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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) 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) 12-Day (c) 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) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 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 08 18 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 0.7 0.7 0 1 2008 3 1 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 1199163.67 Begining of Reporting Period 80405.53 708030.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1279569.20 1868235.53 6(a) and 6(c) for Column B) 110441.48 699107.81 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1169127.72 1169127.72 (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

0 1 м м 0 7 м м 0 7 3^D1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 552035.00 67400.00 (i) Itemized (use Schedule A) 10310.00 131917.10 (ii) Unitemized (iii) TOTAL (add 77710.00 683952.10 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 77710.00 683952.10 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 2695.53 24078.39 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 80405.53 708030.49 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 80405.53 708030.49 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. O (a	perating Expenditures:) Shared Federal/Non-Federal		
(a	Activity (from Schedule H4)	0.00	0.00
	(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
	ransfers to Affiliated/Other Party	0.00	0.00
3. C	ontributions to ederal Candidates/Committees		
ar	nd Other Political Committeesdependent Expenditure	109000.00	656500.00
(u	ise Schedule E)oordinated Expenditures Made by Party	0.00	0.00
C	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
:6. La	oan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
8. R (a	efunds of Contributions To:) Individuals/Persons Other Than Political Committees	0.00	900.00
(b	Political Party Committees	0.00	0.00
(C	c) Other Political Committees (such as PACs)	0.00	0.00
(d	,	0.00	900.00
	(add Lines 28(a), (b), and (c))		
.9. O	ther Disbursements	1441.48	41707.81
	ederal 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
1. T	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	110441.48	699107.81
	Fotal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	110441.48	699107.81

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)	77710.00	683952.10
34.	Total Contribution Refunds (from Line 28(d))	0.00	900.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	77710.00	683052.10
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 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 6 / 81 (check only one) X
NAME OF COMMITTEE (In Full)	e name and address of any political committee to	
Full Name (Last, First, Middle Initial) JEFFREY ANDERSON Mailing Address 7000 FOREST DR.		Date of Receipt 0 7 2 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.64412
JOHNSTON FEC ID number of contributing federal political committee.	IA 50131	Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DAVID ANDRES Mailing Address 133 WAGGONER CT		Date of Receipt
City FORT WORTH	State Zip Code TX 76108	Transaction ID: SA11AI.64621 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SCOTT & WHITE HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) VALERIE ARKOOSH		Date of Receipt
Mailing Address 530 SPRING LANE		07 20 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.64404
WYNDMOOR	PA 19038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIVERSITY OF PENNSYLVANIA HEALTH SYST	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 81 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH ARRIGO Mailing Address 737 OLD TRAIL DI			Date of Receipt 0 7
City NAPLES FEC ID number of contributing federal political committee.	State FL	Zip Code 34103	Transaction ID: SA11Al.64547 Amount of Each Receipt this Period 250.00
Name of Employer COLLIER ANESTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) EUGENE BAK Mailing Address P.O. BOX 696			Date of Receipt 0 7
City DUARTE FEC ID number of contributing	State CA	Zip Code 91009	Transaction ID: SA11AI.64536 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)		n ESIOLOGIST Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) DAVID BARAHAL Mailing Address 301 THELMA DR.,	#172		Date of Receipt
City CASPER FEC ID number of contributing federal political committee.	State WY	Zip Code 82609	Transaction ID: SA11AI.64444 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		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 8 / 81 (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	IMITTEE
Full Name (Last, First, Middle Initial) MICHAEL BARLOW			Date of Receipt
Mailing Address 500 PINE RIDGE TRL			07 22 2008
City	State	Zip Code	Transaction ID: SA11Al.64456
BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) RICHARD BARTKOWSKI	1		Date of Receipt
Mailing Address 408 ROGERS LANE			07 23 YYYYY 2008
City	State	Zip Code	Transaction ID: SA11Al.64617
WALLINGFORD	PA	19086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer JEFFERSON U PHYS	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOHN BAUTISTA	1		Date of Receipt
Mailing Address 9147 SADDLEBOW D	R		07 28 2008
City	State	Zip Code	Transaction ID: SA11Al.64718
BRENTWOOD	TN	37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA MEDICAL GROUP, P.C.	Occupation PHYSICI.		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
	<u> </u>		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A oi	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	ly 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.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) KATHRYN BECKSTROM			Date of Receipt
	Mailing Address 257 SUMMERGLEN	C1.		07 23 7 2008
	City CHAPIN	State SC	Zip Code 29036	Transaction ID: SA11AI.64658 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23000	1000.00
	Name of Employer ANES CONSULT COLUMBIA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) ROBERT BEESBURG Mailing Address 152 FORTY LOVE P	т		Date of Receipt
				07 23 2008
	City CHAPIN	State SC	Zip Code 29036	Transaction ID: SA11AI.64656 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES CONSULT COLUMBIA	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
—).	Full Name (Last, First, Middle Initial) CESAR BERDEJA			Date of Receipt
	Mailing Address 5400 SUNCREST DF	R., SUITE #B	-3	07 31 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EL PASO	State TX	Zip Code	Transaction ID: SA11AI.64761
	FEC ID number of contributing federal political committee.	C	79912	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTHESIA CONSULTANTS AS- SOC.		HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
T,	FOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the such as a su	Statements may he name and addi	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) PAUL BICKET			Date of Receipt
Mailing Address 13074 S. SANTA FE			07 23 7 2008
City	State	Zip Code	Transaction ID: SA11Al.64664
EDMOND	OK	73025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AFFILIATED ANESTHESIOLOGI- STS	Occupation ANESTHE	ESIOLOGIST	
Receipt For:	Aggregate `	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) ANDREW BLACK			Date of Receipt
Mailing Address 1812 CAMINO RASC	WN C		07 22 7 2008
City	State	Zip Code	Transaction ID: SA11AI.64496
ALBUQUERQUE	NM	87107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC OF NM	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JASPER BOOKER			Date of Receipt
Mailing Address 2151 OLD ROCKY F	RIDGE RD.		07 22 2008
City	State	Zip Code	Transaction ID: SA11AI.64458
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. SERV. OF BIRMINGHAM P C	Occupation ANESTHE	ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General 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 11 / 81 (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 persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRIS BOUKEDES Mailing Address 15 LAWSON WAY City GREENVILLE	State Zip Code SC 29605	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
FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: □ Primary □ General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) JAMES BRADFORD Mailing Address 900 PEELER STREE PO BOX 4095 City KALAMAZOO FEC ID number of contributing federal political committee. Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C.	T State Zip Code MI 49003 C Occupation ANESTHESIOLOGIST	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) JOHN BULLINGTON Mailing Address 2151 OLD ROCKY R	Aggregate Year-to-Date ▼ 500.00 IDGE RD.	Date of Receipt
City BIRMINGHAM FEC ID number of contributing federal political committee.	State Zip Code AL 35216	Transaction ID: SA11AI.64460 Amount of Each Receipt this Period 500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
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 12 / 81 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the 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) J. MICHAEL BURDINE Mailing Address 2267 CEDARDALE		Date of Receipt
City BATON ROUGE	State Zip Code LA 70808	Transaction ID: SA11AI.64555 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MICHAEL BUSHEY Mailing Address PO BOX 70	'	Date of Receipt 0 7 18 2008
City	State Zip Code	Transaction ID: SA11AI.64299
OAKLAND FEC ID number of contributing federal political committee.	ME 04963	Amount of Each Receipt this Period 250.00
Name of Employer WATERVILLE ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN BYRNE	I	Date of Receipt
Mailing Address 105 N. DEVEREUX	CT.	07 18 2008
City SANDY SPRINGS	State Zip Code GA 30327	Transaction ID: SA11AI.64295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PHYS SPEC IN ANES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	J	750.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 81 (check only one) X
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	eports and Statements may not be sold or used by any person using the name and address of any political committee to NESTHESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Init ROSE CAMPISE-LUTHER Mailing Address 2520 MAPLE City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIV OF IL AT CHICAGO	,	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	
Full Name (Last, First, Middle Init NICHOLAS CARRAS Mailing Address 21 STATION	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.64382
GREAT NECK	NY 11023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NAPA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Init JOHN CARTER Mailing Address 2813 21ST S		Date of Receipt 0 7 2 3 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.64637
LUBBOCK	TX 79401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer TEXAS TECH UNIV. HEALTH SCIENCE CTR.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL 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 14 / 81 (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 persor g the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COMM	VIIIEE
Full Name (Last, First, Middle Initial) JUDSON CHALKLEY		Date of Receipt
Mailing Address 119 FOALING RID	OGE .	07 23 2008
City	State Zip Code	Transaction ID: SA11AI.64652
NICHOLASVILLE	KY 40356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CANTWELL CLARK		Date of Receipt
