC ID number of confederal political comm			250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipt	s This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions
	HESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) ROBERT HOOLSEMA Mailing Address 6306 HILLVIEW W	AY	Date of Receipt
City MISSOULA	State Zip Code MT 59803	Transaction ID: SA11AI.60240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MISSOULA ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM HORTON	<u> </u>	Date of Receipt
Mailing Address 104 ROCK CREEK	CDR	02 29 2008
City	State Zip Code	Transaction ID: SA11Al.60314
GREENVILLE FEC ID number of contributing	SC 29605	Amount of Each Receipt this Period 250.00
federal political committee.		
Name of Employer PALMETTO ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) JEFFREY HUANG		Date of Receipt
Mailing Address 1214 E CONCORD) ST	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.59817
<u>ORLANDO</u>	FL 32803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIOLOGISTS OF GREA- TER ORLANDO	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1000.00
TOTAL This Period (last page this line num	aber only)	<u> </u>

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) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee ESIOLOGISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH IMANAKA Mailing Address 1100 BLACK WOOI City MODESTO FEC ID number of contributing federal political committee. Name of Employer GOULD MED GRP Receipt For: Primary General Other (specify)	O PL State Zip Code CA 95355 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) PETER JANSSEN Mailing Address 91 LONGWOOD DE City MANDEVILLE FEC ID number of contributing federal political committee. Name of Employer PARISH ANES ASSOC Receipt For: Primary General Other (specify)	State Zip Code LA 70471 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / 28 / 2008 Transaction ID: SA11Al.60171 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JAMES JAWORSKI Mailing Address 2135 TERRA VISTA City MCKINLEYVILLE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 95519 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any peen name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN JENKINS Mailing Address 3232 BLEINHEIM WA City LEXINGTON FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	Y State Zip Code KY 40503 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID JOLY Mailing Address 1210 WIND FIELD CT City CENTERVILLE FEC ID number of contributing federal political committee. Name of Employer ANESTH SERV NETWORK Receipt For: Primary General Other (specify)	State Zip Code OH 45458 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) FREDERICK JONES Mailing Address 2148 CHANCELLOR City NESBIT FEC ID number of contributing federal political committee. Name of Employer MID SOUTH ANES CONSUL Receipt For: Primary General Other (specify)	State Zip Code MS 38651 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M A 29 29 2008 Transaction ID: SA11AI.60235 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Formation Copied from such Rec	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 118 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	n using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initia MONICA JONES Mailing Address 4465 WEBB I	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59721
CHATTANOGA FEC ID number of contributing federal political committee.	TN 37416	Amount of Each Receipt this Period 500.00
Name of Employer ANES CONSULT EXCH Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initia B. WILL KENDRICK	(14)	Date of Receipt
Mailing Address 110 29TH AV	E N #201	M M / D D / Y Y Y Y Y O 8
City	State Zip Code	Transaction ID: SA11AI.59407
NASHVILLE	TN 37203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AMG	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia SCOTT KERCHEVILLE	l)	Date of Receipt
Mailing Address 14 ETON GR	EEN CIRCLE	0 2 0 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59394
SAN ANTONIO	TX 78257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UTHSCSA	Occupation ANESTHESIOLOGISTS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee ESIOLOGISTS POLITICAL ACTION COI	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHI	LSIOLOGISTS FOLITICAL ACTION COI	VIIVIIIIILL
Full Name (Last, First, Middle Initial) KEVIN KINKEAD Mailing Address 1776 MCCONNELL	DDIVE	Date of Receipt
Walling Address 1776 WICCONNELL	DNIVE	02 01 2008
City	State Zip Code	Transaction ID: SA11AI.59356
WILLIAMSPORT	PA 17701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA ASSOC. OF WILL- IAMSPORT	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) GERALD KIRK		Date of Receipt
Mailing Address 12543 GLENDURGA	N DR	02 21 2008
City	State Zip Code	Transaction ID: SA11AI.59823
CARMEL	IN 46032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTHSIDE ANESTHESIA, LLC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) OLEN KITCHINGS		Date of Receipt
Mailing Address 4303 HIGH BLUFF (CIR	02 29 2008
City	State Zip Code	Transaction ID: SA11Al.60217
TEMPLE	TX 76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer SCOTT & WHITE CLINIC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	_1	1150.00

PERMANENTE MED GRP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.		
Full Name (Last, First, Middle Initial) MICHAEL KLEMM Mailing Address 683 BELVEDERE DR City BENICIA FEC ID number of contributing federal political committee. Name of Employer PERMANENTE MED GRP Receipt For: Primary General Other (specify) City LOUISVILLE FEC ID number of contributing federal political committee.	State Zip Code CA 94510 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 2 9 2 0 0 8 Transaction ID: SA11AI.60259 Amount of Each Receipt this Period
MICHAEL KLEMM Mailing Address 683 BELVEDERE DR City BENICIA FEC ID number of contributing federal political committee. Name of Employer PERMANENTE MED GRP Receipt For: Primary General Other (specify) City Couls Koenig Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.	CA 94510 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BENICIA FEC ID number of contributing federal political committee. Name of Employer PERMANENTE MED GRP Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.	CA 94510 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.		
HEIDI KOENIG Mailing Address 507 RIDGEWOOD RD City LOUISVILLE FEC ID number of contributing federal political committee.		
LOUISVILLE FEC ID number of contributing federal political committee.		Date of Receipt
LOUISVILLE FEC ID number of contributing federal political committee.	State Zip Code	0 2 0 6 2 0 0 8 Transaction ID: SA11AI.59498
federal political committee.	KY 40207	Amount of Each Receipt this Period
Name of Employer	C	250.00
UNIV OF LOUISVILLE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TONG-CHUI KOH		Date of Receipt
Mailing Address 2801 W KINNICKINNIC #	453	02 26 2008
City MILWAUKEE	State Zip Code WI 53215	Transaction ID: SA11AI.60087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
ANTO ACCOCAMICOCANCIAI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	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) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE .
A.	Full Name (Last, First, Middle Initial) JANE KUGLER Mailing Address 9739 FIELDCREST D	D		Date of Receipt
			7in Codo	02 08 2008
	City <u>OMAHA</u>	State NE	Zip Code 68114	Transaction ID: SA11AI.59541 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer CHILDRENS HOSP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Б.	Full Name (Last, First, Middle Initial) IRA KUPFERBERG Meiling Address P.O. BOY 680016	1		Date of Receipt
	Mailing Address P.O. BOX 680916			02 25 2008
	City PRATTVILLE	State AL	Zip Code 36068	Transaction ID: SA11AI.59867 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	7
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) MARY KUSSMAN			Date of Receipt
	Mailing Address 4705 HEATHERSTON	IE COURT		02 09 2008
	City COLUMBIA	State MO	Zip Code 65203	Transaction ID: SA11AI.59568 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF MISSOURI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1300.00
f	TOTAL This Period (last page this line number		<u> </u>	

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDRE KWA Mailing Address 1859 OAKBROOK I	DRIVE		Date of Receipt
City LONGWOOD FEC ID number of contributing	State FL	Zip Code 32779	Transaction ID: SA11AI.59844 Amount of Each Receipt this Period
Rame of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO Receipt For: Primary General Other (specify) ▼	- '	ESIOLOGIST Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) CHUN KWAN Mailing Address 18801 OTTERCRE	L EK DR		Date of Receipt 0 2 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.60315
EDMOND	OK	73003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DANIAL LAIRD			Date of Receipt
Mailing Address 4575 DEAN MARTII	N DR #3003		02 / 29 / 4 9 2008
City LAS VEGAS	State NV	Zip Code 89103	Transaction ID: SA11AI.60258
FEC ID number of contributing federal political committee.	C	09103	Amount of Each Receipt this Period 500.00
Name of Employer O'CALLAGHAN FED HOSP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

