

**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 / 102 |
| | <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)
DAVID FARR

Mailing Address 11407 FOREST KNOLL CIR

City State Zip Code
FISHERS IN 46038

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

Name of Employer Occupation
ORTHOPAEDICS INDIANAPOLIS 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 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.51934

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CAROLYN FARRELL

Mailing Address 5511 TONYAWATHA TRL

City State Zip Code
MONONA WI 53716

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

Name of Employer Occupation
UNIV OF WISC MED FOUND 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 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.52215

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARY FILLINGER

Mailing Address 17 MULHERRIN FARM ROAD

City State Zip Code
HANOVER NH 03755

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

Name of Employer Occupation
DARTMOUTH HITCHCOCK CLINIC 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 4 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.51352

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |