

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

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different  
than previously  
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

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

Type or Print Name of Treasurer

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

08

18

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		1160205.04
(b) Cash on Hand at Beginning of Reporting Period .....	1199163.67	
(c) Total Receipts (from Line 19) .....	80405.53	708030.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1279569.20	1868235.53
7. Total Disbursements (from Line 31) .....	110441.48	699107.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1169127.72	1169127.72
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109000.00	656500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	900.00
29. Other Disbursements.....	1441.48	41707.81
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110441.48	699107.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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

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

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

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY ANDERSON

Mailing Address 7000 FOREST DR.

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGI-  
STS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64412

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ANDRES

Mailing Address 133 WAGGONER CT.

City

FORT WORTH

State

TX

Zip Code

76108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCOTT & WHITE HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64621

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

VALERIE ARKOOSH

Mailing Address 530 SPRING LANE

City

WYNDMOOR

State

PA

Zip Code

19038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA  
HEALTH SYST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64404

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH ARRIGO

Mailing Address 737 OLD TRAIL DR.

City

NAPLES

State

FL

Zip Code

34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLLIER ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64547

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

EUGENE BAK

Mailing Address P.O. BOX 696

City

DUARTE

State

CA

Zip Code

91009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF HOPE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64536

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID BARAHAL

Mailing Address 301 THELMA DR., #172

City

CASPER

State

WY

Zip Code

82609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64444

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BARLOW

Mailing Address 500 PINE RIDGE TRL

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BI-  
RMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64456

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD BARTKOWSKI

Mailing Address 408 ROGERS LANE

City

WALLINGFORD

State

PA

Zip Code

19086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEFFERSON U PHYS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64617

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN BAUTISTA

Mailing Address 9147 SADDLEBOW DR

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP,  
P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64718

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

FOR LINE NUMBER: PAGE 9 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN BECKSTROM

Mailing Address 257 SUMMERGLEN CT.

City

CHAPIN

State

SC

Zip Code

29036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULT COLUMBIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.64658

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT BEESBURG

Mailing Address 152 FORTY LOVE PT.

City

CHAPIN

State

SC

Zip Code

29036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULT COLUMBIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.64656

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

CESAR BERDEJA

Mailing Address 5400 SUNCREST DR., SUITE #B-3

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS AS-  
SOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.64761

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL BICKET

Mailing Address 13074 S. SANTA FE

City

EDMOND

State

OK

Zip Code

73025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFFILIATED ANESTHESIOLOGI-  
STS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64664

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ANDREW BLACK

Mailing Address 1812 CAMINO RASO NW

City

ALBUQUERQUE

State

NM

Zip Code

87107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC OF NM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64496

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JASPER BOOKER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64458

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRIS BOUKEDDES

Mailing Address 15 LAWSON WAY

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64325

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES BRADFORD

Mailing Address 900 PEELER STREET  
PO BOX 4095

City

KALAMAZOO

State

MI

Zip Code

49003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KALAMAZOO ANESTHESIOLOGY,  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64231

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN BULLINGTON

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64460

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

J. MICHAEL BURDINE

Mailing Address 2267 CEDARDALE

City

BATON ROUGE

State

LA

Zip Code

70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64555

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BUSHEY

Mailing Address PO BOX 70

City

OAKLAND

State

ME

Zip Code

04963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WATERVILLE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64299

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN BYRNE

Mailing Address 105 N. DEVEREUX CT.

City

SANDY SPRINGS

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS SPEC IN ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64295

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROSE CAMPISE-LUTHER

Mailing Address 2520 MAPLE AVE.

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF IL AT CHICAGO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64514

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

NICHOLAS CARRAS

Mailing Address 21 STATION RD

City

GREAT NECK

State

NY

Zip Code

11023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64382

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN CARTER

Mailing Address 2813 21ST STREET

City

LUBBOCK

State

TX

Zip Code

79401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEXAS TECH UNIV. HEALTH  
SCIENCE CTR.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64637

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUDSON CHALKLEY

Mailing Address 119 FOALING RIDGE

City

NICHOLASVILLE

State

KY

Zip Code

40356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64652

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

CANTWELL CLARK

Mailing Address 6 CLEMENT ROAD

City

HANOVER

State

NH

Zip Code

03755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DHMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64569

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN CLARK

Mailing Address 81 DOLPHIN COVE QUAY

City

STAMFORD

State

CT

Zip Code

06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENWICH ANESTHESIOLOGY  
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.64719

Amount of Each Receipt this Period

100.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN COLPITTS

Mailing Address PO BOX 3909

City

WENATCHEE

State

WA

Zip Code

98807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WENATCHEE ANES. ASSOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64709

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROBIN CONNER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64462

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES CONNORS

Mailing Address 5727 E. 106TH ST.