ITEN Anv ir	HEDULE A (FEC Form 3X) MIZED RECEIPTS Information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 118 (check only one) X
or for	commercial purposes, other than using the r AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHESI	name and ad	dress of any political committee to	solicit contributions from such committee.
A. <u>M</u>	III Name (Last, First, Middle Initial) CHAEL LAM ailing Address 23600 CAMINO HERMO	OSO DB		Date of Receipt
			7:- Oada	02 19 2008
Cit L(ty OS ALTOS HILLS	State CA	Zip Code 94024	Transaction ID: SA11AI.59675 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C		250.00
	ame of Employer ELF-EMPLOYED	Occupation PHYSIC		
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	III Name (Last, First, Middle Initial) MES LANGDON			Date of Receipt
Ma	ailing Address 3600 MALONEY RD			0 2 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State	Zip Code	Transaction ID: SA11AI.60200
FE	NOXVILLE C ID number of contributing deral political committee.	C	37920	Amount of Each Receipt this Period 500.00
Na Ul	ame of Employer NIVERSITY ANESTHESIOLOGY	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	III Name (Last, First, Middle Initial) IZABETH LAU			Date of Receipt
Ma	ailing Address 6911 VAN DORN #2			02 29 7 2008
Cit	ty NCOLN	State NE	Zip Code	Transaction ID: SA11AI.60228
FE	EC ID number of contributing deral political committee.	C	68506	Amount of Each Receipt this Period 500.00
Na AS	ame of Employer SSOC ANESTH	Occupation ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)		>	1250.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE Full Name (Last, First, Middle Initial) CHRISTOPH LAUBER	e name and add	dress of any political committee to	o solicit contributions from such committee.
Mailing Address MITTLERE GSTUECH City BUELACH FEC ID number of contributing federal political committee.	State AE	Zip Code 08180	Date of Receipt M M M
Name of Employer SPITAL BUELACH Receipt For: Primary General Other (specify) ▼	- '	n IESIOLOGIST e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) STUART LAZAROV Mailing Address 1900 EXETER RD #2	10		Date of Receipt 0 2 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.59887
GERMANTOWN FEC ID number of contributing federal political committee.	C	38138	Amount of Each Receipt this Period 500.00
Name of Employer METROPOLITAN ANES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	_, .	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) DAVID LEE			Date of Receipt
Mailing Address 1021 SAVILE LN			02 19 2008
City	State	Zip Code	Transaction ID: SA11AI.59760
MCLEAN	VA	22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer DOMINION ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			975.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARC LEIB Mailing Address P.O. BOX 44527 City PHOENIX FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code AZ 85064 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt O 2
Full Name (Last, First, Middle Initial) JONATHAN LEVELLE Mailing Address 1091 KNOX RIDGE City ATHENS FEC ID number of contributing federal political committee. Name of Employer MEDICAL CENTER ANESTHESIO-LOGISTS OF AT Receipt For: Primary General Other (specify)	State Zip Code GA 30606 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) MARC LEVI Mailing Address 1113 GREENWOOD City BEL AIR FEC ID number of contributing federal political committee. Name of Employer N CHESAPEAKE ANES Receipt For: Primary General Other (specify)	RIDGE State Zip Code MD 21014 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 118 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ A .	Full Name (Last, First, Middle Initial) KEITH LONG			Date of Receipt
	Mailing Address 24 OAK ST		02 / 19 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.59768
	BELMONT FEC ID number of contributing federal political committee.	C	02478	Amount of Each Receipt this Period 250.00
	Name of Employer WINCHESTER ANES	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) PETER LOUX			Date of Receipt
	Mailing Address 1606 DRAKE AVE SI	02 12 2008		
	City	State	Zip Code	Transaction ID: SA11AI.59592
	HUNTSVILLE	AL	35802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupation ANESTH	n HESILOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	1000.00	
С. С.	Full Name (Last, First, Middle Initial) WALTER SCOTT LYKINS			Date of Receipt
	Mailing Address 11018 HWY 62			02 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.59779
	CALVERT CITY	KY	42029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PURCHASE ANESTH	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
	TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 118 (check only one) X 11a
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) ADELE LYNAGH			Date of Receipt
	Mailing Address 113 GREENLEAF LN	02 29 2008		
	City	State	Zip Code	Transaction ID: SA11Al.60281
	EASLEY	SC	29642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CAPITOL ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) JENNIE MACE	<u> </u>		Date of Receipt
-	Mailing Address P.O. BOX 369	02 06 2008		
	City	State	Zip Code	Transaction ID: SA11AI.59413
	MELROSE	<u>FL</u>	32666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIV OF FL	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
<u> </u>	Full Name (Last, First, Middle Initial) DOUGLAS MACLEAR	1		Date of Receipt
	Mailing Address 308 CORNELL DR			02 29 7 2008
	City LAKE WORTH	State FL	Zip Code 33460	Transaction ID: SA11AI.60250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTHERN PAIN INST	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, '	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 118 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MYRTICE MACON Mailing Address 4343 QUARTON RI		7.0.4	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City BLOOMFIELD HILLS FEC ID number of contributing federal political committee.	State MI	Zip Code 48302	Transaction ID: SA11AI.60253 Amount of Each Receipt this Period 250.00
Name of Employer GROSSE POINTE ANES Receipt For: Primary General Other (specify) ▼	- ' '	ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) GARY MANNING Mailing Address 4106 OBERLIN ST			Date of Receipt 0 2 0 0 8
City HOUSTON FEC ID number of contributing federal political committee.	State TX	Zip Code 77005	Transaction ID: SA11AI.60324 Amount of Each Receipt this Period 250.00
Name of Employer GHA Receipt For: Primary General	Occupation PHYSICIA		1
Full Name (Last, First, Middle Initial) RANDY MARCEL Mailing Address 592 N COLLINS RE		230.00	Date of Receipt
City MESQUITE FEC ID number of contributing federal political committee.	State TX	Zip Code 75182	Transaction ID: SA11AI.60468 Amount of Each Receipt this Period 250.00
Name of Employer EXCEL Receipt For:	Occupation ANESTH	ESIOLOGIST	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	, I)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17 To for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN MARTY Mailing Address 146 PEG SHOP R	D	Date of Receipt
City	State Zip Code	02 29 2008 Transaction ID: SA11Al.60231
KEENE	NH 03431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHESHIRE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SCOTT MAXWELL		Date of Receipt
Mailing Address 4200 WEST MEMO SUITE 703	ORIAL ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59632
OKC	OK 73120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AFFILIATED ANESTHESIOLOGI- STS INC.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) AUBREY MAZE	I	Date of Receipt
Mailing Address 2901 N CENTRAL	#500	02 29 7 2008
City	State Zip Code	Transaction ID: SA11AI.60431
PHOENIX	AZ 85012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VALLEY ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(check only one)		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) JAMES MCGRATH Mailing Address 5715 SANDERS City LAGRANGE FEC ID number of contributing federal political committee.	State Zip Code IL 60525	Date of Receipt M M M		
Name of Employer SUBURBAN ANESTHESIOLOGISTS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.0	00		
Full Name (Last, First, Middle Initial) ANDRES MELENDEZ-DEDOS Mailing Address P.O. BOX 367228	NDRES MELENDEZ-DEDOS			
City SAN JUAN	State Zip Code PR 00936	Transaction ID: SA11AI.59938		
FEC ID number of contributing federal political committee. Name of Employer	PR 00936 C Occupation	Amount of Each Receipt this Period 250.00		
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.0	00 "		
Full Name (Last, First, Middle Initial)		Data of Descript		
HOWARD MENDEL Mailing Address 12 LUCERNE CT		Date of Receipt 0 2 2 9 2 0 0 8		
CHERRY LILL	State Zip Code	Transaction ID: SA11AI.60256		
CHERRY HILL FEC ID number of contributing federal political committee.	NJ 08003	Amount of Each Receipt this Period 250.00		
Name of Employer BURLINGTON ANESTH	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00		
SUBTOTAL of Receipts This Page (optional)	1	750.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 118 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES MESROBIAN Mailing Address 827 E. BIRCH AVEN			Date of Receipt
		02 27 27 2008		
	City WHITEFISH BAY	State W1	Zip Code 53217	Transaction ID: SA11AI.60145 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	GOLT	500.00
	Name of Employer SUMMIT ANESTHESIOLOGY, LT- D.	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) MIECZYSLAW MIDURA			Date of Receipt
	Mailing Address 41 83RD ST	02 29 2008		
	City	State	Zip Code	Transaction ID: SA11AI.60305
	BROOKLYN FEC ID number of contributing federal political committee.	C	11209	Amount of Each Receipt this Period 250.00
	Name of Employer ANES ASSOC BAY RIDGE	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) BRIAN MILLS			Date of Receipt
	Mailing Address 4105 W 123RD ST			02 / 26 / 2008
	City LEAWOOD	State KS	Zip Code 66209	Transaction ID: SA11AI.60112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00200	250.00
	Name of Employer MIDWEST ANESTH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

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) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JULIAN MIRMAN Mailing Address 220 S CITRUS AVE City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State Zip Code CA 90036 C Occupation ANESTHESIOLOGIST	Date of Receipt 0 2 0 6 2 0 0 8 Transaction ID: SA11AI.59423 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
CARLOS MORENO Mailing Address P.O. BOX 548 City CENTREVILLE FEC ID number of contributing	State Zip Code MI 49032	Date of Receipt 0 2 0 8 2 0 0 8 Transaction ID: SA11AI.59548 Amount of Each Receipt this Period 450.00
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) PHILLIP MOSS Mailing Address 5321 W MISTY WIL	LOW LN	Date of Receipt 0 2 2 9 2 0 0 8
City GLENDALE FEC ID number of contributing federal political committee.	State Zip Code AZ 85310	Transaction ID: SA11AI.60414 Amount of Each Receipt this Period 250.00
Name of Employer ANESTH MED Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	_
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 118 (check only one) X 11a
or for commercial purposes, other than using	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE .
Full Name (Last, First, Middle Initial) PETER MULAIKAL Mailing Address 11000 NACIREMA	IN	Date of Receipt
City	State Zip Code	0 2 0 6 2 0 0 8 Transaction ID: SA11AI.59435
STEVENSON FEC ID number of contributing federal political committee.	MD 21153	Amount of Each Receipt this Period 250.00
Name of Employer PARKWAY ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MIHAI MURARESCU	l	Date of Receipt
Mailing Address 1640 OAK AVE	02 19 2008	
City	State Zip Code	Transaction ID: SA11Al.59677
BOULDER	CO 80304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) BRENT MURDOCK	'	Date of Receipt
Mailing Address 6036 FOOTHILL D	PR	02 06 2008
City	State Zip Code	Transaction ID: SA11AI.59470
HIGHLAND	UT 84003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MOUNTAIN WEST ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00
TOTAL This Period (last page this line nun	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 118 (check only one) X 11a
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ A .	Full Name (Last, First, Middle Initial) WILLIAM PAUL MURPHY			Date of Receipt
	Mailing Address 10821 WEATHER VA	02 25 25 2008		
	City RICHMOND	State VA	Zip Code 23238	Transaction ID: SA11AI.59840 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA ASSOCIATES OF RICHMOND	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) DAVID MYERS			Date of Receipt
	Mailing Address 27 REGENTS PARK	02 26 2008		
	City E AMHERST	State NY	Zip Code 14051	Transaction ID: SA11AI.59915
	FEC ID number of contributing federal political committee.	C	14031	Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	1
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	
C.	NORAH NAUGHTON Mailing Address 3621 S STATE ST 70	00 KMS		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.60085
	ANN ARBOR FEC ID number of contributing federal political committee.	C	48108	Amount of Each Receipt this Period 250.00
	Name of Employer UNIV OF MICHIGAN	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
r	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	1	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 118 (check only one) X 11a 11b 11c 12
Ar	ry information copied from such Reports and S for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS P	OLITICAL ACTION COM	MITTEE
\ <u></u>	Full Name (Last, First, Middle Initial) DANIEL NGUYEN			Date of Receipt
	Mailing Address 212 BIRCH ST			02 29 2008
	City	State	Zip Code	Transaction ID: SA11Al.60277
	BOONE	NC	28607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer WAA	Occupation ANESTHES	IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
— 3.	Full Name (Last, First, Middle Initial) LUU NGUYEN			Date of Receipt
-	Mailing Address 9024 FT CRAIG DR	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11Al.60180
	BURKE	VA	22015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDICAL FACULTY ASSOC	Occupation ANESTHES	IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) MARIA O'NEILL	<u> </u>		Date of Receipt
	Mailing Address 851 REVERE DR			02 19 2008
	City ST LOUIS	State MO	Zip Code 63141	Transaction ID: SA11AI.59727
	FEC ID number of contributing federal political committee.	C	03141	Amount of Each Receipt this Period 500.00
	Name of Employer OBSTETRICAL ANESTH	Occupation ANESTHES	IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea		
s	UBTOTAL of Receipts This Page (optional)	1		1250.00