Mailing Address 6 CLEMENT ROA	D	M M / D D / Y Y Y Y Y Y Y Y Y Z Z Z Z Z D 0 8
City	State Zip Code	Transaction ID: SA11AI.64569
HANOVER	NH 03755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DHMC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN CLARK		Date of Receipt
Mailing Address 81 DOLPHIN COV	E QUAY	07 28 2008
City	State Zip Code	Transaction ID: SA11AI.64719
STAMFORD	CT 06902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GREENWICH ANESTHESIOLOGY ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
	1	600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 81 (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)	Statements ma e name and ad	ly 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.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN COLPITTS Mailing Address PO BOX 3909			Date of Receipt
		01-1-	7's Oads	07 25 2008
	City <u>WENATCHEE</u>	State WA	Zip Code 98807	Transaction ID: SA11AI.64709 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WENATCHEE ANES. ASSOC.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) ROBIN CONNER	DOE DD		Date of Receipt
	Mailing Address 2151 OLD ROCKY RI	07 22 4 2008		
	City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11AI.64462 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33210	500.00
	Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) JAMES CONNORS			Date of Receipt
	Mailing Address 5727 E. 106TH ST.			07 22 2008
	City TULSA	State OK	Zip Code 74137	Transaction ID: SA11AI.64428 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASSOC ANESTH	Occupation PHYSIC		
	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	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 81 (check only one) X
Any information copied from such Reports at 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	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT CONSTANTINE Mailing Address 205 JANET DR.			Date of Receipt
City SYRACUSE	State NY	Zip Code 13224	Transaction ID: SA11AI.64685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ANES GRP ONONDAGA	Occupation	n	250.00
Receipt For: Primary General Other (specify)	PHYSICI Aggregate	AN Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANTHONY COOK Mailing Address 2151 OLD ROCKY	RIDGE RD., #1	106	Date of Receipt 0 7
City	State	Zip Code	Transaction ID: SA11Al.64464
BIRMINGHAM FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM, PC Receipt For: Primary General		ESIOLOGIST Year-to-Date 500.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) LASZLO CSERNAK	0 0		Date of Receipt
Mailing Address 1873 S. COMANCI	HE DR.		07 22 2008
City CHANDLER	State AZ	Zip Code 85248	Transaction ID: SA11AI.64420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OCC-TO	500.00
Name of Employer ANESTHESIA RESOURCES LTD.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		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 17 / 81 (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	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARIE CSETE			Date of Receipt
Mailing Address 680 MISSION ST APT	40D		07 03 2008
City	State	Zip Code	Transaction ID: SA11Al.64207
SAN FRANCISCO	CA	94105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CALIFORNIA INSTITUTE FOR	Occupation	n CIENTIFIC OFFICER	
REGENERATIVE Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) EDWIN CUNNINGHAM			Date of Receipt
Mailing Address 3039 STEEPLEGATE (CV.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.64438
GERMANTOWN	TN	38138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MEDICAL ANES GRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) AMRITLAL DALSANIA			Date of Receipt
Mailing Address 55 STERLING RIDGE	CT.		07 22 YYYY 2008
City	State	Zip Code	Transaction ID: SA11AI.64564
CHESHIRE	CT	06410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MWAGRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)		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 18/81 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress 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) ROBERT DANIEL			Date of Receipt
Mailing Address 2260 GUILFORD LA	ANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LEXINGTON	State KY	Zip Code 40513	Transaction ID: SA11AI.64209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	500.00
Name of Employer BLUEGRASS ANESTHESIA SERV- ICES, PSC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ALFRED DANIELS			Date of Receipt
Mailing Address 81 GLEN RD., APT	#2		0 7 1 8 2 0 0 8
City BROOKLINE	State MA	Zip Code	Transaction ID: SA11AI.64321
FEC ID number of contributing federal political committee.	C	02446	Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC OF MASS	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT DESIMONE			Date of Receipt
Mailing Address 7 ELLERHAUSEN D	DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MONTVILLE	State NJ	Zip Code 07045	Transaction ID: SA11AI.64355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07040	500.00
Name of Employer MORRIS ANES GROUP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I		1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Report or for commercial purposes, other than use	Use separate schedule(s) for each category of the Detailed Summary Page s and Statements may not be sold or used by any person sing the name and address of any political committee to	FOR LINE NUMBER: PAGE 19 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	STHESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) LOUIS DEWILD Mailing Address 1215 PLEASAN	T ST., #400	Date of Receipt
City	State Zip Code	0 7 1 8 2 0 0 8 Transaction ID: SA11AI.64392
DES MOINES	IA 50309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation ANESTHESILOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DENISE DRVOL		Date of Receipt
Mailing Address 3330 N. 129TH	CIRCLE	07 23 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.64647
<u>OMAHA</u>	NE 68164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHILDREN'S HOSPITAL	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) MARK DUGAS		Date of Receipt
Mailing Address 3706 ABBEYW	OOD	07
City PEARLAND	State Zip Code TX 77584	Transaction ID: SA11Al.64701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BAYLOR COLL OF MED	Occupation ANESTHESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	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 20 / 81 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GEORGE DUMAS			Date of Receipt
Mailing Address 2151 OLD ROCKY	RIDGE RD., ST	TE. 106	07 22 2008
City	State	Zip Code	Transaction ID: SA11Al.64466
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA SERV. OF BIRMI- NGHAM, P.C.	- ' '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) VERNON LAVELLE EAGAN			Date of Receipt
Mailing Address 104 COVE CREEK	CT.		07 18 2008
City	State	Zip Code	Transaction ID: SA11AI.64374
NORTH LITTLE ROCK	AR	72116	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 ESIOLOGIST	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) STEPHEN ELDER			Date of Receipt
Mailing Address 58 CHAPMAN LOC)P		07 06 7 2008
City STEILACOOM	State WA	Zip Code 98388	Transaction ID: SA11AI.64219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer TACOMA ANESTHESIA ASSOCIA- TES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 21 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	ne name and address of any p	political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN ELINGER Mailing Address 2290 MERMAID PT	NE		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City SAINT PETERSBURG FEC ID number of contributing federal political committee.	State Zip Cod FL 33703	e	Transaction ID: SA11AI.64201 Amount of Each Receipt this Period 250.00
Name of Employer FOUNTAINHEAD PRACTICE MAN- AGEMENT Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGI Aggregate Year-to-Date]
Full Name (Last, First, Middle Initial) PAUL ELLIOTT Mailing Address 2151 OLD ROCKY F	IIDGE RD.		Date of Receipt 0 7
City BIRMINGHAM	State Zip Cod AL 35216	е	Transaction ID: SA11AI.64468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGI Aggregate Year-to-Date]
Full Name (Last, First, Middle Initial) MILO ENGOREN Mailing Address 2702 JOELLE DR.			Date of Receipt
City	State Zip Cod	e.	0 7 2 2 2 0 0 8 Transaction ID: SA11Al.64571
TOLEDO FEC ID number of contributing federal political committee.	OH 43617		Amount of Each Receipt this Period 250.00
Name of Employer AAT	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	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 81 (check only one) X
Any information copied from such Reports ar 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) THOMAS ERNST Mailing Address 50 N. DUNLAP			Date of Receipt 0 7 3 1 2 0 0 8
City MEMPHIS FEC ID number of contributing federal political committee.	State TN	Zip Code 38103	Transaction ID: SA11AI.64751 Amount of Each Receipt this Period 300.00
Name of Employer PEDIATRIC ANESTH Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) DAVID ESTEP Mailing Address 1432 KINGSFORD	DR.		Date of Receipt 0 7 2 2 2 0 0 8
City CARMICHAEL	State CA	Zip Code 95608	Transaction ID: SA11AI.64549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CASE Receipt For: Primary General Other (specify)		ESIOLOGIST Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) DAVID EVANS Mailing Address 13 WOODMERE D	R.		Date of Receipt
City DOTHAN FEC ID number of contributing federal political committee.	State AL	Zip Code 36305	7 3 1 2 0 0 8 Transaction ID: SA11AI.64793 Amount of Each Receipt this Period 500.00
Name of Employer ACMG, DOTHAN, ALABAMA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J)		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 81 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the 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)	HESIOLOGISTS POLITICAL ACTION COI	MMITTEE
RICHARD-SALIM FARAH Mailing Address P.O. BOX 770030		Date of Receipt 0 7 2 2 2 2 0 0 8
City EAGLE RIVER	State Zip Code AK 99577	Transaction ID: SA11AI.64560 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PAAMG	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT FEARS		Date of Receipt
Mailing Address 2404 WATERFOR	D DR.	07 31 7 2008
City AMES	State Zip Code IA 50010	Transaction ID: SA11AI.64753
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer MCFARLAND CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) BRIAN FELIX		Date of Receipt
Mailing Address 4107 WOODBRIAN	RCT	07 22 2008
City SUGARLAND	State Zip Code TX 77479	Transaction ID: SA11AI.64448 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GHA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option:	l	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
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) CHRISTOPHER FIEDLER			Date of Receipt
Mailing Address 7621 SOUTHPORT LN			07 22 2008
City	State	Zip Code	Transaction ID: SA11AI.64506
SPRINGFIELD	IL	62707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASSOC ANES SPFLD	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM FITZPATRICK			Date of Receipt
Mailing Address 2151 OLD ROCKY RID	GE RD.		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.64470
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DEANNA FOX			Date of Receipt
Mailing Address 8513 ROSEHILL RD.			0 7 1 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.64349
LENEXA	KS	66215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer KUAF	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for o	ormation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) IERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
BEN	Name (Last, First, Middle Initial) NNETT FULLER ling Address 14708 CARLINGFORE	O WAY State	Zip Code	Date of Receipt M
FE	MUND C ID number of contributing eral political committee.	OK OK	73013	Amount of Each Receipt this Period 500.00
	ne of Employer FIL ANESTH ceipt For: Primary General Other (specify)	Occupation PHYSIC Aggregate		
WA	Name (Last, First, Middle Initial) YNE GABRIEL ling Address 1007 GROVE RD., #B			Date of Receipt 0 7
City GF	, REENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.64757 Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C		500.00
	ne of Employer PA		IESIOLOGIST	
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
MU	Name (Last, First, Middle Initial) RALI KRISHNA GADDE ling Address 1250 DEBORAH DR			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	, INTSVILLE	State AL	Zip Code	Transaction ID: SA11AI.64613
FEC	C ID number of contributing eral political committee.	C	35801	Amount of Each Receipt this Period 250.00
TS'	ne of Employer ABAMA ANESTHESIA OF HUN- VILLE ceipt For:	. '	IESIOLOGY	
nec	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	OTAL of Receipts This Page (optional)	ı		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 26 / 81 (check only one)
TENNELD RECEIF TO	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) A. EDMUND GARVEY		Date of Receipt
Mailing Address 133 E. FREDERICK	ST.	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: SA11Al.64494
LANCASTER	PA 17602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES ASSOC OF LANCASTER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) B. ROSANNE GIANNUZZI		Date of Receipt
Mailing Address 821 BLOOMFIELD 9		07 18 2008
City	State Zip Code	Transaction ID: SA11AI.64347
HOBOKEN	NJ 07030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MONTCLAIR ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) C. RICARDO GOTAY	l	Date of Receipt
Mailing Address 1304 OAK ST.		07 28 2008
City	State Zip Code	Transaction ID: SA11AI.64721
MELBOURNE	FL 32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES	Occupation ANESTHESIOLOGIST	7
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	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/81 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persoress 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 ANEST	HESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) WAYNE GRAFF			Date of Receipt
Mailing Address 1751 HILLGATE D	PR.		0 7 2 3 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.64619
LEXINGTON FEC ID number of contributing federal political committee.	C	40515	Amount of Each Receipt this Period 300.00
Name of Employer ANESTH ASSOC	Occupation PHYSICI/		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) CHARLES GRAHAM	I		Date of Receipt
Mailing Address 3341 SANDHURS	T CIR		07 06 YYYYY 2008
City BIRMINGHAM	State AL	Zip Code 35223	Transaction ID: SA11AI.64217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00220	250.00
Name of Employer KMKG ANESTHESIA, P.C.	Occupation ANESTHI	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ALINA GRIGORE	<u> </u>		Date of Receipt
Mailing Address 5777 E MAYO BL\ DEPT. OF ANEST			07 30 7 2008
City PHOENIX	State AZ	Zip Code 85054	Transaction ID: SA11AI.64733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00007	250.00
Name of Employer MAYO CLINIC HOSPITAL	Occupation PHYSICIA		
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 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 81 (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	e name and address of any political committee SIOLOGISTS POLITICAL ACTION CC	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM GURLEY Mailing Address 3657 SHANDWICK P	L.	Date of Receipt
City	State Zip Code	0 7 3 1 2 0 0 8 Transaction ID: SA11Al.64755
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35242	Amount of Each Receipt this Period 500.00
Name of Employer UAB SCHOOL OF MEDICINE AN- ES. DEPT, JT Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) DOUGLAS HAGAN Mailing Address 2134 E. TERRACE D	R.	Date of Receipt 0 7 3 1 2 0 0 8
City HIGHLANDS RANCH FEC ID number of contributing federal political committee.	State Zip Code CO 80126	Transaction ID: SA11AI.64791 Amount of Each Receipt this Period 500.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) JAMES HALE		Date of Receipt
Mailing Address 2151 OLD ROCKY R	IDGE RD	07 22 7 2008
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.64472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		1500.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 81
	TEMIZED RECEIPTS		for each category of the	(check only one)
•	I EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso lress 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 ANESTHESIC	DLOGISTS	POLITICAL ACTION COM	MITTEE
∠ A .	Full Name (Last, First, Middle Initial) SCOTT HARPER			Date of Receipt
	Mailing Address 1065 LAKE COLONY LN	l.		0 7 0 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.64233
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA RESOURCES MANA- GEMENT	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	199.191.11		1
	Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) DOROTHY HARTMAN			Date of Receipt
	Mailing Address 8335 PHEASANT RUN			07 18 2008
	City	State	Zip Code	Transaction ID: SA11AI.64353
	FOGELSVILLE	PA	18051	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer ALLENTOWN ANESTHESIA ASSO- CIATES INC.	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) HANNSJOERG HASCHE-KLUENDER			Date of Receipt
	Mailing Address 3715 90TH AVE. S.E.			07 18 2008
	City	State	Zip Code	Transaction ID: SA11AI.64343
	MERCER ISLAND	WA	98040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer G.A.S.	Occupation ANESTH	ESIOLOGIST	
	Receipt For:		Year-to-Date ▼	
	Primary General	.55. 554.0		1
	Other (specify) ▼	0 0	500.00	
Γ	I			1000.00
L	SUBTOTAL of Receipts This Page (optional)		<u> </u>	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 30 / 81 (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	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ADAM HAUSER Mailing Address 14 HUNTSMAN 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 GARNET VALLEY FEC ID number of contributing federal political committee.	State PA	Zip Code 19061	Transaction ID: SA11AI.64645 Amount of Each Receipt this Period 500.00
Name of Employer ASSOC IN ANESTH Receipt For: Primary General Other (specify) ▼	-, '	n ESIOLOGIST e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) DONALD HEINDEL Mailing Address 3635 CATAWBA RD.			Date of Receipt 0 7 1 8 2 0 0 8
City BLACKSBURG FEC ID number of contributing	State VA	Zip Code 24060	Transaction ID: SA11AI.64366 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		n ESIOLOGIST e Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) MICHAEL HOGER Mailing Address 6003 MACON CT SE			Date of Receipt
City HUNTSVILLE FEC ID number of contributing	State AL	Zip Code 35802	Transaction ID: SA11AI.64676 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For:	Occupatio ANESTH	n ESIOLOGIST	
Primary General Other (specify) ▼	Aggregate	500.00 500.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 81 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any personess 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	HESIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) LEWIS HUNT			Date of Receipt
Mailing Address 36 FOXCHASE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DOTHAN	State AL	Zip Code 36305	Transaction ID: SA11AI.64376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES CONSULT MED GRP	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS INGERSOLL			Date of Receipt
Mailing Address 8600 N. ROUTE 9	1, SUITE #250		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PEORIA	State IL	Zip Code 61615	Transaction ID: SA11AI.64408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01010	250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI-	Occupation ANESTHE	ESIOLOGIST	
STS, S.C. Receipt For:	- ' '	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) ANTHONY IVANKOVICH			Date of Receipt
Mailing Address 1150 MICHIGAN A	AVE		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.64452
WILMETTE FEC ID number of contributing federal political committee.	C	60091	Amount of Each Receipt this Period 250.00
Name of Employer RUSH UNIVERSITY MEDICAL CENTER	Occupation ANESTHE	ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 250.00	1
Other (specify) ▼	0 0	250.00	
			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 32 / 81 (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) KIMBERLY IZER Mailing Address 9884 S FLORENCE City HIGHLANDS RANCH FEC ID number of contributing	State CO	Zip Code 80126	Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SOUTH DENVER ANESTHESIOLI- GISTS, PC Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) KYLE JACKSON Mailing Address 2702 TURNER GRO			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 GREENSBORO	State NC	Zip Code 27455	Transaction ID: SA11AI.64643 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENSBORO	Occupation	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TONIA JACKSON			Date of Receipt
Mailing Address 6444 RIVERPLACE	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.64623
NASHVILLE FEC ID number of contributing federal political committee.	C	37221	Amount of Each Receipt this Period 250.00
Name of Employer ANES SERV-MIDDLE TN	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		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 33 / 81 (check only one) X
Any information copied from such Reports ar 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) ERIC JACOBSOHN Mailing Address 60 PEARL ST LB 3	15-60		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WINNIPEG FEC ID number of contributing	State ZZ	Zip Code	Transaction ID: SA11AI.64795 Amount of Each Receipt this Period
Name of Employer UNIV OF MANITOBA Receipt For:		n ESIOLOGIST e Year-to-Date	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MOKARRAM JAFRI		250.00	Date of Receipt
Mailing Address 6 OAKHURST CT. City CLIFTON PARK FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.64587 Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA GROUP OF ALBANY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) AMBER JANDIK Mailing Address 13985 BALD CYPR	ESS CIR		Date of Receipt
City FORT MYERS FEC ID number of contributing federal political committee.	State FL	Zip Code 33907	Transaction ID: SA11AI.64329 Amount of Each Receipt this Period 250.00
Name of Employer MED ANES & PAIN MGMT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ال		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Benorits	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 34 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAMILLE JEFFCOAT		Date of Receipt
Mailing Address 5125 OLD CANT	ON RD., #219	07 22 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.64538
JACKSON	MS 39211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA CONSULTANTS, P.A.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT JONES	I	Date of Receipt
Mailing Address 5 PUERTO ROY	AL	07 22 2008