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64428

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT CONSTANTINE

Mailing Address 205 JANET DR.

City

SYRACUSE

State

NY

Zip Code

13224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES GRP ONONDAGA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64685

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY COOK

Mailing Address 2151 OLD ROCKY RIDGE RD., #106

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICES OF BI-  
RMINGHAM, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64464

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

LASZLO CSERNAK

Mailing Address 1873 S. COMANCHE DR.

City

CHANDLER

State

AZ

Zip Code

85248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA RESOURCES LTD.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64420

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 81

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARIE CSETE

Mailing Address 680 MISSION ST APT 40D

City

SAN FRANCISCO

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALIFORNIA INSTITUTE FOR  
REGENERATIVE

Occupation

CHIEF SCIENTIFIC OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.64207

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

EDWIN CUNNINGHAM

Mailing Address 3039 STEEPLGATE CV.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64438

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

AMRITLAL DALSANIA

Mailing Address 55 STERLING RIDGE CT.

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MWAGRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64564

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT DANIEL

Mailing Address 2260 GUILFORD LANE

City

LEXINGTON

State

KY

Zip Code

40513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUEGRASS ANESTHESIA SERV-  
ICES, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.64209

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALFRED DANIELS

Mailing Address 81 GLEN RD., APT #2

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC OF MASS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64321

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT DESIMONE

Mailing Address 7 ELLERHAUSEN DR.

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORRIS ANES GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64355

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LOUIS DEWILD

Mailing Address 1215 PLEASANT ST., #400

City

DES MOINES

State

IA

Zip Code

50309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGI-  
STS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64392

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DENISE DRVOL

Mailing Address 3330 N. 129TH CIRCLE

City

OMAHA

State

NE

Zip Code

68164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHILDREN'S HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64647

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MARK DUGAS

Mailing Address 3706 ABBEYWOOD

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BAYLOR COLL OF MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64701

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE DUMAS

Mailing Address 2151 OLD ROCKY RIDGE RD., STE. 106

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERV. OF BIRMI-  
NGHAM, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64466

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

VERNON LAVELLE EAGAN

Mailing Address 104 COVE CREEK CT.

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.64374

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN ELDER

Mailing Address 58 CHAPMAN LOOP

City

STEILACOOM

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TACOMA ANESTHESIA ASSOCIA-  
TES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.64219

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN ELINGER

Mailing Address 2290 MERMAID PT NE

City

SAINT PETERSBURG

State

FL

Zip Code

33703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNTAINHEAD PRACTICE MAN-  
AGEMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64201

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL ELLIOTT

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64468

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MILO ENGOREN

Mailing Address 2702 JOELLE DR.

City

TOLEDO

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64571

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS ERNST

Mailing Address 50 N. DUNLAP

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEDIATRIC ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64751

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ESTEP

Mailing Address 1432 KINGSFORD DR.

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64549

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID EVANS

Mailing Address 13 WOODMERE DR.

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACMG, DOTHAN, ALABAMA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64793

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICHARD-SALIM FARAH

Mailing Address P.O. BOX 770030

City

EAGLE RIVER

State

AK

Zip Code

99577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAAMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64560

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT FEARS

Mailing Address 2404 WATERFORD DR.

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCFARLAND CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64753

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

BRIAN FELIX

Mailing Address 4107 WOODBRIAR CT

City

SUGARLAND

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GHA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64448

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER FIEDLER

Mailing Address 7621 SOUTHPORT LN

City

SPRINGFIELD

State

IL

Zip Code

62707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC ANES SPFLD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64506

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM FITZPATRICK

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64470

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DEANNA FOX

Mailing Address 8513 ROSEHILL RD.

City

LENEXA

State

KS

Zip Code

66215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KUAF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64349

Amount of Each Receipt this Period

250.00

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

1000.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BENNETT FULLER

Mailing Address 14708 CARLINGFORD WAY

City

EDMUND

State

OK

Zip Code

73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFFIL ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64327

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

WAYNE GABRIEL

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64757

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MURALI KRISHNA GADDE

Mailing Address 1250 DEBORAH DR

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA ANESTHESIA OF HUN-  
TSVILLE

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64613

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 81

(check only one)

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDMUND GARVEY

Mailing Address 133 E. FREDERICK ST.

City

LANCASTER

State

PA

Zip Code

17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC OF LANCASTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64494

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ROSANNE GIANNUZZI

Mailing Address 821 BLOOMFIELD ST.

City

HOBOKEN

State

NJ

Zip Code

07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTCLAIR ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64347

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

RICARDO GOTAY

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BREVARD ANESTHESIA SERVIC-  
ES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64721

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WAYNE GRAFF

Mailing Address 1751 HILLGATE DR.

City

LEXINGTON

State

KY

Zip Code

40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTH ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64619

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES GRAHAM

Mailing Address 3341 SANDHURST CIR

City

BIRMINGHAM

State

AL

Zip Code

35223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KMG ANESTHESIA, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.64217

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ALINA GRIGORE

Mailing Address 5777 E MAYO BLVD  
DEPT. OF ANESTHESIOLOGY

City

PHOENIX

State

AZ

Zip Code

85054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.64733

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM GURLEY

Mailing Address 3657 SHANDWICK PL.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB SCHOOL OF MEDICINE AN-  
ES. DEPT. JT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64755

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS HAGAN

Mailing Address 2134 E. TERRACE DR.

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH DENVER ANESTHESIOLO-  
GISTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64791

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES HALE

Mailing Address 2151 OLD ROCKY RIDGE RD

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64472

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTT HARPER

Mailing Address 1065 LAKE COLONY LN.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA RESOURCES MANA-  
GEMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64233

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY HARTMAN

Mailing Address 8335 PHEASANT RUN

City

FOGELSVILLE

State

PA

Zip Code

18051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLENTOWN ANESTHESIA ASSO-  
CIATES INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64353

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

HANNSJOERG HASCH-KLUENDER

Mailing Address 3715 90TH AVE. S.E.

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G.A.S.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64343

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADAM HAUSER

Mailing Address 14 HUNTSMAN DR.

City

GARNET VALLEY

State

PA

Zip Code

19061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOC IN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64645

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD HEINDEL

Mailing Address 3635 CATAWBA RD.

City

BLACKSBURG

State

VA

Zip Code

24060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64366

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL HOGER

Mailing Address 6003 MACON CT SE

City

HUNTSVILLE

State

AL

Zip Code

35802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPREHENSIVE ANESTHESIA  
SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64676

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LEWIS HUNT

Mailing Address 36 FOXCHASE

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULT MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64376

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS INGERSOLL

Mailing Address 8600 N. ROUTE 91, SUITE #250

City

PEORIA

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, S.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64408

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY IVANKOVICH

Mailing Address 1150 MICHIGAN AVE

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUSH UNIVERSITY MEDICAL  
CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64452

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY IZER

Mailing Address 9884 S FLORENCE PL

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH DENVER ANESTHESIOLOGISTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64368

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

KYLE JACKSON

Mailing Address 2702 TURNER GROVE DR.

City

GREENSBORO

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENSBORO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64643

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

TONIA JACKSON

Mailing Address 6444 RIVERPLACE DR.

City

NASHVILLE

State

TN

Zip Code

37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES SERV-MIDDLE TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64623

Amount of Each Receipt this Period

250.00

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ERIC JACOBSON

Mailing Address 60 PEARL ST LB 315-60

City

WINNIPEG

State

ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF MANITOBA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64795

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MOKARRAM JAFRI

Mailing Address 6 OAKHURST CT.

City

CLIFTON PARK

State

NY

Zip Code

12065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA GROUP OF ALBANY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64587

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

AMBER JANDIK

Mailing Address 13985 BALD CYPRESS CIR

City

FORT MYERS

State

FL

Zip Code

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MED ANES & PAIN MGMT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64329

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAMILLE JEFFCOAT

Mailing Address 5125 OLD CANTON RD., #219

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS,  
P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64538

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT JONES

Mailing Address 5 PUERTO ROYAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALIFORNIA ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64498

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MARK KAUFMANN

Mailing Address 4640 E. MOCKINGBIRD LN.

City

SCOTTSDALE

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64545

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BYRON KENNERLY

Mailing Address 112 HIDDEN HILLS

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64631

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES KERN

Mailing Address 104 AMBER LN.

City

BRIDGE WATER

State

VA

Zip Code

22812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARRISONBURG PHYS. FOR AN-  
EST. INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64291

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

EDWIN KEZAR

Mailing Address 2151 OLD ROCKY RIDGE RD., #106

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BI-  
RMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64474

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NAIM KOCHIU

Mailing Address 1310 N 77TH AVE

City

WAUSAU

State

WI

Zip Code

54401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64310

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS KOEHNTOP

Mailing Address 3408 SKYCROFT DR.

City

MINNEAPOLIS

State

MN

Zip Code

55418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MINNESOTA  
MAYO BUILDING

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64691

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

LISA KOENIG

Mailing Address 13276 10TH ST. S.

City

AFTON

State

MN

Zip Code

55001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64635

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID KOHAN

Mailing Address 5582 SPRING RIDGE DR W

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SACRED HEART MED ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64430

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICK KOONS

Mailing Address 807 MURPHY LN.

City

FRIENDSWOOD

State

TX

Zip Code

77546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA ASSOCIATES,LLP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64553

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE KURTZ

Mailing Address 3128 RIVER MEADOWS DR

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANKATO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64282

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STUART LANE

Mailing Address 3 PETERS CREEK CT

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64785

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

GORDON LEWIS

Mailing Address ANESTHESIA SERVICES OF BIRMINGHAM

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BI-  
RMINGHAM P C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 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 RIDGE RD

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES SERV BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64478

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAJUANA LOGAN

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64480

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT LONDON

Mailing Address 1252 WELLINGTON TERRACE

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64386

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY LONG

Mailing Address 200 1ST ST SW

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64199

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICK LOZON

Mailing Address 6080 ROTHBURY

City

PORTAGE

State

MI

Zip Code

49024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KALAMAZOO ANESTHESIOLOGY,-  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64689

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SUSAN LUPO

Mailing Address 1400 LINDA LN.

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC ROCK HILL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64593

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN LYSAK

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64422

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTT MANTELL

Mailing Address 9 SUNSET BAY DR

City

BELLEAIR

State

FL

Zip Code

33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAPC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64585

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MARCOVITZ

Mailing Address 4483 FORD RD.

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC ANN ARBOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64589

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT MARGOLIES

Mailing Address 3916 GLENWOOD AVE.

City

BIRMINGHAM

State

AL

Zip Code

35222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SO PERIOP SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64424

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHAWN MARSH

Mailing Address 9787 S. ISABEL CT.

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH DENVER ANESTHESIOLO-  
GISTS, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.64234

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

GREGORY MARTIN

Mailing Address 8 PROSPECT ST.

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NASHUA ANESTHESIA PARTNERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.64211

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

G. MORRIS MATTHEWS

Mailing Address 1517 CHAPEL OAKS CR.

City

SANDY

State

UT

Zip Code

84093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64436

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN MATTONI

Mailing Address 3600 W. 48TH STREET

City

ROELAND PARK

State

KS

Zip Code

66205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES SERV OF E JACKSON

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64287

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

SAM MAYEDA

Mailing Address 15804 W. 63RD AVE.

City

GOLDEN

State

CO

Zip Code

80403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYS ANESTH SERV

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64432

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL MCCUTCHON

Mailing Address 203 JACKSON PL.

City

CORPUS CHRISTI

State

TX

Zip Code

78411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULF SHORE ANES ASSOC

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64605

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM MCRAE

Mailing Address 109 SOUTH ROBERTA AVE.

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES CONSULT MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64763

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MENNINGER

Mailing Address 2533 NW 140TH TERRACE

City

GAINESVILLE

State

FL

Zip Code

32606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AANF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64341

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

RANDALL MIDDGAUGH

Mailing Address 9 CARMEL LN.