ITEMIZED R		ements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 118 (check only one) X
NAME OF COM	ourposes, other than using the nan MMITTEE (In Full) SOCIETY OF ANESTHESIOL			on for the purpose of soliciting contributions o solicit contributions from such committee. MITTEE
A. ROBERT OLIVA	t, First, Middle Initial) RES 5 5913 QUINTA REAL CT			Date of Receipt
	5 3913 QUINTA REAL CT			02 26 2008
City <u>EL PASO</u>		State TX	Zip Code	Transaction ID: SA11AI.60066
FEC ID number federal political		C	79912	Amount of Each Receipt this Period 500.00
Name of Emplo ANES CONSU	yer LT ASSOC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (sp	General	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
	5130 HUNTERS CHASE F	RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	0	State NM	Zip Code	Transaction ID: SA11AI.59979
LAS CRUCE FEC ID number federal political	of contributing	C	88011	Amount of Each Receipt this Period 250.00
Name of Emplo MESILLA VALI	yer LEY ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary Other (sp	General	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Address				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State NJ	Zip Code	Transaction ID: SA11AI.59523
WARREN FEC ID number federal political		C	07059	Amount of Each Receipt this Period 250.00
Name of Emplo SUMMIT MED		Occupation PHYSICIA		
Receipt For: Primary Other (sp	General	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Re	eceipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 118 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BARBARA PAGE Mailing Address 900 PEELER ST			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KALAMAZOO FEC ID number of contributing	State MI	Zip Code 49003	Transaction ID: SA11AI.60273 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation ANESTH	n ESIOLOGIST • Year-to-Date ▼	
Full Name (Last, First, Middle Initial) ROGERIO PARREIRA Mailing Address 6470 OLD SHADB	Date of Receipt 0 2 0 0 8		
City BUFORD	State GA	Zip Code 30518	Transaction ID: SA11AI.60270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	EC ID number of contributing		250.00
Name of Employer GWINNETT ANES SERV	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANDREW PATE			Date of Receipt
Mailing Address 2059 SKYHAWK C	CT		02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MT PLEASANT	State SC	Zip Code 29466	Transaction ID: SA11AI.60360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00	250.00
Name of Employer CHARLESTON ANES GRP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 118 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) THALES PAVLATOS			Date of Receipt
	Mailing Address 2790 KILKENNY DR			02 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.60083
	<u>SPRINGFIELD</u>	ОН	45503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MERCY ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) ROBERT PEASE			Date of Receipt
	Mailing Address 3300 PROVIDENCE I	DR #207		02 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.60230
	ANCHORAGE	AK	99508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PAAMG	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) W C PETERSON	1		Date of Receipt
	Mailing Address 1954 E FORT UNION	l #111		02 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.60017
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PEDIATRIC ANES	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the (crieck only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee. CTION COMMITTEE
Full Name (Last, First, Middle Initial) CREIGHTON PICKETT Mailing Address 500 THROCKMORTO City FT WORTH FEC ID number of contributing federal political committee. Name of Employer NORTHSTAR ANESTH Receipt For: Primary General	State Zip Code TX 76102 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) HAROLD PIERCE Mailing Address 12740 S 14TH CIR City JENKS FEC ID number of contributing federal political committee. Name of Employer SOUTHCREST HOSP	State Zip Code OK 74037 C Occupation ANESTHESIOLOGIST	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) GREGORY PORTER Mailing Address 115 HIGH ST City	Aggregate Year-to-Date ▼ State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
GRASS VALLEY FEC ID number of contributing federal political committee. Name of Employer SIERR AMBULATORY SURGERY Receipt For: Primary General	CA 95945 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00
Other (specify) SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to the sold of the sold or used by any personal statements and sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN PORTER Mailing Address 217 E 96TH ST #230 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer MT SINAI MED CTR Receipt For: Primary General		Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) PAUL POST Mailing Address 70265 COUNTY RD City SCOTTSBLUFF FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
ROBERT POWERS Mailing Address P.O. BOX 7288 City LITTLE ROCK FEC ID number of contributing federal political committee.	State Zip Code AR 72217	Date of Receipt M M
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00]
SUBTOTAL of Receipts This Page (optional)	·	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 118 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANES' Full Name (Last, First, Middle Initial)	THESIOLOGISTS POLITICAL ACTION COM	IMITTEE
EDWARD PREJEAN Mailing Address 9706 VALLEY LA	KE CT	Date of Receipt 0 2 2 9 2 0 0 8
City IRVING	State Zip Code TX 75063	Transaction ID: SA11AI.60294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UTSW MED CTR Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIE QUON	-1.01	Date of Receipt
Mailing Address 8710 S COLLEGI	02 29 2008	
City TEMPE	State Zip Code AZ 85284	Transaction ID: SA11AI.60435
FEC ID number of contributing federal political committee.	AZ 85284	Amount of Each Receipt this Period 250.00
Name of Employer CANYON STATE ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) NATHAN RACHMAN		Date of Receipt
Mailing Address 1241 KILLARNEY	DR	02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59653
ORMOND BEACH FEC ID number of contributing federal political committee.	FL 32174	Amount of Each Receipt this Period 250.00
Name of Employer HALIFAX ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	750.00
TOTAL This Period (last page this line nu	mber only)	

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 118
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED KECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
_			,	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma ame and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESION	OLOGIST	S POLITICAL ACTION COM	MITTEE
Δ. Α.	Full Name (Last, First, Middle Initial) TRELVIS RAGIN			Date of Receipt
	Mailing Address 9610 GREENBANK DR			02 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.59734
	RIVERVIEW	FL	33569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
- В.	Full Name (Last, First, Middle Initial) ANN REA			Date of Receipt
	Mailing Address P.O. BOX 888			02 08 2008
	City	State	Zip Code	Transaction ID: SA11AI.59543
	MCCOMB	MS	39649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial)			1
C.	BRENT REICH			Date of Receipt
	Mailing Address 4467 RIDGEWOOD LAI	NE SOUTI	Н	0 2 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.59371
	BILLINGS	MT	59106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA PARTNERS OF MO- NTANA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	
_	Other (specify) ▼			
	SUBTOTAL of Receipts This Page (optional)			2500.00
L	ODITION OF TROOPER THIS I age (optional)			

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persor ress of any political committee to	
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT RENCK			Date of Receipt
Mailing Address 11041 N MOFFAT R		7's O. d.	02 29 2008
City	State WA	Zip Code	Transaction ID: SA11AI.60308
MEAD FEC ID number of contributing federal political committee.	C	99021	Amount of Each Receipt this Period 250.00
Name of Employer COMP HEALTH	Occupation		
		ESIOLOGIST	\dashv
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) THOMAS RICK			Date of Receipt
Mailing Address 1518 E VILLA MARI.	A DR		02 26 7 2008
City	State	Zip Code	Transaction ID: SA11AI.60029
PHOENIX	AZ	85022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) DAVID RITTER			Date of Receipt
Mailing Address 6234 NW 23RD TEF	?		02 06 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.59495
BOCA RATON	FL	33496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 118 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee HESIOLOGISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MELISSA ROCKFORD		Date of Receipt
Mailing Address 17507 W. 83RD TI		02 17 YYYY 17 2008
City	State Zip Code KS 66219	Transaction ID: SA11AI.59628
LENEXA FEC ID number of contributing federal political committee.	KS 66219	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF KANSAS PHYS- ICIANS INC. Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RICHARD ROMERO Mailing Address 1601 E 19TH AVE	#5610	Date of Receipt
Mailing Address 1601 E 191H AVE	#3610	02 26 2008
City	State Zip Code	Transaction ID: SA11AI.59975
DENVER	CO 80218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer PEDIATRIC ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT ROSEN		Date of Receipt
Mailing Address 1838 PARK ST N		02 29 2008
City	State Zip Code	Transaction ID: SA11AI.60365
ST PETERSBURG	FL 33710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

