

# 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** C00255752  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2006 through 02 28 2006

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

Type or Print Name of Treasurer RICHARD BARWACZ

Signature of Treasurer Electronically Filed by RICHARD BARWACZ Date 03 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		559961.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	707156.68									
(c) Total Receipts (from Line 19) .....	54292.48	209939.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	761449.16	769900.63								
7. Total Disbursements (from Line 31) .....	69899.46	78350.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	691549.70	691549.70								
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**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	40900.00	159401.00
(i) Itemized (use Schedule A) .....	11350.00	46591.00
(ii) Unitemized .....	52250.00	205992.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	52250.00	205992.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2042.48	3947.22
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)) .....	54292.48	209939.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	54292.48	209939.22

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	63000.00	71000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	6899.46	7350.93
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))..	69899.46	78350.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	69899.46	78350.93

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	52250.00	205992.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52250.00	205992.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. RICHARD AERTS</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 409 HOBBIT DR SE		Transaction ID: SA11A1.41680
City CEDAR RAPIDS	State IA	Zip Code 52403
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN ALGREN</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 1211 21ST AVE S		Transaction ID: SA11A1.41629
City NASHVILLE	State TN	Zip Code 37212
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer VANDERBILT UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES ANDERSON</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2006
Mailing Address 2400 NORTH OREGON #D		Transaction ID: SA11A1.41494
City EL PASO	State TX	Zip Code 79902
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ANES CONSULTANTS ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY ANDERSON</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2006
Mailing Address 7000 FOREST DRIVE		Transaction ID: SA11A1.41482
City JOHNSTON	State IA	Zip Code 50131
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. BART BALINT</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 54 FRANKLIN ST #104		Transaction ID: SA11A1.41626
City WEYERS CAVE	State VA	Zip Code 24486
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer BALINT PAIN MGMT CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ARUN BHASIN</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 201 E UNIVERSITY PKWY		Transaction ID: SA11A1.41858
City BALTIMORE	State MD	Zip Code 21218
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer UNION MEMORIAL HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
BRADFORD BOHMAN

Mailing Address 2829 E OSMOND DR

City OGDEN State UT Zip Code 84403

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCKY MOUNTAIN ANESTH Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2006

Transaction ID: SA11A1.41641

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
DOUGLAS BORROMEO

Mailing Address 7 ST JOHNS DR

City ALLEGANY State NY Zip Code 14706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.41736

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MARK BRADY

Mailing Address 9403 W 146TH PLACE

City OVERLAND PARK State KS Zip Code 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer MIDWEST ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: SA11A1.41522

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. JAMES BRANNON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 3774 HITCHCOCK WAY #831		Transaction ID: SA11A1.41576
City MYRTLE BEACH	State SC	Zip Code 29577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MANIN THE BOX ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. SCOTT BRINKMEYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 122 ROCKWOOD DR		Transaction ID: SA11A1.41702
City PITTSBURGH	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer WEST PA ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. FREDERICK BUNKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 45 FAWN RUN		Transaction ID: SA11A1.41818
City GLASTONBURY	State CT	Zip Code 06033
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer HARTFORD ANESTH ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
JAMES CARLIN

Mailing Address 7826 E TORIN ST

City State Zip Code  
LONG BEACH CA 90808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTHERN CALIF PERMANE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41580

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
GEORGE CHALHOUB

Mailing Address 3936 DONNA DR

City State Zip Code  
HUNTINGDON VALLEY PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.41879

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
KATHERINE CHANG

Mailing Address 831 BERKELEY ST

City State Zip Code  
SANTA MONICA CA 90403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41585

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY CLARK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 520 VERNON DR SE		Transaction ID: SA11A1.41682
City CEDAR RAPIDS	State IA	Zip Code 52403
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL COOLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 8600 N ROUTE 91 #250		Transaction ID: SA11A1.41831
City PEORIA	State IL	Zip Code 61615
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN COOPER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. BOX 20466		Transaction ID: SA11A1.41799
City HOUSTON	State TX	Zip Code 77225
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer BAYLOR COLL OF MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DAVID CRUMLEY

Mailing Address 7118 WALDEN RD NE

City State Zip Code  
CEDAR RAPIDS IA 52402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LINN COUNTY ANESTH ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.41684

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID CURRIER

Mailing Address 6406 CORRINE DR NW

City State Zip Code  
CANTON OH 44718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AULTMAN ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.41706

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM DALY

Mailing Address 5501 CHERLYN DR

City State Zip Code  
NEW ORLEANS LA 70124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.41772

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
VINCENT DEGENHART

Mailing Address 415 HARDEN STREET

City State Zip Code  
COLUMBIA SC 29205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CRITICAL HEALTH SYS ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.41903

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
LAKSHMI DIGUMARTHI

Mailing Address 1303 BALTIMORE CIR

City State Zip Code  
WAYCROSS GA 31501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.41825

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
DEANNA DORSEY

Mailing Address 1700 MURCHISON #104

City State Zip Code  
EL PASO TX 79902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANESTH CONSULTS ASSOC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41528

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. GARY DOVE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address P.O. BOX 14015		<b>Transaction ID: SA11A1.41659</b>	
City <b>FLORENCE</b>	State <b>SC</b>	Zip Code <b>29504</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH CONSULT FLORENCE	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. CLIFTON DUBOSE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 4201 LAKE BREEZE DR		<b>Transaction ID: SA11A1.41795</b>	
City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76132</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer COVENANT MEDICAL GRP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. WALTER DUNWIDDIE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 1010 GIBSON MILL RD		<b>Transaction ID: SA11A1.41520</b>	
City <b>KINGSPORT</b>	State <b>TN</b>	Zip Code <b>37660</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer WELLMONT LONESOME HOSP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
CARRIE DYKSTRA

Mailing Address 1477 CEDAR TREE CT NE

City State Zip Code  
SWISHER IA 52338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LINN COUNTY ANESTH ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.41685

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN ERICKSON

Mailing Address 1008 N FAIR OAKS

City State Zip Code  
OAK PARK IL 60302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UNIV OF CHICAGO ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.41664

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES FAUST

Mailing Address 1029 59TH STREET

City State Zip Code  
WEST DES MOINES IA 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASSOC ANESTH ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41598

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 61
	<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

Full Name (Last, First, Middle Initial) <b>A. ANTHONY FISTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1010 LONSDALE CT		<b>Transaction ID: SA11A1.41649</b>	
City State Zip Code ALPHARETTA GA 30022	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NORTHSIDE ANESTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. REGINA FRAGNETO</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 218 QUAIL RUN DR		<b>Transaction ID: SA11A1.41843</b>	
City State Zip Code GEORGETOWN KY 40324	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIV OF KENTUCKY	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. COLLEEN FULLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 11060 SEVILLE QUARTERS		<b>Transaction ID: SA11A1.41534</b>	
City State Zip Code SHREVEPORT LA 71106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PIERREMONT ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JEFF FUQUA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 12419 MALLARD BAY DR.		Transaction ID: SA11A1.41653
City KNOXVILLE	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. BRAD GAWEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 611 NW 15TH ST		Transaction ID: SA11A1.41676
City OKLAHOMA CITY	State OK	Zip Code 73103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ADOLPH GIESECKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 5323 HARRY HINES BLVD		Transaction ID: SA11A1.41823
City DALLAS	State TX	Zip Code 75390
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
LAWRENCE GORFINE

Mailing Address 4801 S CONGRESS AVE #201

City State Zip Code  
LAKE WORTH FL 33461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41600

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ANDRE GRANZOTTI

Mailing Address 2300 N EDWARD ST

City State Zip Code  
DECATUR IL 62526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AAD ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.41746

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
GARY HAAG

Mailing Address 792 LAUREL GROVE RD

City State Zip Code  
WINCHESTER VA 22602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41560