City

LITTLE ROCK

State

AR

Zip Code

72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LITTLE ROCK ANES SERV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64370

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DENNIS MORRIS

Mailing Address 6330 E. 116TH ST.

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
ST, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64406

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MUELLER

Mailing Address 1520 CHANDLER RD.

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPREHENSIVE ANESTHESIA  
SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64651

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL NAGRODZKI

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64482

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAY NILSON

Mailing Address 6094 DRY CREEK CIR

City

HIGHLAND

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64687

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CRAIG NORDHUES

Mailing Address 104 INVERNESS DRIVE

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHEAST ALABAMA MEDICAL  
CENTER

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64739

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

NATHAN OLSEN

Mailing Address 333 W. HAMPDEN AVE.  
SUITE 600

City

ENGLEWOOD

State

CO

Zip Code

80110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH DENVER ANESTHESIOLO-  
GISTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.64729

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES ONEILL

Mailing Address 1060 LIVE OAK PLANTATION RD.

City

TALLAHASSEE

State

FL

Zip Code

32312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY ASSOCIATES  
OF TALLAHASSEE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64240

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA PANCOAST

Mailing Address 19031 HILLTOP RD

City

LAKE OSWEGO

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON ANES GROUP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64705

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREA PARDE

Mailing Address 5900 THE KNOLLS

City

LINCOLN

State

NE

Zip Code

68512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINCOLN ANESTHESIOLOGY GR-  
OUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64565

Amount of Each Receipt this Period

250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 48 / 81

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SRIKANTH PATANKAR

Mailing Address 124 LINCOLN RD.

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJ ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.64641

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL PETERSEN

Mailing Address 4124 S. MT. OLYMPUS WAY

City

SALT LAKE CITY

State

UT

Zip Code

84124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MTN WEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64584

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY PHILIP

Mailing Address 4549 RAYNOR CT.

City

MASON

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUTPATIENT ANES SPEC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64559

Amount of Each Receipt this Period

250.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARC PRESSMAN

Mailing Address 4605 JASMINE DR.

City

ROCKVILLE

State

MD

Zip Code

20853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUTPATIENT ANES SVCS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64508

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

VERNON PRUITT

Mailing Address 201 KIRK LN.

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA CONSULTANTS ME-  
D. GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.64735

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

DEBRA PULLEY

Mailing Address 660 S EUCLID AVE #8054

City

ST. LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON UNIV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64454

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BERNARD PYGON

Mailing Address 969 S. HILLSIDE AVENUE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ILLINOIS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.64262

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

XUEJIN QIN

Mailing Address 9919 ASHLEIGH WAY

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH DENVER ANESTHESIOLO-  
GY, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64378

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID REEDER

Mailing Address 19 BUCHANAN

City

WENATCHEE

State

WA

Zip Code

98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WENATCHEE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64595

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN REISINGER

Mailing Address 3502 12TH AVE SE

City

ST. CLOUD

State

MN

Zip Code

56304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL MINNESOTA ANESTHE-  
SIA, LTD.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64777

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

PETER ROESSLER

Mailing Address 19031 HILLTOP RD

City

LAKE OSWEGO

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON ANES GROUP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64703

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ANNE ROGERS

Mailing Address 6005 RIVER RD.

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTIC ANESTHESIA INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64252

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAUL ROSE

Mailing Address 14465 NW BELLE PLACE

City

BEAVERTON

State

OR

Zip Code

97006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON ANESTHESIOLOGY GRO-  
UP, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.64215

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

LISA ROSS

Mailing Address 400 WEST END AVE., #7-E

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENWICH MED ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64345

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL ROUTMAN

Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICES OF BI-  
RMINGHAM P C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64484

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RAYMOND ROY

Mailing Address MEDICAL CENTER BOULEVARD

City

WINSTON SALEM

State

NC

Zip Code

27157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAKE FOREST UNIVERSITY SC-  
HOOLOF MEDIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.64203

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES RUDULPH

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64486

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

LYLE SALTZMAN

Mailing Address 1304 OAK ST.

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BREVARD ANESTHESIA SERVIC-  
ES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64741

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PAULA SCHRIEMER

Mailing Address 14105 WATERVIEW

City

VICKSBURG

State

MI

Zip Code

49097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.64674

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ABRAHAM SCHUSTER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES. SERV. OF BIRMINGHAM  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64488

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

REGINALD SCOTT

Mailing Address 5417 E. 86TH ST.

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64197

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KURT SENN

Mailing Address 1970 SOUTHWOOD RD

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAPC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64759

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN SHEARER

Mailing Address 23 RIDGE DR.

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMBULATORY ANESTHESIA AND  
PAIN MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64227

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

KALAVATHI SHENOY

Mailing Address 1707 ATWOOD CIR.

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DVA EDWARD HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64694

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SANDRA SIPE

Mailing Address 2151 OLD ROCKY RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM,  
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64490

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN SKALETSKI

Mailing Address 2083 MUIRWOOD LN.

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREEN BAY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.64502

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICK SLATEV

Mailing Address 16405 ERNEST CT

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64745

Amount of Each Receipt this Period

500.00

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

1300.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID SMITH

Mailing Address 3400 SPRUCE ST

City

PHILADELPHIA

State

PA

Zip Code

19072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF PENN HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64534

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

PERRY SMITH

Mailing Address 4017 OLD LEEDS RIDGE

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64364

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DON SOKOLIK

Mailing Address 2757 KINSINGTON CIRCLE

City

WESTON

State

FL

Zip Code

33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHERIDAN HEALTHCARE, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64339

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KENNETH SONG

Mailing Address 333 W. HAMPDEN AVE. #600

City

ENGLEWOOD

State

CO

Zip Code

80110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH DENVER ANESTHESIOLO-  
GISTS, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64717

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

SHANTANU SRINIVASAN

Mailing Address 250 GAGE BLVD # H-2054

City

RICHLAND

State

WA

Zip Code

99352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64577

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN SWEETMAN

Mailing Address 715 BRENTWOOD DR

City

WAUKEE

State

IA

Zip Code

50263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL CENTER ANESTHESIO-  
LOGISTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.64747

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEVEN SYKES

Mailing Address 1118 ROSS CLARK CIRCLE, SUITE 700

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-  
DICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.64414

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

GEOFFREY TAYLOR

Mailing Address 1620 NW 182ND ST.

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64351

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

JULIE THOMPSON

Mailing Address 18504 AUTUMN SAGE DRIVE

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFFILIATE ANESTHESIOLOGIS-  
TS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64388

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JAMES TOTTEN

Mailing Address 3073 O'BRIEN DR.

City

TALLAHASSEE

State

FL

Zip Code

32309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES ASSOC TALLAHASSEE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64314

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID VAN ALSTINE

Mailing Address 1410 GOODBAR AVE.

City

MEMPHIS

State

TN

Zip Code

38104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64692

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

PAMELA VARNER

Mailing Address 3503 PINE RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ALABAMA-BIR-  
MINGHAM ANES.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.64301

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BRIAN VOTH

Mailing Address 19 S. BUCHANAN ST.

City

WENATCHEE

State

WA

Zip Code

98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WENATCHEE ANES. ASSOC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64410

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM WARE

Mailing Address 4326 BOULDER LAKE CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANES SERV BIRMINGHAM

Occupation  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64492

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MARGARET WEGLENSKI

Mailing Address 200 1ST ST SW  
DEPT. OF ANES.

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYO CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64221

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUSAN WETSTONE

Mailing Address 7510 E GREENLAKE DR N

City

SEATTLE

State

WA

Zip Code

98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.64707

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT WHITE

Mailing Address 801 MARTIN MILL PIKE

City

ROCKFORD

State

TN

Zip Code

37853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FT SANDERS ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64319

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SEAN WHITE

Mailing Address 1148 BUCK HILL DR.

City

VEAZIE

State

ME

Zip Code

04401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACADIA MEDICAL ARTS ANESTHESIA, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64289

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GISELE WILKE

Mailing Address 6839 S. CANTON

City

TULSA

State

OK

Zip Code

74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATED ANESTHESIOLOGI-  
STS, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64242

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES WILLIAMS

Mailing Address 83 CAMBRIDGE PKWY

City

CAMBRIDGE

State

MA

Zip Code

02142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARTNERS HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64562

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS WYATT

Mailing Address 3971 SHOALS DR.

City

OKEMOS

State

MI

Zip Code

48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANSING ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64426

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH YASIK

Mailing Address 10 EVANS DR.