S	CHEDULE A (FEC Form 3X)		Use separate s	chedule(s)	FOR LINE NUMBER: PAGE 80 / 118
	TEMIZED RECEIPTS		for each category of the		(check only one)
11	I EIVIIZED RECEIPTS		Detailed Summ	,	X 11a 11b 11c 12
					13 14 15 16 17
A 0	any information copied from such Reports and Stat r for commercial purposes, other than using the na	ements may ame and add	not be sold or used dress of any political	ed by any person al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS	S POLITICAL AC	CTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) MICHAEL ROSENFELD				Date of Receipt
	Mailing Address 117 E MAIN ST #4				02 26 2008
	City	State	Zip Code		Transaction ID: SA11AI.59985
	MARION	VA	24354		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		·	500.00
	Name of Employer SMYTH ANES ASSOC	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	Year-to-Date		7
	Primary General			500.00	
	Other (specify)	0 0	0 0 0 0	500.00	
В.	Full Name (Last, First, Middle Initial) RANDY ROSETT				Date of Receipt
	Mailing Address 13611 ELENA GALLEGO	OS PL NE			02 / 19 / Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: SA11AI.59662
	ALBUQUERQUE	NM	87111		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		·	250.00
	Name of Employer UNIV OF NEW MEXICO	Occupation PHYSICI			
	Receipt For:	Aggregate	Year-to-Date		
	Primary General Other (specify) ▼			250.00	
 С.	Full Name (Last, First, Middle Initial) KATALIN RUSSAY				Date of Receipt
.	Mailing Address O N 662 CHELSEA CIR				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: SA11AI.60242
	WINFIELD	IL	60190		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		·	250.00
	Name of Employer WEST CENTRAL ANES	Occupation	n ESIOLOGIST		
	Receipt For:	Aggregate	Year-to-Date V		1
	Primary General		1 1 1 1	250.00	
	Other (specify)		0 0 0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)				1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 118 (check only one) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) BRUCE SALTZMAN Mailing Address 1581 BRICKELL AVE	#2201		Date of Receipt
		#2301		02 29 2008
	City MIAMI	State FL	Zip Code 33129	Transaction ID: SA11AI.60337
	FEC ID number of contributing federal political committee.	C	33129	Amount of Each Receipt this Period 250.00
	Name of Employer UNIV OF MIAMI	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) HAFEZ SAMI	1		Date of Receipt
	Mailing Address 7530 GLADSTONE DI	02 19 2008		
	City	State	Zip Code	Transaction ID: SA11AI.59794
	NAPERVILLE FEC ID number of contributing federal political committee.	C	60565	Amount of Each Receipt this Period 300.00
	Name of Employer DVA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00]
с. С.	Full Name (Last, First, Middle Initial) MADHANKUMAR SATHYAMOORTHY			Date of Receipt
	Mailing Address 41 ASTER CT			02 25 2008
	City NASHUA	State NH	Zip Code 03062	Transaction ID: SA11AI.59868
	FEC ID number of contributing federal political committee.	C	03002	Amount of Each Receipt this Period 250.00
	Name of Employer GRANITE STATE ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			800.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82/118 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE		•	
Full Name (Last, First, Middle Initial) JOHN SATTERFIELD			Date of Receipt
Mailing Address 125 WHITE SAIL DR	ł		02 29 2008
City SOUTHINGTON	State CT	Zip Code 06489	Transaction ID: SA11AI.60208
FEC ID number of contributing federal political committee.	C	06489	Amount of Each Receipt this Period 250.00
Name of Employer NEW BRITAIN ANESTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SCOTT SATTOVIA			Date of Receipt
Mailing Address 4102 NEWBURY DR			0 2 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.60300
SPRINGFIELD FEC ID number of contributing federal political committee.	C	62711	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANES SPRGFLD	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRIAN SCHANDER			Date of Receipt
Mailing Address 2624 WINTER PARK	(DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State IL	Zip Code	Transaction ID: SA11AI.60154
NAPERVILLE FEC ID number of contributing federal political committee.	C	60565	Amount of Each Receipt this Period 250.00
Name of Employer DUPAGE VALLEY ANES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES SCHLIMMER Mailing Address 15321 TIMBER RIDGE City BURNSVILLE FEC ID number of contributing federal political committee. Name of Employer HENNEPIN FACULTY ASSOC Receipt For: Primary General	State Zip Code MN 55306 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) HARRY SCHRIER Mailing Address 7390 SW 153RD ST City VILL PALMETTO BAY FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC GR MIAMI Receipt For: Primary General Other (specify)	State Zip Code FL 33157 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LARRY SEGERS Mailing Address 215 ASPHODEL DR City DOTHAN FEC ID number of contributing federal political committee. Name of Employer DOTHAN ANES ASSOC Receipt For: Primary General Other (specify)	State Zip Code AL 36303 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 118 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PAUL SEITZ		Date of Receipt
Mailing Address 821 SHADOWSTC	ONE PL	02 06 2008
City	State Zip Code	Transaction ID: SA11AI.59509
NASHVILLE	TN 37220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA MEDICAL GROUP PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JEFFREY SHAPIRO		Date of Receipt
Mailing Address 5080 JETT FORES	ST TR	02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59758
<u>ATLANTA</u>	GA 30327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PIEDMONT ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TIMOTHY SHIPE		Date of Receipt
Mailing Address 1304 MASTERS C	T	02 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHESAPEAKE	State Zip Code VA 23320	Transaction ID: SA11AI.60465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CAI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LESLIE SHREM Mailing Address 197 RIDGEDALE A City CEDAR KNOLLS	AVE State Zip Code NJ 07927	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer NORTHERN ANESTH	Occupation PHYSICIAN	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DEAN SIDER Mailing Address 4043 BERMUDA G	ROVE PLACE	Date of Receipt 0 2 1 9 2 0 0 8
City LONGWOOD	State Zip Code FL 32779	Transaction ID: SA11AI.59815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGISTS OF GREATER ORLANDO Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) SCOTT SIEBEL Mailing Address 8613 E WETHERS	FIELD RD	Date of Receipt 0 2 1 9 2 0 0 8
City	State Zip Code	Transaction ID: SA11Al.59655
SCOTTSDALE FEC ID number of contributing federal political committee.	AZ 85260	Amount of Each Receipt this Period 1000.00
Name of Employer CHANDLER ANES CONSULT	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona	(le	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 118 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BRENT SILVER			Date of Receipt
Mailing Address 13002 E TURQUOISE	AVE		02 29 2008
City	State	Zip Code	Transaction ID: SA11AI.60416
SCOTTSDALE	ΑZ	85259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		550.00
Name of Employer VAC	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) MARK SINGLETON			Date of Receipt
Mailing Address 1805 GREENCREEK D	PR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.60363
SAN JOSE	CA	95124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PAUL SKAFF			Date of Receipt
Mailing Address 28 NORWOOD ROAD			02 25 7 2008
City	State	Zip Code	Transaction ID: SA11AI.59842
CHARLESTON	WV	25314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GENERAL ANESTHESIA SERVIC- ES	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 118 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) BRIAN SMITH	2.41/0		Date of Receipt
	Mailing Address 1555 MONTEBELLO (JAKS		02 19 2008
	City	State CA	Zip Code	Transaction ID: SA11AI.59667
	LOS ALTOS FEC ID number of contributing federal political committee.	C	94024	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) K D SMITH Mailing Address 200 MANSELL CT #1(I .		Date of Receipt
	Mailing Address 200 MANSELL CT #10	J5 		02 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.60091
	ROSWELL FEC ID number of contributing federal political committee.	GA C	30076	Amount of Each Receipt this Period 250.00
	Name of Employer NORTHSIDE ANES CONSUL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
с. С.	Full Name (Last, First, Middle Initial) SHIRLEY SMITH	1		Date of Receipt
	Mailing Address 6538 N 27TH ST			02 26 26 2008
	City PHOENIX	State AZ	Zip Code 85016	Transaction ID: SA11AI.60041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
f	TOTAL This Period (last page this line number		<u> </u>	