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM HASS</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address ONE HOSPITAL DR		<b>Transaction ID: SA11A1.41701</b>
City HUNTSVILLE	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer ALABAMA ANES HUNTSVILLE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN HAWORTH</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 4173 AUGUSTA LN		<b>Transaction ID: SA11A1.41636</b>
City CHICO	State CA	Zip Code 95973
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD HAYS</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 77 W FOREST AVE #207		<b>Transaction ID: SA11A1.41555</b>
City FLAGSTAFF	State AZ	Zip Code 86001
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. SALLY HELTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 2578 GRANDIN RD		<b>Transaction ID: SA11A1.41547</b>	
City CINCINNATI	State OH	Zip Code 45208	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES ASSOC OF CINCINNATI	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. LINDSEY HENSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 5017 DUNVEGAN RD		<b>Transaction ID: SA11A1.41578</b>	
City LOUISVILLE	State KY	Zip Code 40222	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. KENNETH IMANAKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 1100 BLACK WOOD PL		<b>Transaction ID: SA11A1.41750</b>	
City MODESTO	State CA	Zip Code 95355	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer GOULD MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. WILLIAM ISAACS</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 10659 CHILLINGHAM DR		<b>Transaction ID: SA11A1.41623</b>
City LAS VEGAS	State NV	Zip Code 89123
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. BRUCE JAMES</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2006
Mailing Address 302 37TH STREET		<b>Transaction ID: SA11A1.41480</b>
City DES MOINES	State IA	Zip Code 50312
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID JOHNS</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2006
Mailing Address 1936 MAPLE CIR		<b>Transaction ID: SA11A1.41812</b>
City WEST DES MOINES	State IA	Zip Code 50265
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 61
	<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

Full Name (Last, First, Middle Initial) <b>A. PAUL JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 78 BIRDEWATER DR		<b>Transaction ID: SA11A1.41565</b>	
City State Zip Code VADNAIS HEIGHTS MN 55127	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. DENISE JONES</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 2S155 GLEN AVE		<b>Transaction ID: SA11A1.41762</b>	
City State Zip Code LOMBARD IL 60148	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ASA	Occupation ASST EXEC DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. WILL KENDRICK</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 110 29TH AVE N #301		<b>Transaction ID: SA11A1.41674</b>	
City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. F G KING</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 936 WINGATE RD		Transaction ID: SA11A1.41724	
City KNOXVILLE	State TN	Zip Code 37919	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FT SAUNDERS ANES GRP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. R BEN KING</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 520 AZALIA LN		Transaction ID: SA11A1.41648	
City FLORENCE	State SC	Zip Code 29501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MED ANES CONSULTANTS	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN KINSINGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 11912 OLD MILL RD		Transaction ID: SA11A1.41669	
City OKLAHOMA CITY	State OK	Zip Code 73131	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. OLEN KITCHINGS</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 4303 HIGH BLUFF CIR		<b>Transaction ID: SA11A1.41859</b>	
City State Zip Code TEMPLE TX 76502	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SCOTT & WHITE CLINIC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. ANDREW KNIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 224 CHEVAL LN		<b>Transaction ID: SA11A1.41821</b>	
City State Zip Code WALNUT CREEK CA 94596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MACMGI	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA KNOFF</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 10795 FALLS CREEK LN		<b>Transaction ID: SA11A1.41810</b>	
City State Zip Code DAYTON OH 45458	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KETTERING ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. USHA KRISHNAMURTHY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 57 VIOLA DR		<b>Transaction ID: SA11A1.41752</b>	
City State Zip Code GLEN COVE NY 11542		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JIMMY LAFERNEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 1600 COIT RD #209		<b>Transaction ID: SA11A1.41883</b>	
City State Zip Code PLANO TX 75075		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PINNACLE ANESTH CONSULT		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. CAROLYN LANTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 12020 CLAY CENTER RD		<b>Transaction ID: SA11A1.41813</b>	
City State Zip Code CARMEL IN 46032		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 61
	<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

Full Name (Last, First, Middle Initial) <b>A. MARIA LAPORTA</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 1871 INDIAN SPRINGS CT		<b>Transaction ID: SA11A1.41873</b>	
City State Zip Code FREEPORT IL 61032	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ROCKPORT ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. CHARLES LEVINE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 755 OAKWOOD DR		<b>Transaction ID: SA11A1.41613</b>	
City State Zip Code RED LION PA 17356	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH ASSOC OF YORK	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JONATHAN LORD</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 1707 36TH AVENUE CT		<b>Transaction ID: SA11A1.41807</b>	
City State Zip Code GREELEY CO 80634	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GAS	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. ROGER LOVEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 501 ASPEN AVE		Transaction ID: SA11A1.41602	
City BISMARCK	State ND	Zip Code 58503	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ST ALEXIUS HEART & LUNG	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. JOHN LUBETICH</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 14119 WOODCREST LP NW		Transaction ID: SA11A1.41744	
City SILVERDALE	State WA	Zip Code 98383	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INDEPENDENT ANES KITSAP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JULIET MAILLET</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 7700 TIMBER HILL DR		Transaction ID: SA11A1.41545	
City INDIANAPOLIS	State IN	Zip Code 46217	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIV HEIGHTS ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<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