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIA SERVICES PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.64323

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

INHO YOON

Mailing Address 1007 GROVE RD., #B

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.64394

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID ZUCKER

Mailing Address 5304 EAGLE RIDGE LN

City

SYLVANIA

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANESTHESIOLOGY CONSULTANTS  
OF TOLEDO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.64260

Amount of Each Receipt this Period

250.00

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

1000.00

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

67400.00



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

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

FOR LINE NUMBER: PAGE 65 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City State Zip Code  
CHICAGO IL 60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22694.01

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA17.64890

Amount of Each Receipt this Period

1311.15

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)  
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City State Zip Code  
CHICAGO IL 60675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24078.39

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA17.64892

Amount of Each Receipt this Period

1384.38

INTEREST INCOME CD'S

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

2695.53

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

2695.53

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICA WORKS PAC

Mailing Address 426 C STREET NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.64845

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 S CAPITOL SW #414

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.64813

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

ARCURI FOR CONGRESS

Mailing Address PO BOX 75214

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 24

Transaction ID: SB23.64827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BACHUS FOR CONGRESS CMTE

Mailing Address PO BOX 131134

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 06

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

Category/  
Type

Transaction ID: SB23.64872

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
BILL CASSIDY FOR CONGRESS

Mailing Address 3482 DRUSILLA LN #1

City BATON ROUGE State LA Zip Code 70809

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 06

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

Category/  
Type

Transaction ID: SB23.64821

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 38 IVY ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 08

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

Category/  
Type

Transaction ID: SB23.64819

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1500.00

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES A GONZALEZ CONGRESSIONAL COMM

Mailing Address 236 MASSACHUSETTS AVE NW, #508

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 20

Transaction ID: SB23.64817

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CIRO D RODRIGUEZ FOR CONGRESS

Mailing Address 236 MASSACHUSETTS AVE NE #508

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 23

Transaction ID: SB23.64843

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COFFMAN FOR CONGRESS INC

Mailing Address 9249 S BROADWAY BLVD #200-501

City  
HIGHLANDS RANCH

State  
CO

Zip Code  
80129

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CO District: 06

Transaction ID: SB23.64807

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	<b>Transaction ID:</b> SB23.64841 <b>Date of Disbursement</b>
Mailing Address 201 MASSACHUSETTS AVE NE #C3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COMM TO RE-ELECT ARTUR DAVIS TO CONGRESS	<b>Transaction ID:</b> SB23.64874 <b>Date of Disbursement</b>
Mailing Address PO BOX 1845	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City BIRMINGHAM State AL Zip Code 35201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE	<b>Transaction ID:</b> SB23.64797 <b>Date of Disbursement</b>
Mailing Address PO BOX 2008	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 8</div> </div>
City MURFREESBORO State TN Zip Code 37133	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONGRESSMAN BILL YOUNG CAMPAIGN COMM

Mailing Address PO BOX 47025

City State Zip Code  
ST PETERSBURG FL 33743

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: FL District: 10

Transaction ID: SB23.64801

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 10 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DAVE WU FOR US CONGRESS

Mailing Address 818 SW THIRD AVE #1182

City State Zip Code  
PORTLAND OR 97204

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OR District: 01

Transaction ID: SB23.64799

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 10 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMM

Mailing Address 120 MARYLAND AVE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.64878

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 31 2008

Amount of Each Disbursement this Period

5000.00

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FEINGOLD SENATE COMMITTEE

Mailing Address PO BOX 620062

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WI

District:

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

Transaction ID: SB23.64880

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BENNIE THOMPSON

Mailing Address PO BOX 100

City BOLTON State MS Zip Code 39041

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MS

District: 02

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

Transaction ID: SB23.64849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE BACA

Mailing Address PO BOX 71276

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA

District: 43

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

Transaction ID: SB23.64831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address P.O. BOX 16128

City  
HOUSTON

State  
TX

Zip Code  
77222

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 29

**Transaction ID:** SB23.64867

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

GIFFORDS FOR CONGRESS

Mailing Address PO BOX 12886

City  
TUCSON

State  
AZ

Zip Code  
85732

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: AZ District: 08

**Transaction ID:** SB23.64870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

**C.**

Full Name (Last, First, Middle Initial)

GILLIBRAND FOR CONGRESS

Mailing Address PO BOX 15734

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 20

**Transaction ID:** SB23.64868

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO BOX U

City  
MARIETTA

State  
GA

Zip Code  
30060

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: GA District: 11

**Transaction ID:** SB23.64853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

JEB BRADLEY FOR CONGRESS

Mailing Address 645 S MAIN ST

City  
WOLFEBORO

State  
NH

Zip Code  
03894

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NH District: 01

**Transaction ID:** SB23.64866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

JIM HIMES FOR CONGRESS

Mailing Address 65 HIGH RIDGE RD BOX 456

City  
STAMFORD

State  
CT

Zip Code  
06905

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CT District: 04

**Transaction ID:** SB23.64811

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**9500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN HALL FOR CONGRESS

Mailing Address 499 S CAPITOL ST SW #404

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 19

**Transaction ID:** SB23.64815

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

KAY FOR CONGRESS

Mailing Address PO BOX 341263

City  
BETHESDA

State  
MD

Zip Code  
20827

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: MO District: 06

**Transaction ID:** SB23.64829

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

KLINE FOR CONGRESS

Mailing Address 101 W BURNSVILLE PKWY

City  
BURNSVILLE

State  
MN

Zip Code  
55337

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: MN District: 02

**Transaction ID:** SB23.64858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAMPSON FOR CONGRESS

Mailing Address PO BOX 58606

City  
HOUSTON

State  
TX

Zip Code  
77258

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 22

Transaction ID: SB23.64876

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

LANCE FOR CONGRESS

Mailing Address PO BOX 225

City  
COLONIA

State  
NJ

Zip Code  
07067

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NJ District: 07

Transaction ID: SB23.64825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

LINDA STENDER FOR CONGRESS

Mailing Address PO BOX 730

City  
SCOTCH PLAINS

State  
NJ

Zip Code  
07076

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NJ District: 07

Transaction ID: SB23.64823

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
LOEBSACK FOR CONGRESS

Mailing Address PO BOX 1457

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 02

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

Transaction ID: SB23.64809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
MISSOURIANS FOR ACCOUNTABILITY & CHANGE PAC

Mailing Address PO BOX 300077

City ST LOUIS State MN Zip Code 63130

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB23.64835

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
PASCRELL FOR CONGRESS INC

Mailing Address PO BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 08

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

Transaction ID: SB23.64851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PAT ROBERS FOR US SENATE, INC

Mailing Address PO BOX 433

City State Zip Code  
GREAT BEND KS 67350

Purpose of Disbursement

Candidate Name

Category/  
Type

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

Transaction ID: SB23.64805

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 10 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 425

City State Zip Code  
ROSWELL GA 30077

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: GA District: 06

Transaction ID: SB23.64860

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 28 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT ADERHOLT FOR CONGRESS

Mailing Address P.O. BOX 1158 940 HWY 13

City State Zip Code  
HALEYVILLE AL 35565

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: AL District: 04

Transaction ID: SB23.64886

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 31 2008

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROCK CITY PAC

Mailing Address 1015 STONEBRIDGE PARK DR

City State Zip Code  
FRANKLIN TN 37069

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB23.64882

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RUSH HOLT FOR CONGRESS

Mailing Address PO BOX 782

City State Zip Code  
PENNINGTON NJ 08534

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NJ District: 12

**Transaction ID:** SB23.64847

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH

City State Zip Code  
MEMPHIS TN 38112

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TN District: 09

**Transaction ID:** SB23.64855

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SUE MYRICK FOR CONGRESS

Mailing Address PO BOX 37091

City CHARLOTTE State NC Zip Code 28237

Purpose of Disbursement  
CK VOIDED ORIG ISSUED 4/24/08

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 09

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

Transaction ID: SB23.64888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1500.00

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

Mailing Address 5429 MADISON AVE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

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

Transaction ID: SB23.64839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
WARNER FOR SENATE

Mailing Address 1029 N ROYAL ST, 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: VA District:

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

Transaction ID: SB23.64833

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WOLVERINE PAC

Mailing Address 607 14TH STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2008 CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.64837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

109000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 81

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City  
CHICAGO

State  
IL

Zip Code  
60675

Purpose of Disbursement  
VISA BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.64891

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1441.48

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

1441.48

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

1441.48