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) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DON SOKOLIK Mailing Address 2757 KINSINGTON (City WESTON FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BARBARA SORENSEN Mailing Address 627 CHICAGO BLVE City SEA GIRT FEC ID number of contributing federal political committee. Name of Employer RANCOCAS ANESTHESIOLOGY PA Receipt For: Primary General Other (specify)	State Zip Code NJ 08750 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y 2 0 0 8 Transaction ID: SA11AI.59583 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) HOWARD SPANG Mailing Address 2818 VALENCIA DR City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer AMGSB Receipt For: Primary General Other (specify)	State Zip Code CA 93105 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 118 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any perse name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PETER SPERANDIO Mailing Address 102 E CENTRE BLVD City MARLTON FEC ID number of contributing federal political committee. Name of Employer W JERSEY ANES ASSOC Receipt For: Primary General Other (specify)	State Zip Code NJ 08053 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) RICHARD STEARNS Mailing Address 514 W PUEBLO ST F City SANTA BARBARA FEC ID number of contributing federal political committee. Name of Employer ANES MED GRP S BARB Receipt For: Primary General		Date of Receipt M M M C D D C 26 2008 Transaction ID: SA11AI.60024 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) JOHN STEPHENSON Mailing Address 926 E ROCK SPRING City ATLANTA FEC ID number of contributing federal political committee. Name of Employer PHYS SPEC IN ANESTH	State Zip Code GA 30306 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	1250.00

City State Zip Code FAIR OAKS CA 95628 FEC ID number of contributing rederal political committee. Name of Employer METRO ANESTH Occupation ANESTHESIOLOGIST		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 118 (check only one) X 11a
Milling Address 4233 POCONO CT	\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
Receipt For: Primary General Aggregate Year-to-Date ▼	∠ A .	WILLIAM STEVENS Mailing Address 4233 POCONO CT City FAIR OAKS FEC ID number of contributing federal political committee.	CA	95628	0 2 1 9 2 0 0 8 Transaction ID: SA11AI.59659
Amount of Each Receipt Date of Receipt Date of Receipt	_	Receipt For: Primary General Other (specify) ▼	ANESTH	HESIOLOGIST e Year-to-Date ▼	
City State Zip Code UT 84107 FEC ID number of contributing federal political committee. C	3.	RANDALL STOCKHAM	T DR		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MILLCREEK ANESTH Receipt For: Primary General Other (specify) ▼ City State Zip Code City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code CO 80304 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		City	State	Zip Code	
Name of Employer MILLCREEK ANESTH ANESTHESIOLOGIST Receipt For:		SALT LAKE CITY	UT	84107	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CRISTINA STOICA Mailing Address 1640 OAK AVE City State Zip Code BOULDER CO 80304 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		federal political committee.	С		250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CRISTINA STOICA Mailing Address 1640 OAK AVE City State Zip Code BOULDER CO 80304 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00		Name of Employer MILLCREEK ANESTH			
CRISTINA STOICA Mailing Address 1640 OAK AVE City State Zip Code BOULDER CO 80304 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 2 19 19 2008 Transaction ID: SA11AI.59676 Amount of Each Receipt this Period 1000.00		Primary General		e Year-to-Date ▼	
City State Zip Code CO 80304 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.59676 Amount of Each Receipt this Period 1000.00	. –	CRISTINA STOICA			Date of Receipt
BOULDER CO 80304 Amount of Each Receipt this Period C 1000.00 PEC ID number of contributing federal political committee. C 1000.00 Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ 1000.00 AMOUNT of Each Receipt this Period 1000.00		Mailing Address 1640 OAK AVE			
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1000.00				·	
SELF-EMPLOYED ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		FEC ID number of contributing		80304	Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ 1000.00		Name of Employer SELF-EMPLOYED			
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)	I		1500.00