Full Name (Last, First, Middle Initial) <b>A. SUSAN MALONEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 305 LAKE ST		<b>Transaction ID: SA11A1.41646</b>	
City State Zip Code SAN FRANCISCO CA 94118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NCAP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. HECTOR MARTINEZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2419 OAKWOOD TERR		<b>Transaction ID: SA11A1.41734</b>	
City State Zip Code ALLEGANY NY 14706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SOUTHERN TIER ANESTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DARLENE MASHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1364 CLIFTON RD RM B346		<b>Transaction ID: SA11A1.41672</b>	
City State Zip Code ATLANTA GA 30322	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EMORY UNIV & CLINIC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM MCGUINN

Mailing Address 554 MILL RD

City State Zip Code  
SEVEN VALLEYS PA 17360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANESTH ASSOC OF YORK ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.41615

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT MCINNIS

Mailing Address 21551 BROOKHURST ST

City State Zip Code  
HUNTINGTON BEACH CA 92646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.41639

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MARTHA MITCHELL

Mailing Address 3215 GROVE AVE

City State Zip Code  
RICHMOND VA 23221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COMMONWEALTH ANESTH ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.41849

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. RUTH MOES</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 1856 22ND AVE NE		Transaction ID: SA11A1.41543	
City ROCHESTER	State MN	Zip Code 55906	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer WINONA HEALTH ORG	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. GEORGE MOMANY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 5618 S WILLAMETTE		Transaction ID: SA11A1.41820	
City SPOKANE	State WA	Zip Code 99223	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PAG	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JULIA MORRISON</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address P.O. BOX 547		Transaction ID: SA11A1.41591	
City STERLING	State MA	Zip Code 01564	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDICAL ANESTH CONSULTS	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
THOMAS MUKKADA

Mailing Address 41 WOODSHIRE DR

City State Zip Code  
OTTUMWA IA 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer OTTUMWA ANESTH Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.41711

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
TREVOR MYERS

Mailing Address 1701 N GEORGE MASON DR

City State Zip Code  
ARLINGTON VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer DOMINION ANESTH Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.41617

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
VINCENT OKAMOTO

Mailing Address P.O. BOX 130304

City State Zip Code  
CARLSBAD CA 92013

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.41498

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. ERIC ORNDORFF</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 18273 PRESTON RD		<b>Transaction ID: SA11A1.41614</b>	
City State Zip Code NEW FREEDOM PA 17349	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH ASSOC OF YORK	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. ROGERIO PARREIRA</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 6470 OLD SHADBURN FER		<b>Transaction ID: SA11A1.41666</b>	
City State Zip Code BUFORD GA 30518	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GWINNETT ANESTH SERV	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY PASTORE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 2183 STOPPER DR		<b>Transaction ID: SA11A1.41783</b>	
City State Zip Code MONTOURSVILLE PA 17754	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH ASSOC OF WMSPT	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. STEVEN PEARCE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 111 BUCHANAN DR		Transaction ID: SA11A1.41607
City YORK	State PA	Zip Code 17402
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ANESTH ASSOC OF YORK	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. HARVEY PLOSKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 971 CYPRESS DRIVE		Transaction ID: SA11A1.41492
City DELRAY BEACH	State FL	Zip Code 33483
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JON QUINN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 2711 GLENWOOD DR		Transaction ID: SA11A1.41677
City DES MOINES	State IA	Zip Code 50321
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LINDA RICE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 1139 42ND AVE N		<b>Transaction ID: SA11A1.41518</b>	
City State Zip Code ST PETERSBURG FL 33703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FLORIDA PEDIATRIC ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MARK RICHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 753 VIA ONDULANDO		<b>Transaction ID: SA11A1.41885</b>	
City State Zip Code VENTURA CA 93003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DAVID ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 937 E HAVERFORD RD #204		<b>Transaction ID: SA11A1.41708</b>	
City State Zip Code BRYN MAWR PA 19010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNITED ANESTH SERVICES	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 61
	<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)  
RICHARD ROMERO

Mailing Address 1601 E 19TH AVE #5610

City State Zip Code  
DENVER CO 80218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PEDIATRIC ANESTH CONSULT ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

Transaction ID: SA11A1.41774

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER RUMERY

Mailing Address 3315 WATT AVE

City State Zip Code  
SACRAMENTO CA 95821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CASE MEDICAL GROUP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: SA11A1.41595

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD RUST

Mailing Address 11367 GOLDEN BEAR CIR

City State Zip Code  
NOBLESVILLE IN 46060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTHSIDE ANESTH ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.41728

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
NICHOLAS SAKELLARIOU

Mailing Address 1511 IRVING AVE

City State Zip Code  
GLENDALE CA 91201

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.41712

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
LOUIS SALAZAR

Mailing Address 620 OWEN RD

City State Zip Code  
YORK PA 17403

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTH ASSOC OF YORK Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.41611

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK SCHRAMM

Mailing Address 2320 PASEO DEL PRADO 203

City State Zip Code  
LAS VEGAS NV 89102

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41549

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS SEDLACEK</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 2250 COUNTRY CLUB PKY		<b>Transaction ID:</b> SA11A1.41691
City State Zip Code CEDAR RAPIDS IA 52403	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. LAURENCE SEGIL</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 80 LAKEVIEW TERR		<b>Transaction ID:</b> SA11A1.41869
City State Zip Code HIGHLAND PARK IL 60035	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer CONTINENTAL ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN SHEARER</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 23 RIDGE DR		<b>Transaction ID:</b> SA11A1.41747
City State Zip Code BIRMINGHAM AL 35213	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ANESTH & PAIN MED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY SHIPE</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 1304 MASTERS CT		Transaction ID: SA11A1.41719
City CHESAPEAKE	State VA	Zip Code 23320
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CAI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. BEN SHWACHMAN</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 219 W BADILLO		Transaction ID: SA11A1.41720
City COVINA	State CA	Zip Code 91723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN SIMMONS</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 19750 AVONDALE DR		Transaction ID: SA11A1.41661
City BROOKFIELD	State WI	Zip Code 53045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
PAUL SKAFF

Mailing Address P.O. BOX 4005

City State Zip Code  
CHARLESTON WV 25364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GENERAL ANESTH SERVICES ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2006

Transaction ID: SA11A1.41593

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID SOFAIR

Mailing Address 2475 ST RAYMOND AVE

City State Zip Code  
BRONX NY 10461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: SA11A1.41888

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL SOPCHAK

Mailing Address 110 PINE GROVE COMMONS

City State Zip Code  
YORK PA 17403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANESTH ASSOC OF YORK ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2006

Transaction ID: SA11A1.41616

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
TIMOTHY STAUDACHER

Mailing Address 4140 PRAIRIE CROSSING DR

City State Zip Code  
ST CHARLES IL 60175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KANE ANESTH ASSOC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.41527

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MARK STEFFENSEN

Mailing Address 5148 COTTONWOOD LN

City State Zip Code  
HOLLADAY UT 84117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.41865

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM STEGALL

Mailing Address 907-B MEDICAL CENTRE DR

City State Zip Code  
ARLINGTON TX 76012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.41699

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. JONATHAN STEIN</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 1905 ROSEWOOD LN		Transaction ID: SA11A1.41612
City YORK	State PA	Zip Code 17403
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ANESTH ASSOC OF YORK	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MARK STEINE</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 565 AUGUSTA DR SE		Transaction ID: SA11A1.41692
City CEDAR RAPIDS	State IA	Zip Code 52403
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL STIVELMAN</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 1809 W CLEAR LAKE DR		Transaction ID: SA11A1.41861
City SALISBURY	State MD	Zip Code 21804
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
VOLKER STRIEPE

Mailing Address 621 POST OAK CIR

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NASHVILLE ANESTH SERV PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.41732

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT SUGAR

Mailing Address 14500 CASTLEROCK RD

City State Zip Code  
SALINAS CA 93908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.41748

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
KENT SWANSON

Mailing Address 154 ALVISO DR #B

City State Zip Code  
CAMARILLO CA 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.41631

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CAROL TAYLOR</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 3750 W HIDDEN HOLLOW		<b>Transaction ID:</b> SA11A1.41722
City <b>FLAGSTAFF</b>	State <b>AZ</b>	Zip Code <b>86001</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. CHRIS TEGGATZ</b>		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 5415 BLACK OAK DR NE		<b>Transaction ID:</b> SA11A1.41693
City <b>CEDAR RAPIDS</b>	State <b>IA</b>	Zip Code <b>52411</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer <b>LINN COUNTY ANESTH</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. SCOTT THOMPSON</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 1215 PLEASANT ST #400		<b>Transaction ID:</b> SA11A1.41570
City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50309</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer <b>ASSOC ANESTH</b>	Occupation <b>ANESTHESIOLOGIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. SHARON TOWNSEND</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 5401 NW 86TH TERR		Transaction ID: SA11A1.41760
City	State	Zip Code
CORAL SPRINGS	FL	33067
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) <b>B. DAVID UEUNTEN</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 2132 HAKANU ST		Transaction ID: SA11A1.41710
City	State	Zip Code
HONOLULU	HI	96821
FEC ID number of contributing federal political committee.	C	
Name of Employer HPMG	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) <b>C. WILLIAM VAN DE GRAAF</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 8701 MENDOCINO DR		Transaction ID: SA11A1.41875
City	State	Zip Code
AUSTIN	TX	78735
FEC ID number of contributing federal political committee.	C	
Name of Employer CAPITOL ANESTH ASSOC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. CLIFTON VAN PUTTEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 6936 N AUTUMN		<b>Transaction ID: SA11A1.41572</b>	
City State Zip Code CLOVIS CA 93619		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH VULGAMORE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 1139 42ND AVE N		<b>Transaction ID: SA11A1.41516</b>	
City State Zip Code ST PETERSBURG FL 33703		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FLORIDA PEDIATRICS ASSOC Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ADAM WALDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 7200 MEEKER CREEK DR		<b>Transaction ID: SA11A1.41582</b>	
City State Zip Code DAYTON OH 45414		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTH ASSOC NW DAYTON Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER WALSH</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1546 W MT VERNON RD		Transaction ID: SA11A1.41695	
City State Zip Code MOUNT VERNON IA 52314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. ADAM WALTHALL</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 8701 LEPORT CT		Transaction ID: SA11A1.41867	
City State Zip Code INDIANAPOLIS IN 46278	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SOUTHEAST ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. ERIC WARDRIP</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 320 SANTA FE DR #100		Transaction ID: SA11A1.41771	
City State Zip Code ENCINITAS CA 92024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. ALBERT WATKINS</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 2035 ABBEY LN		Transaction ID: SA11A1.41853
City IOWA CITY	State IA	Zip Code 52246
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANESTH CARE IOWA CTY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID WATLING</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 1718 E. SOUTH RIDGE DR.		Transaction ID: SA11A1.41488
City SPOKANE	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA ASSOCIATES, P.-S.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY WEINSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 11 ANTHONY AVE		Transaction ID: SA11A1.41558
City EDISON	State NJ	Zip Code 08820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer EDISON ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DAVID WINEK</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 5122 FOUNTAINHEAD DR		Transaction ID: SA11A1.41789	
City <b>BRENTWOOD</b>	State TN	Zip Code 37027	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH MED GROUP	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. JUNG WIRSING</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 3413 WHEELER RD		Transaction ID: SA11A1.41584	
City <b>AUGUSTA</b>	State GA	Zip Code 30909	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. ELAINE YANG</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 29515 BAYCREST		Transaction ID: SA11A1.41714	
City <b>RANCHO PALOS VERDE</b>	State CA	Zip Code 90275	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HARBOR UCLA MED CTR	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) CHRISTOPHER YEAKEL		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 206 BEAVER LAKE DRIVE		Transaction ID: SA11A1.41793	
City ELGIN	State SC	Zip Code 29045	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) RICHARD YEVAK		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO BOX 36351		Transaction ID: SA11A1.41815	
City CHARLOTTE	State NC	Zip Code 28236	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTHEAST ANES CONSULT	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) JONATHAN ZUCKER		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 1612 SAINT GREGORY DR		Transaction ID: SA11A1.41782	
City LAS VEGAS	State NV	Zip Code 89117	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SIERRA HEALTH SERVICES	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	40900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 61	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address 50 S LASALLE

City 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 ▼  
3947.22

Date of Receipt  

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

Transaction ID: SA17.41906

Amount of Each Receipt this Period  
2042.48

INTEREST INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2042.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2042.48

# 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)

<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

Full Name (Last, First, Middle Initial) <b>A. ADAM SMITH FOR CONGRESS</b>		Transaction ID: SB23.41437 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 23626		Amount of Each Disbursement this Period 1500.00
City FEDERAL WAY State WA Zip Code 98093	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BARRETT FOR CONGRESS</b>		Transaction ID: SB23.41439 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 869		Amount of Each Disbursement this Period 1000.00
City WESTMINISTER State SC Zip Code 29693	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BONNER FOR CONGRESS</b>		Transaction ID: SB23.41454 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 16021		Amount of Each Disbursement this Period 1500.00
City ALEXANDRIA State VA Zip Code 22302	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BONNER FOR CONGRESS</b>		Transaction ID: SB23.41457 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address P.O. BOX 16021		Amount of Each Disbursement this Period 2000.00	
City ALEXANDRIA	State VA		Zip Code 22302
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: AL District: 1	

Full Name (Last, First, Middle Initial) <b>B. BURGESS FOR CONGRESS</b>		Transaction ID: SB23.41443 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 217 THIRD ST NE		Amount of Each Disbursement this Period 2000.00	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 26	

Full Name (Last, First, Middle Initial) <b>C. BURGESS FOR CONGRESS</b>		Transaction ID: SB23.41446 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 217 THIRD ST NE		Amount of Each Disbursement this Period 500.00	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CAREPAC</b>		<b>Transaction ID:</b> SB23.41905 Date of Disbursement
Mailing Address 228 S WASHINGTON ST #115		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CK VOIDED ORIG ISSUED 11/17/05		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="-2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CARPER FOR SENATE</b>		<b>Transaction ID:</b> SB23.41431 Date of Disbursement
Mailing Address 426 C STREET NE		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1500.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: DE District:		

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR RUSH</b>		<b>Transaction ID:</b> SB23.41429 Date of Disbursement
Mailing Address P.O. BOX 7292		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City CHICAGO	State IL	Zip Code 60668
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: IL District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN JOE BARTON COMMITTEE</b>		<b>Transaction ID:</b> SB23.41435
Mailing Address P.O. BOX 1444		Date of Disbursement MM / DD / YYYY 02 / 21 / 2006
City ENNIS	State TX	Zip Code 75120
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 6	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM</b>		<b>Transaction ID:</b> SB23.41468
Mailing Address 430 S CAPITOL ST SE		Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 2006 CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CONNIE MACK</b>		<b>Transaction ID:</b> SB23.41450
Mailing Address P.O. BOX 60004 PMB 388		Date of Disbursement MM / DD / YYYY 02 / 21 / 2006
City FT MYERS	State FL	Zip Code 33906
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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)

<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

Full Name (Last, First, Middle Initial) <b>A. GONZALES FOR CONGRESS</b>		Transaction ID: SB23.41414 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 236 MASSACHUSETTS AVE NE #508		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HASTERT FOR CONGRESS</b>		Transaction ID: SB23.41463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 625		Amount of Each Disbursement this Period 2500.00
City BATAVIA State IL Zip Code 60510	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HASTERT FOR CONGRESS</b>		Transaction ID: SB23.41465 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 625		Amount of Each Disbursement this Period 2500.00
City BATAVIA State IL Zip Code 60510	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. HAYES FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41408 Date of Disbursement
Mailing Address P.O. BOX 2000		<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="2006"/>
City CONCORD	State NC	Zip Code 28026
Purpose of Disbursement	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 8		

Full Name (Last, First, Middle Initial) <b>B. HAYWORTH FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41410 Date of Disbursement
Mailing Address 14300 N NORTHSIGHT BLVD #105		<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="2006"/>
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 5		

Full Name (Last, First, Middle Initial) <b>C. HAYWORTH FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41412 Date of Disbursement
Mailing Address 14300 N NORTHSIGHT BLVD #105		<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="2006"/>
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)

<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

Full Name (Last, First, Middle Initial) <b>A. HULSHOF FOR CONGRESS</b>		Transaction ID: SB23.41459 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 801 N HOWARD ST #474		Amount of Each Disbursement this Period 500.00
City ALEXANDRIA State VA Zip Code 22304		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. HULSHOF FOR CONGRESS</b>		Transaction ID: SB23.41461 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 801 N HOWARD ST #474		Amount of Each Disbursement this Period 500.00
City ALEXANDRIA State VA Zip Code 22304		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. JD HAYWORTH FOR CONGRESS</b>		Transaction ID: SB23.41419 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 14300 N NORTHSIGHT BLVD #105		Amount of Each Disbursement this Period 1000.00
City SCOTTSDALE State AZ Zip Code 85260		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

<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

Full Name (Last, First, Middle Initial) <b>A. MATHESON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41441
Mailing Address P.O. BOX 636		Date of Disbursement MM / DD / YYYY 02 / 21 / 2006
City ANNANDALE	State VA	Zip Code 22003
Purpose of Disbursement		Amount of Each Disbursement this Period 1500.00
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 2		

Full Name (Last, First, Middle Initial) <b>B. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID:</b> SB23.41452
Mailing Address P.O. BOX 340188		Date of Disbursement MM / DD / YYYY 02 / 21 / 2006
City COLUMBUS	State OH	Zip Code 43234
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:		

Full Name (Last, First, Middle Initial) <b>C. MISSOURI STATE DEMOCRATIC COMM</b>		<b>Transaction ID:</b> SB23.41417
Mailing Address P.O. BOX 719 208 MADISON ST		Date of Disbursement MM / DD / YYYY 02 / 06 / 2006
City JEFFERSON CITY	State MO	Zip Code 65102
Purpose of Disbursement 2006 FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**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)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NATHAN DEAL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41433 Date of Disbursement
Mailing Address P.O. BOX 902		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City GAINESVILLE	State GA	Zip Code 30503
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 9	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMM</b>		<b>Transaction ID:</b> SB23.41421 Date of Disbursement
Mailing Address 320 FIRST STREET SE		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement 2006 CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. REYES COMMITTEE</b>		<b>Transaction ID:</b> SB23.41427 Date of Disbursement
Mailing Address 1011 MONTANA AVE		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City EL PASO	State TX	Zip Code 79901
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. STARK REELECTION COMMITTEE</b>		<b>Transaction ID:</b> SB23.41448 Date of Disbursement
Mailing Address P.O. BOX 75214		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	

Full Name (Last, First, Middle Initial) <b>B. TAMMY BALDWIN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.41423 Date of Disbursement
Mailing Address P.O. BOX 696		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City MADISON	State WI	Zip Code 53701
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 2	

Full Name (Last, First, Middle Initial) <b>C. TEXANS FOR HENRY CUELLAR CONG CAMP</b>		<b>Transaction ID:</b> SB23.41425 Date of Disbursement
Mailing Address 1519 WASHINGTON ST 2ND FL #200		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City LAREDO	State TX	Zip Code 78042
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 28	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="63000.00"/>

**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)

<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

Full Name (Last, First, Middle Initial) <b>A. ASAPAC CORPORATE</b>		<b>Transaction ID: SB29.41910</b>																					
Mailing Address 520 N NORTHWEST HWY		Date of Disbursement																					
City PARK RIDGE State IL Zip Code 60068		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	3	/	2	0	0	6														
Purpose of Disbursement FUNDING FOR ASAPAC CORP ACCT		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: center;">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. NORTHERN TRUST CO</b>		<b>Transaction ID: SB29.41907</b>																					
Mailing Address 50 S LASALLE		Date of Disbursement																					
City CHICAGO State IL Zip Code 60675		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	2	8	/	2	0	0	6														
Purpose of Disbursement VISA BANK CHARGE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: center;">1899.46</td> </tr> </table>		1899.46																			
1899.46																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

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

<b>6899.46</b>
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**TOTAL** This Period (last page this line number only) ..... ►

<b>6899.46</b>
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