City SAN CLEMENTE	State Zip Code CA 92672	Transaction ID: SA11AI.64498 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CALIFORNIA ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK KAUFMANN		Date of Receipt
Mailing Address 4640 E. MOCKIN	IGBIRD LN.	07 22 2008
City SCOTTSDALE	State Zip Code AZ 85253	Transaction ID: SA11AI.64545 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	
SUBTOTAL of Receipts This Page (option	onal)	750.00

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 35 / 81 (check only one) X
or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BYRON KENNERLY Mailing Address 112 HIDDEN HILLS		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.64631
GREENVILLE FEC ID number of contributing federal political committee.	SC 29605	Amount of Each Receipt this Period 300.00
Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) CHARLES KERN	300.00	Date of Receipt
Mailing Address 104 AMBER LN.	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BRIDGE WATER FEC ID number of contributing federal political committee.	VA 22812	Amount of Each Receipt this Period 250.00
Name of Employer HARRISONBURG PHYS. FOR AN- EST. INC.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) EDWIN KEZAR		Date of Receipt
Mailing Address 2151 OLD ROCKY F	RIDGE RD., #106	07 22 YYYY 2008
City BIRMINGHAM	State Zip Code AL 35216	Transaction ID: SA11AI.64474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM Receipt For:	Occupation ANESTHESIOLOGIST	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for co	rmation copied from such Reports and S ommercial purposes, other than using the IE OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Maili City	Name (Last, First, Middle Initial) 1 KOCHIU ng Address 1310 N 77TH AVE	State	Zip Code	Date of Receipt 0 7 1 8 2 0 0 8 Transaction ID: SA11AI.64310
FEC	USAU ID number of contributing ral political committee.	C	54401	Amount of Each Receipt this Period 500.00
MMC	e of Employer a sipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 500.00	
DOU	Name (Last, First, Middle Initial) GLAS KOEHNTOP ng Address 3408 SKYCROFT DR.			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: SA11Al.64691
	NEAPOLIS	MN	55418	Amount of Each Receipt this Period
feder	ID number of contributing ral political committee.	C		250.00
MAY	e of Employer VERSITY OF MINNESOTA O BUILDING eipt For: Primary General Other (specify) ▼	. '	n IESIOLOGIST • Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) KOENIG			Date of Receipt
Maili	ng Address 13276 10TH ST. S.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	CON	State	Zip Code	Transaction ID: SA11AI.64635
	ID number of contributing ral political committee.	C	55001	Amount of Each Receipt this Period 250.00
Nam AAP	e of Employer A	Occupatio ANESTH	n IESIOLOGIST	
Rece	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	DTAL of Receipts This Page (optional)			1000.00

	Detailed Suit	gory of the nmary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID KOHAN Mailing Address 5582 SPRING RIDG	E DD W		Date of Receipt
City	State Zip Code		0 7 2 2 2 0 0 8 Transaction ID: SA11AI.64430
MACUNGIE FEC ID number of contributing federal political committee.	PA 18062		Amount of Each Receipt this Period 250.00
Name of Employer SACRED HEART MED ASSOC Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	7	-
Full Name (Last, First, Middle Initial) PATRICK KOONS Mailing Address 807 MURPHY LN.		250.00	Date of Receipt
City	State Zip Code		0 7 2 2 2 0 0 8 Transaction ID: SA11AI.64553
FRIENDSWOOD FEC ID number of contributing federal political committee.	TX 77546		Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA ASSOCIATES,LLP	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) BRUCE KURTZ	- I		Date of Receipt
Mailing Address 3128 RIVER MEADO			07 18 7 2008
City MANKATO	State Zip Code MN 56001		Transaction ID: SA11AI.64282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MANKATO ANES ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received the succession of the	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
Α.	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI Full Name (Last, First, Middle Initial) STUART LANE Mailing Address 3 PETERS CREEK CT City SIMPSONVILLE FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For:	State SC C Occupation	S POLITICAL ACTION COM Zip Code 29681	
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregati	500.00	
В.	GORDON LEWIS Mailing Address ANESTHESIA SERVICE City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES OF BIRMINGHAM P C Receipt For: Primary General Other (specify) ▼	State AL C Occupation ANESTH	Zip Code 35216	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: SA11AI.64476 Amount of Each Receipt this Period 500.00
C .	Full Name (Last, First, Middle Initial) NATHAN LEWIS Mailing Address 2151 OLD ROCKY RID City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer ANES SERV BIRMINGHAM Receipt For: Primary General Other (specify)	State AL C Occupation ANESTH	Zip Code 35216 on HESIOLOGIST e 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
	SUBTOTAL of Receipts This Page (optional)			1500.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 81 (check only one) X
or for comme	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full) CAN SOCIETY OF ANESTHES	name and ad	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)			
. <u>LAJUANA</u> Mailing Ac	LOGAN Idress 2151 OLD ROCKY RII	DGE RD.		Date of Receipt 0 7 2 2 2 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.64480
BIRMING		AL	35216	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
PC	mployer ERV. OF BIRMINGHAM	Occupatio ANESTH	n IESIOLOGIST	
Receipt For		Aggregate	e Year-to-Date ▼ 500.00	
Full Name	(Last, First, Middle Initial) LONDON			Date of Receipt
Mailing Ac	Idress 1252 WELLINGTON T	ERRACE		0 7 1 8 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.64386
<u>MAITLA</u>	ND	<u>FL</u>	32751	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		250.00
Name of E JLR MED	mployer ICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		Aggregate	e Year-to-Date ▼ 250.00	
Full Name	(Last, First, Middle Initial) LONG			Date of Receipt
Mailing Ac	ldress 200 1ST ST SW			07 02 YYYYY 2008
City ROCHE	CTED	State MN	Zip Code 55905	Transaction ID: SA11AI.64199
FEC ID nu	umber of contributing litical committee.	C	33903	Amount of Each Receipt this Period 250.00
Name of E MAYO CL	mployer INIC	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo		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 40 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICK LOZON Mailing Address 6080 ROTHBURY City PORTAGE	State Zip Code MI 49024	Date of Receipt 0 7 2 5 2 0 0 8 Transaction ID: SA11AI.64689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer KALAMAZOO ANESTHESIOLOGY,-P.C. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) SUSAN LUPO Mailing Address 1400 LINDA LN. City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC ROCK HILL Receipt For: Primary General Other (specify)	State Zip Code NC 28211 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) STEVEN LYSAK Mailing Address 1007 GROVE RD., # City GREENVILLE FEC ID number of contributing federal political committee. Name of Employer GREENVILLE ANESTHESIOLOGY Receipt For: Primary General Other (specify)	B State Zip Code SC 29605 C Occupation ANESTHESIOLOGIST 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
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 41 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly 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.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) SCOTT MANTELL Meiling Address - O CLINGET DAY DD			Date of Receipt
	Mailing Address 9 SUNSET BAY DR City	State	Zip Code	0 7 2 2 2 0 0 8 Transaction ID: SA11AI.64585
	BELLEAIR	FL	33756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer AAPC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
ь В.	Full Name (Last, First, Middle Initial) MICHAEL MARCOVITZ			Date of Receipt
	Mailing Address 4483 FORD RD.			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 2 & 2 & & 2 & 0 & 0 & 8 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: SA11AI.64589
	ANN ARBOR	MI	48105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) SCOTT MARGOLIES			Date of Receipt
	Mailing Address 3916 GLENWOOD A	VE.		07 22 2008
	City BIRMINGHAM	State AL	Zip Code 35222	Transaction ID: SA11AI.64424 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OOLL	500.00
	Name of Employer SO PERIOP SERV	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	TOTAL This Period (last page this line numbe	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 81 (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	Statements ma e name and ad	ly 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) SHAWN MARSH Mailing Address			Date of Receipt
	Mailing Address 9787 S. ISABEL CT.	Ctoto	7in Codo	07 09 2008
	City HIGHLANDS RANCH	State CO	Zip Code 80126	Transaction ID: SA11AI.64234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) GREGORY MARTIN			Date of Receipt
	Mailing Address 8 PROSPECT ST.			07 03 2008
	City	State	Zip Code	Transaction ID: SA11AI.64211
	NASHUA FEC ID number of contributing federal political committee.	NH C	03060	Amount of Each Receipt this Period 500.00
	Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) G. MORRIS MATTHEWS	_		Date of Receipt
	Mailing Address 1517 CHAPEL OAKS	CR.		07 22 2008
	City SANDY	State UT	Zip Code 84093	Transaction ID: SA11AI.64436 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 HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 81 (check only one) X 11a
or fo	information copied from such Reports and S r commercial purposes, other than using the	tatements ma 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.
\	IAME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A. <u>J</u>	ull Name (Last, First, Middle Initial) OHN MATTONI	· -		Date of Receipt
_	failing Address 3600 W. 48TH STREE			07 18 2008
	ity ROELAND PARK	State KS	Zip Code 66205	Transaction ID: SA11AI.64287 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	С		250.00
N A	lame of Employer NES SERV OF E JACKSON	Occupation PHYSIC		
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3 . <u>s</u>	ull Name (Last, First, Middle Initial)	l		Date of Receipt
IV	lailing Address 15804 W. 63RD AVE.			07 22 2008
	ity GOLDEN	State CO	Zip Code 80403	Transaction ID: SA11AI.64432
F	EC ID number of contributing ederal political committee.	C	60403	Amount of Each Receipt this Period 250.00
	lame of Employer HYS ANESTH SERV	Occupation ANESTH	on HESIOLOGIST	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	ull Name (Last, First, Middle Initial) IICHAEL MCCUTCHON			Date of Receipt
M	failing Address 203 JACKSON PL.			07 22 YYYY 2008
	corpus christi	State TX	Zip Code 78411	Transaction ID: SA11AI.64605 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	70411	250.00
N G	lame of Employer GULF SHORE ANES ASSOC	Occupation ANESTH	n HESIOLOGIST	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)			750.00
	FAL This Period (last page this line number			

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NI (check only o	
Any inforr or for com	nation copied from such Reports and S nmercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpos solicit contributi	se of soliciting contributions ions from such committee.
\	OF COMMITTEE (In Full) RICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
	ame (Last, First, Middle Initial) MM MCRAE			Date of R	eceipt
	g Address 109 SOUTH ROBERT.		7.0.1	07	31 2008
City DOTI	HAN	State AL	Zip Code 36301		on ID: SA11AI.64763 f Each Receipt this Period
FEC II	D number of contributing political committee.	C		7 tillodit o	500.00
Name ANES	of Employer CONSULT MED	Occupatio ANESTH	n IESIOLOGIST		
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
MICHA	ame (Last, First, Middle Initial) EL MENNINGER 3 Address 2533 NW 140TH TERI	RACE		Date of Ro	<u> </u>
	Address 2000 NVV 1401H 1ENI	NACE		0 7	18 2008
City	F0\/!!! F	State	Zip Code		on ID: SA11Al.64341
	ESVILLE Discreping number of contributing	FL	32606	Amount o	f Each Receipt this Period
	I political committee.	C			250.00
Name AANF	of Employer	Occupation ANESTH	n IESIOLOGIST		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00		
	ame (Last, First, Middle Initial) ALL MIDDAUGH			Date of R	eceipt
Mailing	Address 9 CARMEL LN.			07	18 2008
City	= = = = = = = = = = =	State	Zip Code		on ID: SA11Al.64370
FEC II	LE ROCK O number of contributing I political committee.	AR C	72212	Amount o	f Each Receipt this Period 250.00
Name LITTL	of Employer E ROCK ANES SERV	Occupation PHYSIC			
	ot For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
SUBTO	AL of Receipts This Page (optional)	<u> </u>			1000.00
	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 45 / 81 (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	Statements may not be sold or used by any person e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DENNIS MORRIS Mailing Address 6330 E. 116TH ST. City TULSA FEC ID number of contributing federal political committee. Name of Employer ASSOCIATED ANESTHESIOLOGI- ST, INC Receipt For: Primary General Other (specify)	State Zip Code OK 74137 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	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) MICHAEL MUELLER Mailing Address 1520 CHANDLER RD. City HUNTSVILLE FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE ANESTHESIA SERVICES Receipt For: Primary General Other (specify)	State Zip Code AL 35801 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	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) PAUL NAGRODZKI Mailing Address 2151 OLD ROCKY RII City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer ANES. SERV. OF BIRMINGHAM PC Receipt For: Primary General Other (specify)	DGE RD. State Zip Code AL 35216 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	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)		2000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 81 (check only one) X
, C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION CC	DMMITTEE
۷.	Full Name (Last, First, Middle Initial) JAY NILSON		Date of Receipt
	Mailing Address 6094 DRY CREEK C		07 25 2008
	City HIGHLAND	State Zip Code UT 84003	Transaction ID: SA11AI.64687 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) CRAIG NORDHUES)	Date of Receipt
	Mailing Address 104 INVERNESS DR		07 31 7 2008
	City DOTHAN	State Zip Code AL 36305	Transaction ID: SA11AI.64739
	FEC ID number of contributing federal political committee.	C 30303	Amount of Each Receipt this Period 500.00
	Name of Employer SOUTHEAST ALABAMA MEDICAL CENTER	Occupation STAFF ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) NATHAN OLSEN		Date of Receipt
	Mailing Address 333 W. HAMPDEN A SUITE 600		07 30 7 2008
	City ENGLEWOOD	State Zip Code CO 80110	Transaction ID: SA11AI.64729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ		1	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17 17 18 19 19 19 19 19 19 19
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE		
Full Name (Last, First, Middle Initial) JAMES ONEILL Mailing Address 1060 LIVE OAK PLAN	ITATION RD.	Date of Receipt 0 7 1 0 2 0 0 8
City TALLAHASSEE	State Zip Code FL 32312	Transaction ID: SA11AI.64240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY ASSOCIATES	Occupation	250.00
OF TALLAHASS Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PATRICIA PANCOAST Mailing Address 19031 HILLTOP RD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAKE OSWEGO FEC ID number of contributing	State Zip Code OR 97034	Transaction ID: SA11AI.64705 Amount of Each Receipt this Period
rederal political committee. Name of Employer OREGON ANES GROUP, P.C.	Occupation ANESTHESIOLOGIST	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) ANDREA PARDE Mailing Address 5900 THE KNOLLS		Date of Receipt
City	State Zip Code	0 7 2 2 2 0 0 8 Transaction ID: SA11Al.64565
LINCOLN FEC ID number of contributing federal political committee.	NE 68512	Amount of Each Receipt this Period 250.00
Name of Employer LINCOLN ANESTHESIOLOGY GR- OUP Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	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 48 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	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 pers 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 ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) SRIKANTH PATANKAR			Date of Receipt
	Mailing Address 124 LINCOLN RD.	Ctata	7in Codo	07 23 2008
	City WESTFIELD	State NJ	Zip Code 07090	Transaction ID: SA11AI.64641 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NJ ANES ASSOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) RUSSELL PETERSEN			Date of Receipt
	Mailing Address 4124 S. MT. OLYMPU	JS WAY		07 22 2008
	City	State UT	Zip Code	Transaction ID: SA11AI.64584
	SALT LAKE CITY FEC ID number of contributing federal political committee.	C	84124	Amount of Each Receipt this Period 250.00
	Name of Employer MTN WEST ANESTH	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) JEFFREY PHILIP			Date of Receipt
	Mailing Address 4549 RAYNOR CT.			07 22 2008
	City MASON	State OH	Zip Code 45040	Transaction ID: SA11AI.64559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OUTPATIENT ANES SPEC	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 81 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MILLEE
Full Name (Last, First, Middle Initial) MARC PRESSMAN			Date of Receipt
Mailing Address 4605 JASMINE DR.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.64508
ROCKVILLE	MD	20853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OUTPATIENT ANES SVCS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) VERNON PRUITT			Date of Receipt
Mailing Address 201 KIRK LN.			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.64735
DOTHAN	AL	36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ANESTHESIA CONSULTANTS ME- D. GRP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DEBRA PULLEY			Date of Receipt
Mailing Address 660 S EUCLID AVE #8	3054		07 22 7 2008
City	State	Zip Code	Transaction ID: SA11AI.64454
ST. LOUIS	MO	63110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WASHINGTON UNIV	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS The property of the p	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 81 (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 ANESTHE	e name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) BERNARD PYGON Mailing Address 969 S. HILLSIDE AVE	Date of Receipt		
				07 15 2008
	City ELMHURST	State IL	Zip Code 60126	Transaction ID: SA11AI.64262 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120	1000.00
	Name of Employer UNIVERSITY OF ILLINOIS Receipt For:	_	ESIOLOGIST	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
— 3.	Full Name (Last, First, Middle Initial) XUEJIN QIN			Date of Receipt
	Mailing Address 9919 ASHLEIGH WA	07 18 2008		
	City HIGHLANDS RANCH	State CO	Zip Code 80126	Transaction ID: SA11AI.64378 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GY, P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— C.	Full Name (Last, First, Middle Initial) DAVID REEDER			Date of Receipt
	Mailing Address 19 BUCHANAN			07 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.64595
	WENATCHEE FEC ID number of contributing federal political committee.	C	98801	Amount of Each Receipt this Period 250.00
	Name of Employer WENATCHEE ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	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 51 / 81 (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	Statements may not be sold or used by any personename and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	5.02.50.07.07.02.77.07.07.00.7	
A. JOHN REISINGER Mailing Address 3502 12TH AVE SE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City ST. CLOUD	State Zip Code MN 56304	Transaction ID: SA11AI.64777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CENTRAL MINNESOTA ANESTHE- SIA, LTD. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PETER ROESSLER Mailing Address 19031 HILLTOP RD		Date of Receipt 0 7 2 5 2 0 0 8
City	State Zip Code	0 7 2 5 2 0 0 8 Transaction ID: SA11Al.64703
LAKE OSWEGO	OR 97034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OREGON ANES GROUP, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
Mailing Address 6005 RIVER RD.		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.64252
NORFOLK FEC ID number of contributing federal political committee.	VA 23505	Amount of Each Receipt this Period 250.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupation ANESTHESIOLOGIST	
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 number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(check only one)	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any ong the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. COMMITTEE	
Full Name (Last, First, Middle Initial) PAUL ROSE Mailing Address 14465 NW BELLE City BEAVERTON FEC ID number of contributing federal political committee. Name of Employer OREGON ANESTHESIOLOGY GRO-	State Zip Code OR 97006 C Occupation	Date of Receipt 0 7 0 5 2 0 0 8 Transaction ID: SA11AI.64215 Amount of Each Receipt this Period 250.00	
UP, P.C. Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 250.0	00	
Full Name (Last, First, Middle Initial) LISA ROSS Mailing Address 400 WEST END A			
City	State Zip Code	0 7 1 8 2 0 0 8 Transaction ID: SA11Al.64345	
NEW YORK FEC ID number of contributing federal political committee.	NY 10024	Amount of Each Receipt this Period 250.00	
Name of Employer GREENWICH MED ANES	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00 "	
Full Name (Last, First, Middle Initial) MICHAEL ROUTMAN Mailing Address 2151 OLD ROCK	Y RIDGE RD SUITE 106	Date of Receipt 0 7 2 2 2 2 0 0 8	
City	State Zip Code	Transaction ID: SA11Al.64484	
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 500.00	
Name of Employer ANESTHESIA SERVICES OF BI- RMINGHAM P C Receipt For:	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date		
Primary General Other (specify) ▼	500.0	00 0	
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 53 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) RAYMOND ROY		Date of Receipt
Mailing Address MEDICAL CENTER	BOULEVARD	07 03 7 4 9 9
City	State Zip Code	Transaction ID: SA11AI.64203
WINSTON SALEM FEC ID number of contributing	NC 27157	Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer	Occupation	
Name of Employer WAKE FOREST UNIVERSITY SC- HOOL OF MEDIC	ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) JAMES RUDULPH		Date of Receipt
Mailing Address 2151 OLD ROCKY F	RIDGE RD.	07 22 2008
City	State Zip Code	Transaction ID: SA11Al.64486
BIRMINGHAM	AL 35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES. SERV. OF BIRMINGHAM PC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) LYLE SALTZMAN		Date of Receipt
Mailing Address 1304 OAK ST.		07 31 2008
City	State Zip Code	Transaction ID: SA11Al.64741
MELBOURNE	FL 32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 81			
ITEMIZED RECEIPTS	for each category of the	(check only one)			
II EINIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12			
		13 14 15 16 17			
Any information copied from such Reports and State	ements may not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the na	ame and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF ANESTHESIC	DLOGISTS POLITICAL ACTION COM	MITTEE			
<u> </u>		1			
Full Name (Last, First, Middle Initial) A. PAULA SCHRIEMER		Date of Receipt			
Mailing Address 14105 WATERVIEW					
14100 W//1211V12W		07 23 2008			
City	State Zip Code	Transaction ID: SA11AI.64674			
VICKSBURG	MI 49097	Amount of Each Receipt this Period			
FEC ID number of contributing		500.00			
federal political committee.	C	500.00			
N (5)		_			
Name of Employer KALAMAZOO ANESTH	Occupation				
Descint For:	ANESTHESIOLOGIST	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	500.00				
☐ Other (specify) ♥	0 0 0 0 0 0 0 0 0				
Full Name (Last, First, Middle Initial)					
B. ABRAHAM SCHUSTER		Date of Receipt			
Mailing Address 2151 OLD ROCKY RIDO	Mailing Address 2151 OLD ROCKY RIDGE RD.				
C'+.	Ctata Zin Cada	07 22 2008			
City	State Zip Code	Transaction ID: SA11AI.64488			
BIRMINGHAM	AL 35216	Amount of Each Receipt this Period			
FEC ID number of contributing	C	500.00			
federal political committee.					
Name of Employer ANES. SERV. OF BIRMINGHAM	Occupation	7			
ANES. SERV. OF BIRMINGHAM PC	ANESTHESIOLOGIST				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	500.00				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) C. REGINALD SCOTT		Date of Receipt			
Mailing Address 5417 E. 86TH ST.		M M / D D / Y Y Y Y			
Maining / 1661-565 341/ E. 60111 31.		07 01 2008			
City	State Zip Code	Transaction ID: SA11Al.64197			
TULSA	OK 74137	Amount of Each Receipt this Period			
FEC ID number of contributing		500.00			
federal political committee.	C	500.00			
Name of Employer	Occupation	\dashv			
Name of Employer ASSOCIATED ANESTHESIOLOGI-	PHYSICIAN				
STS, INC. Receipt For:	Aggregate Year-to-Date ▼	\dashv			
Primary General	Aggregate real-to-Date ▼	.1			
Other (specify)	500.00				
	0 0 0 0 0 0 0 0 0				
SUBTOTAL of Receipts This Page (optional)	_	1500.00			
GODICIAL OF Necepts This Page (optional)	······				

,	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 81 (check only one)
			for each category of the	
•	TEIMIZED TIEGEII TO		Detailed Summary Page	X 11a 11b 11c 12
Г	A			13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	name 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 ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) KURT SENN			Date of Receipt
	Mailing Address 1970 SOUTHWOOD R	lD		07 31 2008
	City	State	Zip Code	Transaction ID: SA11Al.64759
	BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer AAPC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 3		
	Other (specify) ▼	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) JOHN SHEARER			Date of Receipt
	Mailing Address 23 RIDGE DR.			07 07 2008
	City	State	Zip Code	Transaction ID: SA11Al.64227
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AMBULATORY ANESTHESIA AND PAIN MED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
с. С.	Full Name (Last, First, Middle Initial) KALAVATHI SHENOY			Date of Receipt
	Mailing Address 1707 ATWOOD CIR.			07 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.64694
	NAPERVILLE	IL	60565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer DVA EDWARD HOSP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	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 56/81 (check only one)
Any information copied from such Reports at 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 ANESTI			
Full Name (Last, First, Middle Initial) SANDRA SIPE			Date of Receipt
Mailing Address 2151 OLD ROCKY	RIDGE RD.		07 22 2008
City BIRMINGHAM	State AL	Zip Code 35216	Transaction ID: SA11AI.64490 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. SERV. OF BIRMINGHAM, P.C.	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRIAN SKALETSKI			Date of Receipt
Mailing Address 2083 MUIRWOOD	LN.		0 7 2 2 2 2 0 0 8
City GREEN BAY	State W1	Zip Code 54313	Transaction ID: SA11AI.64502
FEC ID number of contributing federal political committee.	C	04010	Amount of Each Receipt this Period 300.00
Name of Employer GREEN BAY ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) PATRICK SLATEV			Date of Receipt
Mailing Address 16405 ERNEST CT	Γ		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.64745
EDMOND FEC ID number of contributing federal political committee.	OK OK	73013	Amount of Each Receipt this Period 500.00
Name of Employer AFFIL ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COI	MMITTEE
Full Name (Last, First, Middle Initial) DAVID SMITH		Date of Receipt
Mailing Address 3400 SPRUCE ST		07 22 2008
City PHILADELPHIA	State Zip Code PA 19072	Transaction ID: SA11AI.64534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIV OF PENN HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PERRY SMITH	1	Date of Receipt
Mailing Address 4017 OLD LEEDS F	IIDGE	07 18 2008
City	State Zip Code	Transaction ID: SA11Al.64364
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35213	Amount of Each Receipt this Period 250.00
Name of Employer UAB	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) DON SOKOLIK	1	Date of Receipt
Mailing Address 2757 KINSINGTON	CIRCLE	07 18 2008
City WESTON	State Zip Code FL 33332	Transaction ID: SA11AI.64339 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SHERIDAN HEALTHCARE, INC	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 58 / 81 (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)	d Statements may not be sold or used by any pe the name and address of any political committee	e to solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) KENNETH SONG		Date of Receipt
Mailing Address 333 W. HAMPDEN	AVE. #600	07 27 2008
City	State Zip Code	Transaction ID: SA11AI.64717
ENGLEWOOD FEC ID number of contributing federal political committee.	CO 80110	Amount of Each Receipt this Period 500.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) SHANTANU SRINIVASAN		Date of Receipt
Mailing Address 250 GAGE BLVD #	07 22 2008	
City	State Zip Code	Transaction ID: SA11AI.64577
RICHLAND	WA 99352	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) JOHN SWEETMAN		Date of Receipt
Mailing Address 715 BRENTWOOD	DR	07 31 2008
City	State Zip Code	Transaction ID: SA11AI.64747
WAUKEE	IA 50263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	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 59 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	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 persoldress 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) STEVEN SYKES			Date of Receipt
	Mailing Address 1118 ROSS CLARK (07 21 7 2008		
	City DOTHAN	State AL	Zip Code	Transaction ID: SA11AI.64414
	FEC ID number of contributing federal political committee.	C	36301	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) GEOFFREY TAYLOR Mailing Address 1620 NW 182ND ST.	<u> </u>		Date of Receipt
	Mailing Address 1620 NW 182ND S1.			07 18 7 2008
	City EDMOND	State OK	Zip Code 73003	Transaction ID: SA11AI.64351
	FEC ID number of contributing federal political committee.	C	73003	Amount of Each Receipt this Period 500.00
	Name of Employer AFFIL ANESTH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) JULIE THOMPSON			Date of Receipt
	Mailing Address 18504 AUTUMN SAG	E DRIVE		0 7 1 8 2 0 0 8
	City EDMOND	State OK	Zip Code 73003	Transaction ID: SA11AI.64388 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,5005	250.00
	Name of Employer AFFILIATE ANESTHESIOLOGIS- TS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements 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 60 / 81 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
Full Name (Last, First, Middle Initial) JAMES TOTTEN Mailing Address 3073 O'BRIEN DR.			Date of Receipt
City TALLAHASSEE	State FL	Zip Code 32309	Transaction ID: SA11AI.64314 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼		rn IESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID VAN ALSTINE Mailing Address 1410 GOODBAR AVE.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MEMPHIS	State TN	Zip Code 38104	Transaction ID: SA11AI.64692 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANESTHESIA GROUP	Occupatio		250.00
Receipt For: Primary General Other (specify) ▼		ESIOLOGIST e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PAMELA VARNER			Date of Receipt
Mailing Address 3503 PINE RIDGE RD. City	State	Zip Code	0 7 1 8 2 0 0 8 Transaction ID: SA11Al.64301
BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer UNIVERSITY OF ALABAMA-BIR- MINGHAM ANES. Receipt For:	Occupation PHYSIC	IAN	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
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 61 / 81 (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)	tatements ma name and ad	ly 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.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) BRIAN VOTH Mailing Address 19 S. BUCHANAN ST.			Date of Receipt
			7's Oads	07 21 2008
	City WENATCHEE	State WA	Zip Code 98801	Transaction ID: SA11AI.64410 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WENATCHEE ANES. ASSOC.	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) WILLIAM WARE			Date of Receipt
	Mailing Address 4326 BOULDER LAKE	CIRCLE		07 22 2008
	City BIRMINGHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.64492
	FEC ID number of contributing federal political committee.	C	33242	Amount of Each Receipt this Period 500.00
	Name of Employer ANES SERV BIRMINGHAM	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
с. С.	Full Name (Last, First, Middle Initial) MARGARET WEGLINSKI			Date of Receipt
	Mailing Address 200 1ST ST SW DEPT. OF ANES.			07 07 2008
	City ROCHESTER	State MN	Zip Code 55905	Transaction ID: SA11AI.64221
	FEC ID number of contributing federal political committee.	C	33903	Amount of Each Receipt this Period 250.00
	Name of Employer MAYO CLINIC	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
ļ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SUSAN WETSTONE		Date of Receipt
Mailing Address 7510 E GREENL	AKE DR N	07 25 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.64707
SEATTLE FEC ID number of contributing federal political committee.	WA 98103	Amount of Each Receipt this Period 250.00
Name of Employer PACIFIC ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT WHITE		Date of Receipt
Mailing Address 801 MARTIN MIL	L PIKE	07 18 2008
City ROCKFORD	State Zip Code TN 37853	Transaction ID: SA11AI.64319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FT SANDERS ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SEAN WHITE		Date of Receipt
Mailing Address 1148 BUCK HILL	. DR.	07 18 2008
City VEAZIE	State Zip Code ME 04401	Transaction ID: SA11AI.64289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ACADIA MEDICAL ARTS ANEST- HESIA, LLC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	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 63 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and 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 perso 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) GISELE WILKE			Date of Receipt
	Mailing Address 6839 S. CANTON			07 10 2008
	City TULSA	State OK	Zip Code 74136	Transaction ID: SA11AI.64242 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS,INC Receipt For:		n IESIOLOGIST e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
- В.	Full Name (Last, First, Middle Initial) JAMES WILLIAMS Mailing Address 83 CAMBRIDGE PKV	MV		Date of Receipt
				07 22 2008
	City CAMBRIDGE	State MA	Zip Code 02142	Transaction ID: SA11AI.64562 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OZ 1 TZ	250.00
	Name of Employer PARTNERS HEALTHCARE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) DENNIS WYATT			Date of Receipt
-	Mailing Address 3971 SHOALS DR.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OKEMOS	State MI	Zip Code 48864	Transaction ID: SA11AI.64426 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70007	250.00
	Name of Employer LANSING ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	TOTAL This Period (last page this line numbe		<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 64 / 81 (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements 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 ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ELIZABETH YASIK			Date of Receipt
Mailing Address 10 EVANS DR.			07 18 2008
City LANDENBERG	State PA	Zip Code 19350	Transaction ID: SA11AI.64323 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ANESTHESIA SERVICES PA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) INHO YOON			Date of Receipt
Mailing Address 1007 GROVE RD., #B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.64394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREENVILLE ANESTHESIOLOGY	Occupatio	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID ZUCKER			Date of Receipt
Mailing Address 5304 EAGLE RIDGE L	N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SYLVANIA	State OH	Zip Code 43560	Transaction ID: SA11AI.64260
FEC ID number of contributing federal political committee.	C	45500	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIOLOGY CONSULTANTS OF TOLEDO	Occupatio PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
			67400.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LINE NUMBER: PAGE 65 / 81 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements ma	y not be sold or u dress of any polit	sed by any persoi ical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL A	ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO				Date of Receipt
	Mailing Address 50 S LASALLE				07 31 YYYYY 2008
	City	State	Zip Code		Transaction ID: SA17.64890
	CHICAGO	IL	60675		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1		1311.15
	Name of Employer	Occupation	n		INTEREST INCOME
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date	22694.01	
В.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO				Date of Receipt
	Mailing Address 50 S LASALLE				07 31 YYYY 2008
	City	State	Zip Code		Transaction ID: SA17.64892
	CHICAGO	IL	60675		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1		1384.38
	Name of Employer	Occupation	n		INTEREST INCOME CD'S
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date	24078.39	

SUBTOTAL of Receipts This Page (optional)	•	2695.53
TOTAL This Period (last page this line number only)	•	2695.53

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) ☐ 22
	Detailed Summary Fage	27	28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any political	Committee to sor	icit contributions from such committee
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTION COMMI	TTEE
Full Name (Last, First, Middle Initial) AMERICA WORKS PAC			Transaction ID: SB23.64845 Date of Disbursement
Mailing Address 426 C STREET NE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 2 & B \\ 2 & 3 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}^Y$
WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2008 CONTRIBUTION			5000.00
Candidate Name		Category/ Type	
Senate President X	ment For: 2008 Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			T ID ODOS 04040
• AMERIPAC			Transaction ID: SB23.64813 Date of Disbursement
Mailing Address 499 S CAPITOL SW #41	4		$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}7^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}4^D\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}008^Y\end{bmatrix}$
,	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 CONTRIBUTION			5000.00
Candidate Name		Category/ Type	
Senate	ment For: 2008 Primary General Other (specify)	7,7	
Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			Transaction ID: SB23.64827 Date of Disbursement
Mailing Address PO BOX 75214			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & 2 & 8 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
WASHINGTON	State Zip Code DC 20013		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/	1500.00
Saluddo Hairo		Type	
Senate X President	ment For: 2008 Primary General Other (specify)		
State: NY District: 24			
SUBTOTAL of Disbursements This Page (optional) .)	11500.00
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AMERICAN SOCIETY OF ANESTHESIOL	OGISTS F	POLITICAL AC	TIO	Λ	COMN	/ITT	EE							
Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS CMTE							Trans Date o		sburs		23.6	648 [°]	72	
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Purpose of Disbursement				U								50	00.00)
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State: AL District: 06														
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Mailing Address 3482 DRUSILLA LN #1							0 7	IMI /	2	2 8 /	Ľ	Ž	οŏε	B '
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SCHEDULE B (FEC Form 3X)

Any Information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOG Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIONAL Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial)	d address of any political ISTS POLITICAL AC COMM E NW, #508 E Zip Code 20002	committee to s	22 X 23 24 25 26 26 28 28 28b 28c 29 30 a for the purpose of soliciting contributions solicit contributions from such committee
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOG Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIONAL Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON DC Purpose of Disbursement Candidate Name Office Sought: X House Disbursement Candidate Name Office Sought: X House President State: TX District: 20 Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS Mailing Address 236 MASSACHUSETTS AVE City State City State WASHINGTON DC	d address of any political ISTS POLITICAL ACT COMM E NW, #508 E Zip Code 20002 It For: 2008 mary X General	Category/	Transaction ID: SB23.64817 Date of Disbursement MTM / D2 D / Y 2 0 0 8 Amount of Each Disbursement this Period
CHARLES A GONZALEZ CONGRESSIONAL Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON DC Purpose of Disbursement Candidate Name Office Sought: X House Disbursement Senate President President State: TX District: 20 Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON DC	E NW, #508 E Zip Code 20002 It For: 2008 mary X General		Date of Disbursement O 7
WASHINGTON Purpose of Disbursement Candidate Name Office Sought: X House Senate President Oth State: TX District: 20 Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON DC	t For: 2008 mary X General		
Office Sought: X	mary X General		
Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) CIRO D RODRIGUEZ FOR CONGRESS Mailing Address 236 MASSACHUSETTS AVE City WASHINGTON State DC	mary X General		
B. CIRO D RODRIGUEZ FOR CONGRESS Mailing Address 236 MASSACHUSETTS AVE City State WASHINGTON DC			
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	Zip Code 20002		Amount of Each Disbursement this Period 1000.00
	t For: 2008 mary X General ner (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS INC			Transaction ID: SB23.64807 Date of Disbursement
Mailing Address 9249 S BROADWAY BLVD : City State			Amount of Each Disbursement this Period
HIGHLANDS RANCH CO Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: CO District: 06 Disbursement X Print Oth			
SUBTOTAL of Disbursements This Page (optional)			4500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 7 22
	Detailed Summary Page	27	28a 28b 28c 29 30k
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any political	Committee to son	Cit contributions from such confinitiee
AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	CTION COMMIT	ITEE
Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR			Transaction ID: SB23.64841 Date of Disbursement
Mailing Address 201 MASSACHUSETTS	AVE NE #C3		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
,	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
Candidate Name		Category/ Type	
X Senate President	ment For: 2008 Primary X General Other (specify)		
State: ME District:			
Full Name (Last, First, Middle Initial) COMM TO RE-ELECT ARTUR DAVIS TO	CONGRESS		Transaction ID: SB23.64874 Date of Disbursement
Mailing Address PO BOX 1845			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & 1 \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & \check{2} & 0 & \check{0} & 8 \\ \end{smallmatrix} \\ & & & & & & & & & & & & & & & & &$
,	State Zip Code AL 35201		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: AL District: 07	ment For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMM	ITTEE		Transaction ID: SB23.64797 Date of Disbursement
Mailing Address PO BOX 2008			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} V \\ O \end{smallmatrix} &$
	State Zip Code TN 37133		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Senate X President	ment For: 2008 Primary General Other (specify)		
State: TN District: 06			
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TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		GE 70 / 81
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22	25 26 29 30b
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL				Similar
Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIG	N COMM		Transaction ID: SB23.6 Date of Disbursement	
Mailing Address PO BOX 47025			07 10	2008
SŤ PETERSBURG	State Zip Code FL 33743		Amount of Each Disburser	nent this Period 2500.00
Purpose of Disbursement				2000.00
Candidate Name		Category/ Type		
, , , , , , , , , , , , , , , , , , ,	ment For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) DAVE WU FOR US CONGRESS			Transaction ID: SB23.6	
Mailing Address 818 SW THIRD AVE #11	82		07	2008
	State Zip Code OR 97204		Amount of Each Disburser	nent this Period
Purpose of Disbursement				2000.00
Candidate Name		Category/ Type		
Senate President	ment For: 2008 Primary X General Other (specify)			
State: OR District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: CD00	24070
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Mailing Address 120 MARYLAND AVE NE	:		0 7 M / D 3 1 / Y	žoŏ8 Ť
	State Zip Code DC 20002		Amount of Each Disburser	
Purpose of Disbursement 2008 CONTRIBUTION				5000.00
Candidate Name	C	Category/ Type		
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\	COMMITTEE (In Full) N SOCIETY OF ANESTH	HESIOLOGISTS F	POLITICAL ACT	TION	COMM	IITTEE								
	Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE							ID: irser			64880			
Mailing Add	Mailing Address PO BOX 620062								^D	/ Y	ž 0 (8		
City MIDDLET	ON	State WI	Zip Code 53562			Amo	ount of Ea	ch [Disl	burse	ment thi	s Per	od	
Purpose of	Disbursement								_		1000	.00		
Candidate N	lame			Cate	~ ,									
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•	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON						saction of Disbu		_		64849			
Mailing Add	ress PO BOX 100					0 ^M 7	, M /	28	8	/ Y	ž 0 (8		
City BOLTON		State MS	Zip Code 39041			Amo	ount of Ea	ch [Disl	burse			od	
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Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL			
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMP	AIGN		Transaction ID: SB23.64867 Date of Disbursement
Mailing Address P.O. BOX 16128			$\begin{bmatrix}\begin{smallmatrix}M&7&M\\0&7\end{smallmatrix}\end{bmatrix}^{/}\begin{bmatrix}\begin{smallmatrix}D&D\\2&8\end{smallmatrix}\end{bmatrix}^{/}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}^{Y}$
City HOUSTON	State Zip Code TX 77222		Amount of Each Disbursement this Period
Purpose of Disbursement			3000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: TX District: 29 Full Name (Last, First, Middle Initial)		Transaction ID: SB23.64870	
GIFFORDS FOR CONGRESS		Date of Disbursement	
Mailing Address PO BOX 12886			07
City TUCSON	State Zip Code AZ 85732		Amount of Each Disbursement this Perio
Purpose of Disbursement			3500.00
Candidate Name		Category/ Type	
Office Sought: X House Disburse Senate President State: AZ District: 08	ement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS			Transaction ID: SB23.64868 Date of Disbursement
Mailing Address PO BOX 15734			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}^Y$
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
0 1 -	ement For: 2008		
President	Primary General Other (specify) ▼		
Senate X	Primary General Other (specify) ▼		7500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check onl	PAGE 73/81	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESION	LOGISTS POLITICAL A	CTION COMM	ITTEE	
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS			Date of Disburs	
Mailing Address PO BOX U			07 7 2	28 7 2008
City MARIETTA	State Zip Code GA 30060		Amount of Each	Disbursement this Period
Purpose of Disbursement				2000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: GA District: 11	ement For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) JEB BRADLEY FOR CONGRESS			Transaction ID: Date of Disburs	: SB23.64866 ement
Mailing Address 645 S MAIN ST			07 2	28 / Y 2008
City WOLFEBORO	State Zip Code NH 03894		Amount of Each	Disbursement this Period
Purpose of Disbursement		• •		5000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: NH District: 01	ement For: 2008 Primary X General Other (specify)	,		
Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS			Transaction ID:	: SB23.64811 ement
Mailing Address 65 HIGH RIDGE RD BC	X 456		07 / 1	^D 4 2008
City STAMFORD	State Zip Code CT 06905		Amount of Each	Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name		Category/ Type		
	ement For: 2008 Primary General Other (specify)	1		
SUBTOTAL of Disbursements This Page (optional)				9500.00
TOTAL This Period (last page this line number only				
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Full Name (Last, First JOHN HALL FOR							Dat	nsaction II e of Disbur	semen			V	
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City WASHINGTON			state OC	Zip Code 20003			Am	ount of Eac	h Disb				d
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City BETHESDA			state MD	Zip Code 20827			Am	ount of Eac	h Disb	ursem	ent this	Perio	d
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Full Name (Last, First	t, Middle Initial)							nsaction II e of Disbur			4858		
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City BURNSVILLE			state ИN	Zip Code 55337			Am	ount of Eac	h Disb	ursem	ent this	Perio	d
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	House Senate President strict: 02		nent For: Primary Other (spe	2008 General									
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Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
AMERICAN SOCIETY OF ANESTHESION	OGISTS POLITICAL ACTI	ON COMMIT	TTEE	
Full Name (Last, First, Middle Initial) LAMPSON FOR CONGRESS			Transaction ID: Date of Disburse	ment
Mailing Address PO BOX 58606			07	1 2008
City HOUSTON	State Zip Code TX 77258		Amount of Each	Disbursement this Period
Purpose of Disbursement	Г			5000.00
Candidate Name		Category/ Type		
Office Sought: X House Disburs Senate President State: TX District: 22	ement For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB23 64825
LANCE FOR CONGRESS			Date of Disburse	
Mailing Address PO BOX 225			07 7 2	8 7 2008
City COLONIA	State Zip Code NJ 07067		Amount of Each	Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name		Category/ Type		
Office Sought: X House Disburs Senate President State: NJ District: 07	ement For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB33 64833
LINDA STENDER FOR CONGRESS			Date of Disburse	
Mailing Address PO BOX 730			07	8 2008
City SCOTCH PLAINS	State Zip Code NJ 07076		Amount of Each	Disbursement this Period
Purpose of Disbursement	Г	•		2500.00
Candidate Name		Category/ Type		
Senate President	ement For: 2008 Primary X General Other (specify)			
State: NJ District: 07				
SUBTOTAL of Disbursements This Page (optional)		<u></u>		10000.00

SCHEDULE B (FEC Form 3X)		arate schedule(s)		FOR LINE NUMBER: PAGE (check only one)			PAGE 76 / 81					
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Any Information copied from such Reports and State	ments may no	ot be sold or used	by an	y person	for the	purp	ose of s	olici	ting co	ntribution	ns	
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ne and addres	ss of any political	comm	ittee to s	Olicit C	ontric	outions tr	Om:	sucn c	ommittee	•	
AMERICAN SOCIETY OF ANESTHESION	LOGISTS F	POLITICAL AC	TION	COMM	IITTE	E						
Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS					Da	ate of	ction ID Disburs	eme				
Mailing Address PO BOX 1457						7 ^M	/ D	0	/ Y	200	8 ^Y	
City	State	Zip Code			Ar	noun	t of Each	n Dis	burser	ment this	Peri	od
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Mailing Address PO BOX 300077					ď	7 ^M	/ D2	2 8 8	/	žoŏ	8 ^Y	
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ST LOUIS Purpose of Disbursement	MN	63130			- Г			•		5000.0	00	
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Candidate Name				egory/ pe								
Senate	ement For: Primary Other (spe	2008 General										
Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC							ction ID:			64851		
Mailing Address PO BOX 640					ď	7 ^M	/ D2	2 8 8	/ Y	ž o ŏ	8 ^Y	
City	State	Zip Code			Ar	noun	t of Each	n Dis	burser	ment this	Peri	od
TOTOWA	NJ	07511					-			1000.0) <u> </u>	_
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) PAT ROBERS FOR US SENATE, INC Mailing Address PO BOX 433 City GREAT BEND Candidate Name Office Sought: House X Senate President State: KS District: Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address Mailing Address PO BOX 425 City State GRAT Senate President Grad 30077 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: GA District: 06 Full Name (Last, First, Middle Initial) ROBERT ADERHOLT FOR CONGRESS Mailing Address Mailing Address Po BOX 1158 940 HWY 13 City Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.64886 Date of Disbursement Transaction ID: SB23.64886 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.64886 Date of Disbursement Transaction ID: SB23.64886 Date of Disbursement Transaction ID: SB23.64886 Date of Disbursement Transaction ID: SB23.64886 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.64886 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB23.64886 Date of Disbursement this Period Transaction ID: SB23.64886 Date of Disbursement ID: SB23.64886 Date of Dis	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23							
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