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) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) FRANK SUATONI Mailing Address 35 CASTLE ROCK City BRANFORD FEC ID number of contributing federal political committee. Name of Employer MEDFORD ANES GRP Receipt For: Primary General Other (specify)	State Zip Code CT 06405 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt O 2
Full Name (Last, First, Middle Initial) ROBERT SUGAR Mailing Address 14500 CASTLEROCI City SALINAS FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 93908 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2
Full Name (Last, First, Middle Initial) MARK TASCH Mailing Address 235 REDDING CT City ZIONSVILLE FEC ID number of contributing federal political committee. Name of Employer INDIANA UNIV SCHL MED Receipt For: Primary General Other (specify)	State Zip Code IN 46077 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 118 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) RENAE TAYS			Date of Receipt
Mailing Address 7324 E IRONWOOI		71.0	02 26 2008
City	State AZ	Zip Code	Transaction ID: SA11AI.60039
SCOTTSDALE FEC ID number of contributing federal political committee.	C	85258	Amount of Each Receipt this Period 500.00
Name of Employer VALLEY ANES CONSUL	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL TODD Mailing Address 6618 JCP 200 HAW	IKING DB		Date of Receipt
City	State	Zip Code	02 26 2008
IOWA CITY	IA	52242	Transaction ID: SA11AI.60022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer UNIV OF IOWA	Occupation PHYSICIA		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) FRANCISCO TORRES-SIERRA			Date of Receipt
Mailing Address P.O. BOX 189			02 26 2008
City	State	Zip Code	Transaction ID: SA11AI.59936
CAGUAS	PR	00726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GRUPO ANES DE OJOS	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional	l)	_	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 118 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) KATHY TRAWICK		Date of Receipt
Mailing Address 1870 CHATTAHOOCH	EE RUN DRIVE	02 18 2008
City	State Zip Code	Transaction ID: SA11AI.59635
SUWANEE	GA 30024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GWINNETT ANESTHESIA SERVI- CE, PC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CRAIG TROOP		Date of Receipt
Mailing Address 4701 AUGUSTA DR		0 2 0 6 2 0 0 8
City FRISCO	State Zip Code TX 75034	Transaction ID: SA11AI.59416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS TUCHIN		Date of Receipt
Mailing Address 2214 E BETHANY HOI	ME RD	02 26 2008
City	State Zip Code	Transaction ID: SA11Al.60097
PHOENIX	AZ 85016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VALLEY ANES CONSUL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 118 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t HESIOLOGISTS POLITICAL ACTION COM	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ERIC TWEEDIE	The order of the first of the f	Date of Receipt
Mailing Address 345 HERMAN MEL	LVILLE	0 2 1 9 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.59772
NEWPORT NEWS	VA 23606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) REED UNDERWOOD	L	Date of Receipt
Mailing Address 1518 T ST NW		02 19 2008
City	State Zip Code	Transaction ID: SA11AI.59657
WASHINGTON	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FAIR OAKS ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MIKHAIL VAGER	L	Date of Receipt
Mailing Address 2662 NORCHARD	ST #3	02 28 2008
City	State Zip Code	Transaction ID: SA11Al.60153
CHICAGO	IL 60614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CONTINENTAL ANES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 118 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER VASIL Mailing Address 15500 SHANNON F City LOS GATOS FEC ID number of contributing federal political committee. Name of Employer GROUP ANES SERV	State Zip Code CA 95032 C Occupation PHYSICIAN	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 500.00	
HENRY VENABLE Mailing Address 10410 CLIFFWOOI City HOUSTON FEC ID number of contributing federal political committee.	State Zip Code TX 77035	Date of Receipt M M M O D D O Y Y Y Y Y Y O 2 O 0 8 Transaction ID: SA11AI.59386 Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) JOHN VENABLE Mailing Address 1051 W AREBA AV City	/E State Zip Code	Date of Receipt M M
HERSHEY FEC ID number of contributing federal political committee.	PA 17033	Amount of Each Receipt this Period 250.00
Name of Employer RIVERSIDE ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 118 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DEBORAH VERNASCO			Date of Receipt
Mailing Address 319 EAST STATE AVE	NUE		02 17 2008
City	State	Zip Code	Transaction ID: SA11AI.59624
PHOENIX	AZ	85020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT VILLARREAL			Date of Receipt
Mailing Address 5400 SUNCREST DR	#B3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.59874
EL PASO	TX	79912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer ANES CONSULTS ASSOC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) EDWARD VIOLANTE			Date of Receipt
Mailing Address 14700 28TH AVE N #2	20		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.60057
PLYMOUTH	MN	55447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer MEDICAL ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by a ne name and address of any political com	any person for the purpose of soliciting contributions
	SIOLOGISTS POLITICAL ACTIO	
Full Name (Last, First, Middle Initial) STEVEN VITCOV Mailing Address 35 PARKER AVE		Date of Receipt
City SAN FRANCISCO	State Zip Code CA 94118	Transaction ID: SA11AI.60125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) MARY VONWALDNER Mailing Address 3027 DICK WILSON	DR	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59770
SARASOTA FEC ID number of contributing federal political committee.	FL 34240	Amount of Each Receipt this Period 250.00
Name of Employer SARASOTA ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250	0.00
Full Name (Last, First, Middle Initial) ADAM WALDMAN Mailing Address 7200 MEEKER CK D	D	Date of Receipt
		02 08 2008
City <u>DAYTON</u>	State Zip Code OH 45414	Transaction ID: SA11AI.59534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AANWD	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)	-	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 118 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TERESA WALKER Mailing Address 3519 RIVIERE DU City	CHIEN State Zip Code	Date of Receipt M
MOBILE FEC ID number of contributing federal political committee.	AL 36693	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) JOHN WALSH Mailing Address 1900 EXETER #21	0	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GERMANTOWN	State Zip Code TN 38138	Transaction ID: SA11AI.60227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MAA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) XIAOLIN WANG Mailing Address 2725 KEATS DRIV	E	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.59822
SPRINGFIELD FEC ID number of contributing federal political committee.	IL 62711	Amount of Each Receipt this Period 200.00
Name of Employer SAA, S.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (options	al)	1200.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GRANT WEICHT Mailing Address 6055 N 2ND ST			Date of Receipt
City PHOENIX FEC ID number of contributing	State AZ	Zip Code 85012	Transaction ID: SA11AI.60451 Amount of Each Receipt this Period
Receipt For: Primary General	Occupation PHYSICI Aggregate		250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) COURTNEY WILLIAMS Mailing Address 300 LAGO VISTA ST	0 0		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City KEMAH FEC ID number of contributing federal political committee.	State TX	Zip Code 77565	Transaction ID: SA11AI.60306 Amount of Each Receipt this Period 250.00
Name of Employer UTMB Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) ELIZABETH WILLIAMS Mailing Address 5523 BARTLETT ST			Date of Receipt 0 2 0 6 2 0 0 8
City PITTSBURGH FEC ID number of contributing federal political committee.	State PA	Zip Code 15217	Transaction ID: SA11AI.59484 Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF PITTSBURGH Receipt For:		n ESIOLOGIST e Year-to-Date	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 118 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JOHN WILSON Mailing Address 13207 ROCKLYN D	D	Date of Receipt
		02 22 2008
City <u>URBANDALE</u>	State Zip Code IA 50323	Transaction ID: SA11AI.59824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS PC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JONATHAN WRIGHT		Date of Receipt
Mailing Address 1 MAPLE BROOK (COURT	02 04 2008
City	State Zip Code	Transaction ID: SA11AI.59377
SIMPSONVILLE FEC ID number of contributing federal political committee.	SC 29681	Amount of Each Receipt this Period 500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RICHARD WU		Date of Receipt
Mailing Address 12038 N HICKORY	GROVE RD	0 2 1 9 2 0 0 8
City DUNLAP	State Zip Code IL 61525	Transaction ID: SA11AI.59762
FEC ID number of contributing federal political committee.	IL 61525	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line numl	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 118 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ig the name and address of any political committee	son for the purpose of soliciting contributions
	THESIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) K DUFF YAUNEY Mailing Address 1954 FT UNION E	BI VD#111	Date of Receipt
City	State Zip Code	0 2 2 9 2 0 0 8 Transaction ID: SA11Al.60225
SALT LAKE CITY FEC ID number of contributing federal political committee.	UT 84121	Amount of Each Receipt this Period 500.00
Name of Employer PEDIATRIC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BENJAMIN YODER	I	Date of Receipt
Mailing Address 1538 BIRKA LN		02 06 2008
City	State Zip Code	Transaction ID: SA11AI.59477
ONALASKA	WI 54650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GUNDERSEN LUTHERAN	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) DANIEL YOUSIF		Date of Receipt
Mailing Address 67 MARYWOOD	TRL	02 08 2008
City	State Zip Code	Transaction ID: SA11AI.59536
WHEATON FEC ID number of contributing federal political committee.	IL 60187	Amount of Each Receipt this Period 250.00
Name of Employer ELMHURST ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

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) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN ZIMMERMAN Mailing Address P.O. BOX 970159		Date of Receipt
City OREM	State Zip Code UT 84097	Transaction ID: SA11AI.59924 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MOUNTAIN WEST ANES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MARK ZUKAITIS Mailing Address 2204 CROSS CREEK	(DR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.60347
GASTONIA	NC 28056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PMAA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL ZYGMUNT		Date of Receipt
Mailing Address 1 S 413 CHASE AVE		02 28 2008
City	State Zip Code	Transaction ID: SA11AI.60165
LOMBARD FEC ID number of contributing federal political committee.	IL 60148	Amount of Each Receipt this Period 250.00
Name of Employer ELMHURST ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	r only)	105575.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 118 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE			Date of Receipt 0 2 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA17.60589
CHICAGO	IL	60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		3954.39
Name of Employer	Occupatio	n	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 8327.68	

SUBTOTAL of Receipts This Page (optional)	•	3954.39
TOTAL This Period (last page this line number only)		3954.39

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check or	E NUMBER: PAGE 104 / 118
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITICAL AC	CTION COMM	/ITTEE
<u>/</u>	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.60549
	ADLER FOR CONGRESS			Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DF			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City MARLTON	State Zip Code NJ 08053		Amount of Each Disbursement this Period
	Purpose of Disbursement	110 00000		3500.00
	Candidate Name		Category/	
			Type	
	· -	ement For: 2008 Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS			Transaction ID: SB23.60537 Date of Disbursement
	Mailing Address P.O. BOX 636			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City ANNANDALE	State Zip Code VA 22003		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For: 2008 Primary X General Other (specify)	7,62	
	Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS			Transaction ID: SB23.60573 Date of Disbursement
	Mailing Address P.O. BOX 8277			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City THE WOODLANDS	State Zip Code TX 77387		Amount of Each Disbursement this Period
	Purpose of Disbursement	7.00.	-	3000.00
	Candidate Name		Category/ Type	
		ement For: 2008 Primary General Other (specify)		
	otate. District.			

IT	CHEDULE B (FEC FOIII 3X)		e schedule(s)	FOR LINE (check only	
_	EMIZED DISBURSEMENTS	for each cate Detailed Sun	nmary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESION	OGISTS POL	LITICAL ACTI	ION COMMI	TTEE
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.60489
	CARDOZA FOR CONGRESS				Date of Disbursement
	Mailing Address P.O. BOX 2749				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City MERCED		p Code 5344		Amount of Each Disbursement this Period
	Purpose of Disbursement CK VOIDED ORIG ISSUED 10/25/07		Г		-2000.00
	Candidate Name			Category/	
	Office Sought: House Disburs	ement For:	2008	Туре	
		Primary Other (specify	General		
	State: District:	_ curor (opeon)	/ ▼		
	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS				Transaction ID: SB23.60490 Date of Disbursement
	Mailing Address 301 W PLATT ST #385				$\begin{bmatrix}\begin{smallmatrix}M&M\\0&2\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D&D&D\\0&5\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}$
	City		p Code		Amount of Each Disbursement this Period
	TAMPA Purpose of Disbursement	FL 3	3606		1000.00
	Candidate Name			Category/	
	· -	ement For: Primary Other (specify	2008 General	Туре	
_	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE				Transaction ID: SB23.60581 Date of Disbursement
	CHAMBLISS FOR SENATE				
	Mailing Address P.O. BOX 12469				$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & B \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & S \end{bmatrix}$
			p Code 0355		$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & S \end{smallmatrix} \end{bmatrix}$
	Mailing Address P.O. BOX 12469 City				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & S \end{smallmatrix} \end{bmatrix}$
	Mailing Address P.O. BOX 12469 City ATLANTA		0355	Category/ Type	Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X)

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANE		·	
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASS			Transaction ID: SB23.60519 Date of Disbursement
Mailing Address 406 VIRGINIA			02 11 2008
City ALEXANDRIA	State Zip Cod VA 22302		Amount of Each Disbursement this Perio
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Office Sought: Senate President State: District:	Disbursement For: 200 X Primary Go Other (specify)		
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASS	L 80		Transaction ID: SB23.60579 Date of Disbursement
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Mailing Address P.O. BOX 112				02 25 7 2008
City BURLINGAME		o Code 4011		Amount of Each Disbursement this Perio
Purpose of Disbursement				5000.00
Candidate Name			Category/ Type	
	rsement For: X Primary Other (specify)	2008 General		
Full Name (Last, First, Middle Initial) JIM MATHESON FOR CONGRESS				Transaction ID: SB23.60515 Date of Disbursement
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Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS							Date o	of Di	isburs					
Mailing Address P.O. BOX 29576							0 2	М	/ 1	1 /	Y :	žoó	8 [*]	
,	State DC	Zip Code 20017					Amou	nt o	f Each	Disbur	eme	nt this	Peri	od
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	Full Name (Last, First, Middle Initial) MADISON PAC			Transaction ID: SB23.60529 Date of Disbursement
	Mailing Address P.O. BOX 15906			02 11 1 2 2008
	City CHEVY CHASE	State Zip Code MD 20825		Amount of Each Disbursement this Period
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	Candidate Name		Category Type	1/
	Office Sought: House Disburs	ement For: Primary General Other (specify) ▼	1,7,70	
	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS			Transaction ID: SB23.60504 Date of Disbursement
	Mailing Address P.O. BOX 14131			02 11 1 2 2008
	City ST PAUL	State Zip Code MN 55114		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMM					Date	saction ID of Disburs	ement				
Mailing Address P.O. BOX 75214					0 ^M 2	M / D	1 1	Y	ž 0 0 8	3 ^Y	
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	City BURBANK	State Zip Code CA 91502		Amount of Each Disbursement this Period
	Purpose of Disbursement	OA 31302		1500.00
	2007 PRIMARY DEBT RETIREMENT			
	Candidate Name		Category/ Type	
	Office Sought: House Disbu Senate President	rsement For: 2007 Primary General X Other (specify)		
_	<u>'</u>	ial-Primary		
	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS			Transaction ID: SB23.60570 Date of Disbursement
	Mailing Address 700 12TH ST NW #70	0		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Perio
	Purpose of Disbursement	DC 20005		1000.00
	Candidate Name		Category/	
			Type	
	Office Sought: Senate President State: Disbu	rsement For: 2008 X Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS			Transaction ID: SB23.60509 Date of Disbursement
	Mailing Address P.O. BOX 5130			$\begin{bmatrix} 0 & 2 & M & M & M & M & M & M & M & M & M$
	City EVANSTON	State Zip Code IL 60204		Amount of Each Disbursement this Perio
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu Senate President	rsement For: 2008 Primary X General Other (specify)		
	State: District:			

SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s))	_		NUMBE	R:		PA	GE	116 /	118
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			ck only 21b 27	22 28a	X 23 28		24 28c		25 29	26
	y Information copied from such Reports and Staten											
or	for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politica	I COIT	ımıtte	e to so	icit contr	ibutions	s iron	1 Such C	commi	пее	
$ \rangle$	AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTIC	N C	OMMI	TTEE						
	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND					Date o	of Disbu	ursen				
	Mailing Address 507 CAPITOL CT NE #1	00				0 ^M 2	M /	2 5		ž (8 ó c	Y
	City WASHINGTON	State Zip Code DC 20002				Amou	nt of Ea	ach D	isburse	-		
	Purpose of Disbursement 2008 CONTRIBUTION							_		500	00.00	•
	Candidate Name			ategoi Type	-							
	Senate President X	ement For: 2008 Primary General Other (specify)										
_	State: District:											
	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS					Date o	of Disbu	ursen		0562		
	Mailing Address 81 S 5TH STREET					0 ^M 2	М /	^D 2 5) / Y	ž (0 Ó 8	Y
	City COLUMBUS	State Zip Code OH 43215				Amou	nt of Ea	ach D	isburse			
	Purpose of Disbursement									500	00.00	•
	Candidate Name		ı	ategoi Type	ry/							
	· —	ement For: 2008 Primary General Other (specify)										
	State: District:	Guillo (opeony)										
) <u>.</u>	Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS						action of Disbu		B23.6 nent	0539		
	Mailing Address 301 4TH ST NE #202					0 ^M 2	M /	^D 1 1) / Y	ž	8 ö́ c	Y
	City WASHINGTON	State Zip Code DC 20002				Amou	nt of Ea	ach D	isburse			
	Purpose of Disbursement									100	00.00	
	Candidate Name			ategoi Type								
	Senate X President	ement For: 2008 Primary General Other (specify)										
	State: District:									1100	0.00	
	UBTOTAL of Disbursements This Page (optional)						•	•	•	1100	,0.00	•
17	OTAL This Period (last page this line number only)							_				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 117 / 118
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC			
Full Name (Last, First, Middle Initial) UDALL FOR COLORADO			Transaction ID: SB23.60531 Date of Disbursement
Mailing Address 236 MASSACHUSETT	S AVE NE		02
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2008 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.60558
UDALL FOR US ALL Mailing Address P.O. BOX 208			Date of Disbursement O 2 D / Y Y Y Y O Y 8
City	State Zip Code		
SANTA FE	NM 87504	_	Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM			Transaction ID: SB23.60543 Date of Disbursement
Mailing Address 2814 SPRING RD #10	3		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City ATLANTA	State Zip Code GA 30339		Amount of Each Disbursement this Perio
Purpose of Disbursement 2008 CONTRIBUTION			5000.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: District:			100000
SUBTOTAL of Disbursements This Page (options	J)		12500.00

В.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 118 / 118
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI ENIIZED DIODOTICEMENTO	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL(OGISTS POLITICAL ACT	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN ZERWAS			Transaction ID: SB29.60577 Date of Disbursement
Mailing Address 1 E GREENWAY PLAZA,	#225		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
	State Zip Code TX 77046		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 NON-FEDERAL CONTRIBUTION			5000.00
Candidate Name		Category/ Type	
	nent For: 2008 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO			Transaction ID: SB29.60590 Date of Disbursement
Mailing Address 50 S LASALLE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix} $
•	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement VISA BANK CHARGE			1760.36
Candidate Name		Category/ Type	
Office Sought: House Disbursel Senate President	ment For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	6760.36
TOTAL TIL D. 144	_	6760.36
TOTAL This Period (last page this line number only)	•	0700.30

State:

District: