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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2009 8 0 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 09 15 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 143

FEC Form 3X (Rev. 02/2003)

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

		COLUMN A	COLUMN B
	_	This Period	Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2009		943984.31
	(b) Cash on Hand at Begining of Reporting Period	1091555.64	
	(c) Total Receipts (from Line 19)	155919.13	1059353.78
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1247474.77	2003338.09
	Total Disbursements (from Line 31)	105262.51	861125.83
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	1142212.26	1142212.26
t	Debts and Obligations owed TO he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 143

2009

Write or Type Committee Name

## AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M M D D D 2 0 0 9

To: M M M D D D 3 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	142505.00	891424.00
	(ii) Unitemized	13399.00	159908.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	155904.00	1051332.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)  (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	155904.00	1051332.50
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	5000.00
	Other Federal Receipts (Dividends, Interest, etc.)	15.13	3021.28
	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
	Fotal Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	155919.13	1059353.78
	Total Federal Receipts subtract Line 18(c) from Line 19)	155919.13	1059353.78

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: — (a) Shared Federal/Non-Federal —		
`	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(	(b) Other Federal Operating	0.00	0.00
(	Expenditures(c) Total Operating Expenditures	0.00	0.00
•	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
23. (	Committees  Contributions to	0.00	0.00
l a	Federal Candidates/Committeesand Other Political Committees	41000.00	675000.00
	Independent Expenditure	0.00	0.00
25. (	(use Schedule E)	5.00	
(	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. I	Loan Repayments Made	0.00	0.00
)7 I	Loans Made	0.00	0.00
28. I	Refunds of Contributions To:	0.00	0.00
(	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees		
,	(such as PACs)	0.00	0.00
(	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		0 0 0 0 0 0 0
9. (	Other Disbursements	64262.51	186125.83
30. I	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	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))	105262.51	861125.83
32.	Total Federal Disbursements		
·	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	105262.51	861125.83

## **DETAILED SUMMARY PAGE**

of Disbursements

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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)	155904.00	1051332.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	155904.00	1051332.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK Mailing Address FOUNDATION ANES 9500 EUCLID AVE  City CLEVELAND  FEC ID number of contributing federal political committee.  Name of Employer CLEVELAND CLINIC  Receipt For: Primary Other (specify)	State Zip Code OH 44195  C  Occupation STAFF ANESTHESIOLOGIST  Aggregate Year-to-Date  328.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) DAVID ACKERMAN Mailing Address 1207 ASHMOORE C  City SOUTHLAKE  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	T.  State Zip Code TX 76092  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 2 0 2 0 0 9  Transaction ID: SA11AI.77494  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) JOEL ACKERMAN Mailing Address 10301 HICKMAN MIL  City KANSAS CITY  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA ASSOC OF KANSAS CITY PAIN M Receipt For: Primary General Other (specify)	State Zip Code MO 64137  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	541.00

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۱.	Full Name (Last, First, Middle Initial)  DANIELA ALEXIANU  Mailing Address 1310 E BLACKWOO	DIN		Date of Receipt
		08 01 2009		
	City	State	Zip Code	Transaction ID: SA11AI.76925
	SPOKANE	WA	99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer PHYSICIAN ANESTHESIA GROU- P, PS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		328.00	
- 3.	Full Name (Last, First, Middle Initial) GUY ALIOTTA	Date of Receipt		
	Mailing Address 25 KENNEDY DRIVE	08 / 01 / 4 4 4 4 4		
	City	State	Zip Code	Transaction ID: SA11Al.76956
	MERIDEN CT  FEC ID number of contributing federal political committee.		06450	Amount of Each Receipt this Period
				83.00
	Name of Employer MIDSTATE MEDICAL CENTER		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		664.00	
. –	Full Name (Last, First, Middle Initial) PATRICK ALLAIRE	•		Date of Receipt
	Mailing Address 58991 290TH ST.			08 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.76924
	CAMBRIDGE	IA	50046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer MCFARLAND CLINIC PHYSICIAN		AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		328.00	
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TEMIZED RECEIPTS    Core each category of the   Table   Table	;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	
Detailed Summary Page  Any information copied from such Reports and Statements may not seed or used by any peace for commercial purposes, other than using the name and address of any pollical committee to solicit confributions from such committees.  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  MARK ANDERSON  Mailing Address 837 N, LAKE SYBELIA DR.  City State Zip Code  MATILIAND  FL 38251  Fec ID number of contributing federal political committee.  C 250.00  City State City Code  JAIN Memory Committee  C 250.00  Date of Receipt this Period  Ancent of Each Receipt this Period  Full Name (Last, First, Middle Initial)  JOHN ARRIVOLD  Mailing Address 4305 S, BOWEN RD, STE. 131  Date of Receipt  M N N S 2 2 0 2 2 0 0 9  Transaction ID: SA11A1.77430  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 19		,			
Any information capied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  A. Mark ANDERSON  Mailing Address 837 N. LAKE SYBELIA DR.  City  MATILAND  FL  32751  FEC ID number of contributing federal political committee.  C  Primary  General  Other (specity) ▼  Full Name (Last, First, Middle Initial)  ANESTHESIOLOGIST  Anount of Each Receipt his Period  Apgregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  John ARNOLD  Mailing Address 4305 S. BOWEN RD. STE. 131  City  ARLINGTON  TX  76016  FEC ID number of contributing federal political committee.  C  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  John ARNOLD  ARLINGTON  TX  76016  FEC ID number of contributing federal political committee.  C  City  FILL Receipt For:  Primary  General  Other (specity) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Ancesthesion  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Ancesthesion  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Ancesthesion  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Ancesthesion  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  Primary  Aggregate Year-to-Da		T LIMIZED RECEIP 13		Detailed Summary Page	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE  A. MARRICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) MARRICANDERSON  Malling Address 837 N. LAKE SYBELIA DR.  City  Primary General Other (specify) State  C C C C C C C C C C C C C C C C C C C	Г				
A. MERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  Mark ANDERSON  City  State  Zip Code  Transaction ID: SA11AI.77037  Amount of Each Receipt this Period  FEC ID number of contributing  Identification in Section ID: SA11AI.77037  FEC ID number of contributing  Receipt For:  Primary  Other (specify)  ARLINGTON  Full Name (Last, First, Middle Initial)  JOHN ARNOLD  ARLINGTON  ARLI		Any information copied from such Reports and Stat or for commercial purposes, other than using the na	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Malin Address 837 N. LAKE SYBELIA DR.  City State Zip Code MATLAND FL 32751  FEC ID number of contributing federal political committee.  Name of Employee Pinnance Assable  Pull Name (Last, First, Middle Initial)  John AnnoLD  All NGTON  ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11AI.77037  Amount of Each Receipt this Period  Pull Name (Last, First, Middle Initial)  John AnnoLD  ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  Anno ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Pinnance Are Employee Pinnance Are Employee Tennance Are Sable  Maling Address 1009 SIR LANCELOT CIR.  City Siate Zip Code ARLINGTON TX 76016  FULL Name (Last, First, Middle Initial)  AN ASHFAQ ASSADI  Maling Address 1009 SIR LANCELOT CIR.  City Siate Zip Code ARLINGTON TX 75056  Full Name (Last, First, Middle Initial)  AN ASHFAQ ASSADI  Maling Address 1009 SIR LANCELOT CIR.  City Siate Zip Code FEC ID number of contributing federal political committee.  C Cupation  An ASHFAQ ASSADI  Amount of Each Receipt  Transaction ID: SA11AI.77496  Amount of Each Receipt  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period  Transaction ID: SA11AI.77496  Amount of Each Receipt his Period		NAME OF COMMITTEE (In Full)			
A. MARK ANDERSON Mailing Address 837 N. LAKE SYBELIA DR.  City MAITLAND FEC ID number of contributing federal political committee.  B. JOHN ARNOLD Mailing Address 4305 S. BOWEN RD. STE. 131  City State Zip Code ANESTHESIOLOGIST Receipt For: Primary General Other (specity) ▼  City Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77430  ARLINGTON TX 75016  FEC ID number of contributing federal political committee.  City Anne of Employer Primary General Other (specity) ▼  City State Zip Code TX 75016  FEC ID number of contributing federal political committee.  City Aggregate Year-to-Date ▼  Primary General Other (specity) ▼  City State Zip Code TX 75016  FEC ID number of contributing federal political committee.  City Aggregate Year-to-Date ▼  Primary General Other (specity) ▼  City State Zip Code TX 75056  Full Name (Last, Frist, Middle Initial)  ANESTHESIOLOGIST Aggregate Year-to-Date ▼  City State Zip Code Transaction ID: SA11A1.77496  Amount of Each Receipt this Period  City State Zip Code Transaction ID: SA11A1.77496  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Transaction ID: SA11A1.77496  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Primary General Other (specity) ▼  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Other (specity) ▼  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Other (specity) ▼  Amount of Each Receipt Tor: Aggregate Year-to-Date ▼  Other (specity) ▼  Amount of Each Receipt Tor: A		AMERICAN SOCIETY OF ANESTHESIC	OLOGISTS	S POLITICAL ACTION COM	MITTEE
City	Α.				Date of Receipt
MAITLAND  FEC ID number of contributing federal political committee.  Name of Employer JLR MEDICAL GROUP  JLR MEDICAL GROUP  JLR MEDICAL GROUP  JLR MEDICAL GROUP  JURN MEDICAL GROUP  JU		Mailing Address 837 N. LAKE SYBELIA			
MAITLAND  FEC ID number of contributing federal political committee.  Name of Employer JUR MEDICAL GROUP  JUR Mane (Last, First, Middle Initial)  JOHN ARNOLD  City  State  Zip Code  ARLINGTON  TX  75016  FEC ID number of contributing federal political committee.  Name of Employer  JUR MEDICAL GROUP  JUR MEDICAL GRO		City	State	Zip Code	Transaction ID: SA11AI.77037
Receipt For:   Primary   General   Occupation   ANESTHESIOLOGIST		MAITLAND	FL	32751	
Name of Employer   Ankesthesiologist		FEC ID number of contributing			
Receipt For:			C		250.00
Primary General Other (specify) ▼ 500.00  B. Full Name (Last, First, Middle Initial) JOHN ARNOLD  Mailing Address 4305 S. BOWEN RD. STE. 131  City State Zip Code ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  PINNACLE ANESTH  Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code PRINACLE ANESTH  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  C Coccupation Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINACLE ANESTHESIA CONSULITANTS, PA Receipt For: PINACLE ANESTHESIA CONSULITANTS, PA Receipt For: Primary General Other (specify) ▼ 250.00		Name of Employer JLR MEDICAL GROUP			
Primary   General Other (specify)   Total Primary   Cher (speci		Receipt For:	Aggregate	Year-to-Date <b>V</b>	
B. Full Name (Last, First, Middle Initial)  JOHN ARNOLD  Mailing Address 4305 S. BOWEN RD. STE. 131  City  ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer PinNACLE ANESTH  Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Mailing Address 1009 SIR LANCELOT CIR.  City  State Zip Code  Transaction ID: SA11Al.77430  Amount of Each Receipt this Period  ANESTHESIOLOGIST  Receipt For:  Primary  Other (specify) ▼  Date of Receipt  Transaction ID: SA11Al.77430  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al.77430  Date of Receipt  Transaction ID: SA11Al.77430  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al.77430  Transaction ID: SA11Al.77430  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436  Transaction ID: SA11Al.77436  Amount of Each Receipt this Period  Transaction ID: SA11Al.77436			7 1991 09410	<del></del>	1
B. JOHN ARNOLD  Mailing Address 4305 S, BOWEN RD, STE. 131  City State Zip Code Transaction ID: SA11AI.77430  ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Name of Employer Pinnary General City State Zip Code Transaction ID: SA11AI.77430  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.77430  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.77430  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.77430  Date of Receipt Transaction ID: SA11AI.77430  Date of Receipt Transaction ID: SA11AI.77430  Date of Receipt Transaction ID: SA11AI.77496  EWISVILLE TX 75056  FEC ID number of contributing federal political committee.  C C Cocupation Amount of Each Receipt this Period  Aggregate Year-to-Date Transaction ID: SA11AI.77496  Amount of Each Receipt this Period  Aggregate Year-to-Date Transaction ID: SA11AI.77496  Amount of Each Receipt this Period  Aggregate Year-to-Date Transaction ID: SA11AI.77496  Amount of Each Receipt this Period  Aggregate Year-to-Date Transaction ID: SA11AI.77496  Amount of Each Receipt this Period  250.00		Other (specify) ▼		500.00	
B. JOHN ARNOLD  Mailing Address 4305 S. BOWEN RD. STE. 131  City State Zip Code Transaction ID: SA11AI.77430  ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Name of Employer Pinnary General Other (specify) ▼ State Zip Code  Transaction ID: SA11AI.77430  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.77430  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.77430  Amount of Each Receipt Transaction ID: SA11AI.77430  Date of Receipt Transaction ID: SA11AI.77496  EWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer Pinnary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	-	Full Name (Leet First Middle Initial)			-
City State Zip Code ARLINGTON TX 76016  FEC ID number of contributing federal political committee.  Name of Employer PinNaCLE ANESTH  Receipt For: Primary General Other (specify) ▼  State Zip Code ANESTHESIOLOGIST  Anount of Each Receipt this Period  C. M. ASHFAQ ASSADI  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PinNaCLE ANESTHESIA CONSU- LITAINTS, PA Receipt For: Primary General Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Cocupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	В.	,	Date of Receipt		
ARLINGTON  TX 76016  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer PinNACLE ANESTH  Receipt For:  Occupation ANESTHESIOLOGIST  Receipt For:  Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address 1009 SIR LANCELOT CIR.  Date of Receipt  Mailing Address 1009 SIR LANCELOT CIR.  Date of Receipt  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PinNACLE ANESTHESIA CONSULITANTS, PA  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Seneral Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Seneral Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		Mailing Address 4305 S. BOWEN RD. ST			
ARLINGTON  TX 76016  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTH  Receipt For:  Primary General Other (specify) ▼  C.  Pull Name (Last, First, Middle Initial)  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE  TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULITANTS, PA Receipt For:  Primary General Occupation  Amount of Each Receipt this Period  250.00  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		City	State	Zip Code	Transaction ID: SA11AI.77430
Name of Employer PINNACLE ANESTH		ARLINGTON	TX	76016	
Name of Employer PINNACLE ANESTH		FEC ID number of contributing		1 1 1 1 1	250.00
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date  Primary Other (specify) ▼  Date of Receipt  M M M SHFAQ ASSADI  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00			C		250.00
Primary General Other (specify) ▼    Date of Receipt		Name of Employer PINNACLE ANESTH			
C. Full Name (Last, First, Middle Initial) M. ASHFAQ ASSADI Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS. PA Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  750.00		Receipt For:	Aggregate	Year-to-Date ▼	
C. Full Name (Last, First, Middle Initial)  M. ASHFAQ ASSADI  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General			1
M. ASHFAQ ASSADI  Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code  LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA  Receipt For:  Primary General  Other (specify) ▼  Date of Receipt  M M M / D D / 2 0 0 9  Transaction ID: SA11AI.77496  Amount of Each Receipt this Period  C  250.00		Other (specify)		250.00	
Mailing Address 1009 SIR LANCELOT CIR.  City State Zip Code LEWISVILLE TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  750.00	_ _				Date of Receipt
City State Zip Code TX 75056  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA Receipt For:  Primary General Other (specify) ▼  State Zip Code TX 75056  Amount of Each Receipt this Period  C 250.00  C 250.00	<b>J</b> .				M " M   / D " D   / Y " Y " Y " Y
LEWISVILLE  TX 75056  Amount of Each Receipt this Period  C  Standard Prince Pinnacus Prinary General Other (specify) ▼  Amount of Each Receipt this Period  C  Amount of Each Receipt this Period  C  250.00  Amount of Each Receipt this Period  250.00		City	State	Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA CONSULTANTS, PA Receipt For: Primary General Other (specify)  Occupation ANESTHESIOLOGIST Aggregate Year-to-Date  250.00				•	
ANESTHESIOLOGIST  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00			C		
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00					
Primary General Other (specify) ▼ 250.00					7
750.00			33. 39410		1
SUBTOTAL of Receipts This Page (optional)		Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)	_				
SUBTOTAL of Receipts This Page (optional)					750.00
		SUBTOTAL of Receipts This Page (optional)		······	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MOEED AZAM  Mailing Address 4317 NEW BROAD	) ST.	Date of Receipt  0 8 2 6 2 0 0 9
City ORLANDO FEC ID number of contributing	State Zip Code FL 32814	Transaction ID: SA11AI.77649  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) SARA BACHMAN Mailing Address 3338 W PENN ST	Date of Receipt  0 8 2 8 2 0 0 9	
City SPRINGFIELD  FEC ID number of contributing federal political committee.	State Zip Code PA 19129	Transaction ID: SA11AI.77759  Amount of Each Receipt this Period  250.00
Name of Employer ASPA  Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	1
Full Name (Last, First, Middle Initial) DOUGLAS BACON	ANESTHESIOLOGY	Date of Receipt
200 FIRST STREE City ROCHESTER FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.76940  Amount of Each Receipt this Period  83.00
Name of Employer MAYO CLINIC COLLEGE OF ME- DICINE Receipt For: Primary General	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  581.00	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	al)	583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial)  WILLIAM BAKER		Date of Receipt	
Mailing Address 4968 SPRING ROC		08 30 4 2009	
City BIRMINGHAM	State Zip Code AL 35223	Transaction ID: SA11AI.77852  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer UAB DEPT. OF ANESTHESIOLO- GY	Occupation ANESTHESIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt	
Mailing Address DEPARTMENT OF	08 01 2009		
City	State Zip Code	Transaction ID: SA11AI.76926	
NASHVILLE	TN 37212	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICIAN		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	664.00		
Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt	
Mailing Address 601 NE 36TH ST A	Mailing Address 601 NE 36TH ST APT 3407		
City MIAMI	State Zip Code FL 33137	Transaction ID: SA11AI.76910	
FEC ID number of contributing federal political committee.	C 33137	Amount of Each Receipt this Period  83.00	
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00		
SUBTOTAL of Receipts This Page (optional	ıl)	666.00	
	iber only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 143 (check only one)    X	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) EDWARD BANNER		Date of Receipt	
Mailing Address 5523 CANDLEWO	08 / 03 / 4 4 4 4 4		
City	State Zip Code	Transaction ID: SA11AI.77031	
HOUSTON FEC ID number of contributing	TX 77056	Amount of Each Receipt this Period 250.00	
federal political committee.			
Name of Employer GHA	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) CAROLYN BANNISTER		Date of Receipt	
Mailing Address 5102 CHASTLETO	08 01 YYYYY 2009		
City	State Zip Code	Transaction ID: SA11AI.76930	
STONE MOUNTAIN	GA 30087	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer EMORY HEALTHCARE	Occupation MD		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	664.00		
Full Name (Last, First, Middle Initial) JAMES BARNHART		Date of Receipt	
Mailing Address 3711 TREEMONT			
City	State Zip Code	Transaction ID: SA11AI.77716	
COLLEYVILLE	TX 76034	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST		
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	500.00		
SUBTOTAL of Receipts This Page (optional	1)	833.00	
	ber only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 143 (check only one)    X	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTI	g the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JEFFREY BAUMBACH Mailing Address 2008 KING STABL	ES RD		Date of Receipt  0 8 0 7 2 0 0 9	
City BIRMINGHAM  FEC ID number of contributing federal political committee.	State AL	Zip Code 35242	Transaction ID: SA11AI.77108  Amount of Each Receipt this Period  500.00	
Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP Receipt For:  Primary General Other (specify) ▼		ESIOLOGIST  Year-to-Date   500.00		
Full Name (Last, First, Middle Initial) L. JERALD BAYS Mailing Address 5101 LORRAINE D	Date of Receipt  0 8 2 0 2 0 0 9			
City	City State Zip Code FRISCO TX 75034			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1000.00		
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n ESIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) NEIL BENNETT			Date of Receipt	
Mailing Address 8606 CRESTGATE				
City ORLANDO	State FL	Zip Code	Transaction ID: SA11AI.77138	
FEC ID number of contributing federal political committee.	FEC ID number of contributing		Amount of Each Receipt this Period  250.00	
Name of Employer JLR MEDICAL				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional	al)		1750.00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements made name and add	y not be sold or used by any persord dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) SUZANNE BERRY			Date of Receipt
Mailing Address 27 COMMANDERS C		7: 0 1	08 29 2009
City	State	Zip Code	Transaction ID: SA11AI.77790
MISSOURI CITY	TX	77459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) DHIREN BHALODIA			Date of Receipt
Mailing Address 13601 PRESTON RD STE 1000W			08 20 7 2009
City	State	Zip Code	Transaction ID: SA11AI.77499
DALLAS	TX	75240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DAVID BILLMAN	1		Date of Receipt
Mailing Address 6501 TWIN OAKS DF	₹.		08 20 7 2009
City	State	Zip Code	Transaction ID: SA11AI.77493
PLANO	TX	75024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE PARTNERS	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	]
SUBTOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FECTIVE ITEMIZED RECEIP  Any information copied from s	TS  uch Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi	FOR LINE NUMBER: PAGE 14 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (	In Full)	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Mid TIMOTHY BITTENBINDER Mailing Address 5014 A	· 		Date of Receipt
City	State	Zip Code	08 01 2009 Transaction ID: SA11AI.76951
TEMPLE  FEC ID number of contributed federal political committee.	TX C	76502	Amount of Each Receipt this Period  83.00
Name of Employer SCOTT AND WHITE MEI HOSPITAL ANES Receipt For: Primary Ge Other (specify) ▼	PHYSICI		
Full Name (Last, First, Mid SUZANNE BLAYLOCK Mailing Address 155 W			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  MUSCLE SHOALS  FEC ID number of contributed federal political committee.	State AL C	Zip Code 35661	Transaction ID: SA11AI.77228  Amount of Each Receipt this Period  1000.00
Name of Employer ANESTHESIA MEDICAL TANTS Receipt For:  Primary Ge Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Mid RAJENDRA BOBBA	,		Date of Receipt
Mailing Address 39 BUI  City	ELL HILL RD State	Zip Code	0 8 2 5 2 0 0 9  Transaction ID: SA11AI.77641
KILLINGWORTH	CT	06419	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			250.00
Name of Employer MILFORD ANESTHESIA ATES ANESTHES	ANESTR	ESIOLOGIST	
Receipt For: Primary Ge Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	s Page (optional)		1333.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 143 (check only one)    X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perset the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KAREN BOLAND Mailing Address 13110 W 60TH ST  City SAND SPRINGS	S State Zip Code OK 74063	Date of Receipt  0 8  0 3  1 2 0 0 9  Transaction ID: SA11AI.77027  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer KAREN BOLAND PLLC	Occupation	250.00
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) JAMES BOYCE Mailing Address 619 S. 19TH STRE	ET	Date of Receipt  08  08  09  09  09  09  09  09  09  09
City BIRMINGHAM	State Zip Code AL 35249	Transaction ID: SA11AI.77940  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer UAB, ANESTHESIOLOGY	Occupation	500.00
Receipt For:  Primary General  Other (specify) ▼	ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) DAN BRAJTBORD  Mailing Address 6635 MIMOSA LN.	1	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77501
DALLAS  FEC ID number of contributing federal political committee.	TX 75230	Amount of Each Receipt this Period  250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	D	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
		nts may not be sold or used by any perso and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITT AMERICAN SOCI	,	GISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First BARBARA BRANDOM			Date of Receipt
Mailing Address 11	18 KING AVE		08 01 2009
City	St	ate Zip Code	Transaction ID: SA11AI.76914
PITTSBURGH	P.	A 15206	Amount of Each Receipt this Period
FEC ID number of co federal political comm			125.00
Name of Employer UNIVERSITY OF PIT PHYSICIANS	TTSBURGH Occ	eupation ESTHESIOLOGIST	
Receipt For:		gregate Year-to-Date ▼	
Primary Other (specify)	General ▼	1250.00	
Full Name (Last, First	i, Middle Initial)		Date of Receipt
Mailing Address 16	50 NE 115TH ST., #305		08 31 7 2009
City		ate Zip Code	Transaction ID: SA11AI.77863
MIAMI	Fi	_ 33181	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer UNIVERSITY OF MI	AMI Occ	eupation ESTHESIOLOGIST	7
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 250.00	
Full Name (Last, First DAVID BREWSTER	i, Middle Initial)		Date of Receipt
Mailing Address 15	JOCELYN PL.		08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ate Zip Code	Transaction ID: SA11AI.77857
WALNUT CREEK	<u>C</u>	A 94597	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer KAISER WALNUT C DEPT.	REEK ANES. Occ	supation ESTHESIOLOGIST	
Receipt For:		gregate Year-to-Date ▼	
Primary Other (specify)	General	250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 143 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES BRIDGES Mailing Address 1537 DUNBAR CT  City AUBURN  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA ASSOC OF EAST ALABAMA Receipt For: Primary General	State Zip Code AL 36830  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK BROWN Mailing Address 1304 OAK ST.  City MELBOURNE FEC ID number of contributing federal political committee.  Name of Employer BREVARD ANES SERV	State Zip Code FL 32901  C  Occupation ANESTHESIOLOGIST	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) DAVID BRYANT Mailing Address 13601 PRESTON R		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  DALLAS  FEC ID number of contributing federal political committee.	State Zip Code TX 75240	Transaction ID: SA11AI.77503  Amount of Each Receipt this Period  500.00
Name of Employer PINNACLE ANES. CONSULTANTS  Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	)	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the Page X 11a 11b 11c 12
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by using the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANE	STHESIOLOGISTS POLITICAL ACTION	ON COMMITTEE
Full Name (Last, First, Middle Initial) KEITH BURBERRY		Date of Receipt
Mailing Address 823 CINDY BL	AIR WAY	08 22 2009
City	State Zip Code	Transaction ID: SA11AI.77612
LEXINGTON	KY 40503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ANESTHESIA ASSOCIATES, P S.C.	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial)		Date of Descipt
Mailing Address 729 HARVARD	ST.	Date of Receipt    M M
City WILMETTE	State Zip Code IL 60091	Transaction ID: SA11AI.77936  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UIC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) WILLIAM BURRIS		Date of Receipt
Mailing Address 4305 S. BOWE	N RD., #131	08 20 7 2009
City	State Zip Code	Transaction ID: SA11AI.77432
ARLINGTON	TX 76016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (or	tional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 143 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements mand add	y not be sold or used by any persodress of any political committee to	
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) LYNDON BUSCH			Date of Receipt
Mailing Address 3921 OVERTON PK. E	AST		08 20 2009
City	State	Zip Code	Transaction ID: SA11AI.77481
FORT WORTH	TX	76109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) TROY CALDWELL			Date of Receipt
Mailing Address 1704 NW 179TH TER			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77145
EDMOND	OK	73012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer AFFILIATED ANESTHESIOLOGI-	Occupatio	n IESIOLOGIST	
STS INC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) NICHOLAS CAPONE			Date of Receipt
Mailing Address 9146 BAY POINT DRIV	/E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77598
ORLANDO	FL	32819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer JLR MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page  d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 20 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  CHRISTEL CARLSON  Mailing Address 10710 S SHERMAN	I RD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPOKANE	State Zip Code WA 99224	Transaction ID: SA11AI.76916  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer PHYSICIAN ANESTHESIA GROUP Receipt For:	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	498.00	
Full Name (Last, First, Middle Initial)  KAREN CARLSON  Mailing Address 1301 TWELVE OAK	(S CIR NW	Date of Receipt
City ATLANTA	State Zip Code GA 30327	Transaction ID: SA11AI.77130  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EMORY HEALTHCARE	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. SHEILA CARLSON		Date of Receipt
Mailing Address 151 N ROCK ISLAN		08 17 2009
City <u>WICHITA</u>	State Zip Code KS 67202	Transaction ID: SA11AI.77323  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	he name and addr	ess of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT CARPENTER Mailing Address 850 HUNTERS GLE	N TRL		Date of Receipt
City FORT WORTH	State TX	Zip Code 76120	Transaction ID: SA11AI.77434  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE ANESTHESIA  Receipt For:		ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) NICHOLAS CARRAS Mailing Address 21 STATION RD			Date of Receipt
City GREAT NECK	State NY	Zip Code 11023	Transaction ID: SA11AI.77796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NORTH SHORE UNIV. HOSPITAL ANES. DEPT.	Occupation PHYSICIA		
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  STEVEN CARSON			Date of Receipt
Mailing Address 7781 COLDSTREAN	MOODS DR		08 / 30 / 4 2009
City CINCINNATI	State OH	Zip Code 45255	Transaction ID: SA11AI.77839  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AAC	Occupation ANESTHE	SIOLOGIST	
Receipt For:  Primary General  Other (specify)	Aggregate \	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 143 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	lress of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) CHRISTOPHER CARY			Date of Receipt
Mailing Address 4 ALEXANDER DR			08 23 2009
City	State	Zip Code	Transaction ID: SA11Al.77614
CAPE ELIZABETH	ME	04107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MAINE MEDICAL CENTER	Occupation PHYSICIA		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) WILLARD CHAMBERLIN	1		Date of Receipt
Mailing Address 457 ALVERSTON CT	-		M M / D D / Y Y Y Y O O O O
City	State	Zip Code	Transaction ID: SA11AI.77941
BALLWIN	MO	63021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer METRO-WEST ANESTHESIA GRO- UP	Occupation PHYSICI/		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
Mailing Address 1319 S.9TH ST.			08 01 YYYY 2009
City	State	Zip Code	Transaction ID: SA11AI.76938
FARGO	ND	58103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHI	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00	]
SUBTOTAL of Receipts This Page (optional)			791.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SAMUEL CHERRY Mailing Address 149 LUCERNE BLVD.  City BIRMINGHAM  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY OF ALABAMA MED-ICAL CENTER D Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 0 1 2 0 0 9  Transaction ID: SA11AI.76953  Amount of Each Receipt this Period  83.00
Full Name (Last, First, Middle Initial) CONRAD CHEUNG Mailing Address 953 TERRACOTTA D  City ALLEN  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS IN MEDI- CINE DELTA DI Receipt For: Primary General Other (specify)	State Zip Code TX 75013  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 0 9  Transaction ID: SA11AI.77505  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) KATHERINE CLINCH Mailing Address 3717 FAIRWAY PT.  City WOODBURY  FEC ID number of contributing federal political committee.  Name of Employer ASSOCIATED ANESTHESIOLOGI- STS Receipt For: Primary General Other (specify)	State Zip Code MN 55124  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D M 2 0 0 9  Transaction ID: SA11AI.77010  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b></b>	583.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	than using the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Ir PAUL COHEN Mailing Address 1819 DFN)	nitial) VER W DR BLDG 26 #2	200	Date of Receipt
			08 11 2009
City GOLDEN	State CO	Zip Code 80401	Transaction ID: SA11AI.77211  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00401	300.00
Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Ir	nitial)		Date of Receipt
Mailing Address 8 THE HUN	NT		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77916
ST. JAMES  FEC ID number of contributing federal political committee.	NY C	11780	Amount of Each Receipt this Period 250.00
Name of Employer SUFFOLK ANESTHESIOLOG SOC	Y AS- Occupatio	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ir	nitial)		Date of Receipt
Mailing Address 94 ANNIN	RD		08 19 2009
City FAR HILLS	State NJ	Zip Code 07931	Transaction ID: SA11AI.77360  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,000	500.00
Name of Employer ANESTHESIA CONSULTANT NJ. LLC	AINESTR	ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pag	ge (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 143 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  SEAN CONROY  Mailing Address 947 MITCHELL CT  City  BLOOMFIELD HILLS  FEC ID number of contributing federal political committee.  Name of Employer SOUTH OAKLAND ANES ASSOC  Receipt For:  Primary General Other (specify)	State Zip Code MI 48304  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) MELISSA CONTE  Mailing Address 9219 CROMWELL W  City ORLANDO  FEC ID number of contributing federal political committee.  Name of Employer JLR MEDICAL GROUP  Receipt For: Primary General Other (specify)	OODS SQ.  State Zip Code FL 32827  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.77637  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) LISA CORSTVET Mailing Address 2400 HIGHLANDS LA  City EDMOND  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code OK 73013  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8
SUBTOTAL of Receipts This Page (optional)	· 	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ANDREW COTTINGHAM			Date of Receipt
	Mailing Address 800 W ARBROOK BL			08 28 2009
	City ARLINGTON	State TX	Zip Code 76015	Transaction ID: SA11AI.77714  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS ADVANC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
ь. В.	Full Name (Last, First, Middle Initial) RICHARD COTTRILL			Date of Receipt
	Mailing Address 475 JOHNSTON DR.			08 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.77362
	WATCHUNG	NJ	07069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ACNJ	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	500.00	]
с. С.	Full Name (Last, First, Middle Initial) JASON COUCH			Date of Receipt
	Mailing Address 2104 CHEYENNE PAI	RK LN		08 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.77436
	SOUTHLAKE FEC ID number of contributing federal political committee.	C	76092	Amount of Each Receipt this Period  250.00
	Name of Employer PINNACLE ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 143 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JON COWAN	VE DDIVE OF		Date of Receipt
Mailing Address 1861 MORNINGSID  City	State	Zip Code	0 8 3 1 2 0 0 9  Transaction ID: SA11AI.77912
GRAND RAPIDS	MI	49506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) BRIAN CROSS			Date of Receipt
Mailing Address P.O. BOX 3010			08 31 YYYY 2009
City	State	Zip Code	Transaction ID: SA11AI.77927
TUSTIN	CA	92781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General  Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) THERESA CUDA			Date of Receipt
Mailing Address 2600 STRATFORD	RD		0 8 1 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.77200
COLUMBIA FEO ID and the title to the control of the	SC	29204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CRITICAL HLTH SYS SC	<del></del>	ESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)	)	<b>)</b>	1000.00
TOTAL This Period (last page this line numb	per only)	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page  nd Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 28 / 143 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MICHAEL DAUGHETY  Mailing Address 4412 CAESAR LAN	NE	Date of Receipt
City	State Zip Code	0 8 2 0 2 0 0 9  Transaction ID: SA11AI.77483
IRVING	TX 75038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANES CONSULT	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRAD DAVIS		Date of Receipt
Mailing Address 104 WELFORD LN	I	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77507
SOUTHLAKE	TX 76092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANES. CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID DAVIS	L	Date of Receipt
Mailing Address 2013 CROWN KNO	OLL LN.	08 20 YYYYY 08 20 2009
City PLANO	State Zip Code TX 75093	Transaction ID: SA11AI.77509  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Dags (antics)	al)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 143 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEPHEN DAVIS Mailing Address 1355 N. CLASSIC C	CT.	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
LONGWOOD  FEC ID number of contributing federal political committee.	FL C	32779	Transaction ID: SA11AI.76998  Amount of Each Receipt this Period  250.00
Name of Employer JLR MEDICAL GROUP  Receipt For:  Primary General  Other (specify) ▼	<del></del>	ESIOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN DELANEY Mailing Address 3260 SOMERSET S	ST., S.W.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77908
ROANOKE  FEC ID number of contributing federal political committee.	C	24014	Amount of Each Receipt this Period  250.00
Name of Employer ANES CONSUL OF VA Receipt For:	Occupation PHYSICI/		
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) STEVEN DENTZ			Date of Receipt
Mailing Address 2828 CHICAGO AV	E S STE 300		08 25 2009
City	State MN	Zip Code	Transaction ID: SA11AI.77639
MINNEAPOLIS  FEC ID number of contributing federal political committee.	C	55407	Amount of Each Receipt this Period 500.00
Name of Employer NORTHWEST ANESTHESIA, P.A.	Occupation PHYSICI/		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 143 (check only one)    X
or for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STEVEN DICKERSON		Date of Receipt
Mailing Address 93 VICTORIA PARK		08 28 2009
City	State Zip Code	Transaction ID: SA11AI.77712
NASHVILLE	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA SERVICES ASSOC- IATES	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ		Date of Receipt
Mailing Address 3000 BIRD AVE UNI	T 1	0 8 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.76909
COCONUT GROVE	FL 33133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERISTY OF MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) DAVID DIGIOVANNI		Date of Receipt
Mailing Address 13601 PRESTON RI	D STE 900W	08 31 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.77878
DALLAS	TX 75240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINACLE ANESTHESIA CONSUL- TANTS, P.A.	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	1	583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 143 (check only one)    X
Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM  A. JAMES DIRTING  Mailing Address 9558 WINDY KNOLL  City State Zip Code TX 75243  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  B. WILLIAM DOMINGUEZ  Mailing Address 3205 LA MANCHA DR., N.W.  City State Zip Code ALBUQUERQUE NM 87104  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIOLOGIST  ANESTHESIOLOGIST  C 1  Full Name (Last, First, Middle Initial)  WILLIAM DOMINGUEZ  Mailing Address 3205 LA MANCHA DR., N.W.  City State Zip Code NM 87104  FEC ID number of contributing federal political committee.  Name of Employer ANES ASSOC OF NM PHYSICIAN  Receipt For: Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial)  LISA DRAKE  Mailing Address 655 COLEBROOK CT. N.W.		on for the purpose of soliciting contributions	
AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
			Date of Receipt
Mailing Address 9558 WINDY KNOL	_L		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-		•	Transaction ID: SA11AI.77510
FEC ID number of contributing		75243	Amount of Each Receipt this Period  250.00
Name of Employer PINNACLE PARTNERS			
Primary General	Aggregate		
,			Date of Receipt
Mailing Address 3205 LA MANCHA	DR., N.W.		08 / 28 / 2009
•		·	Transaction ID: SA11AI.77780  Amount of Each Receipt this Period
FEC ID number of contributing		0,104	500.00
Name of Employer ANES ASSOC OF NM			
Primary General	Aggregate		
			Date of Receipt
Mailing Address 655 COLEBROOK	CT. N.W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: SA11AI.77165
ATLANTA  FEC ID number of contributing federal political committee.	GA C	30327	Amount of Each Receipt this Period  250.00
Name of Employer AMBULATORY ANES SPEC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)		1000.00
TOTAL This Period (last page this line numl	ber only)	<b>)</b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	for each cat Detailed Sur Statements may not be sold or	mmary Page used by any persor	FOR LINE NUMBER: PAGE 32 / 143 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	e name and address of any pol	litical committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JONATHAN EASH Mailing Address 3101 ROBINHOOD L	N		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOUTH BEND	State Zip Code IN 46614		Transaction ID: SA11AI.77419  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MIZHIARA ANESTHESIA CARE	Occupation ANESTHESIOLOGIS		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial)  B. ROBERT EGAN	ITE COOM		Date of Receipt
Mailing Address 13601 PRESTON SU  City	State Zip Code		0 8 2 0 2 0 0 9  Transaction ID: SA11AI.77512
DALLAS FEC ID number of contributing federal political committee.	TX 75240	· ·	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIS		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial)  WILLIAM ELLERMEYER	. <b>L</b>		Date of Receipt
Mailing Address 1338 FOREST LN.			08 / 20 / 4 2009
City SOUTHLAKE	State Zip Code TX 76092		Transaction ID: SA11AI.77438  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1	250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIS	Т	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 143 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  DENISE ELLIOTT  Mailing Address 920 RISER ROAD			Date of Receipt  08 02 2009
City RUSTON  FEC ID number of contributing federal political committee.	State LA	Zip Code 71270	Transaction ID: SA11AI.77002  Amount of Each Receipt this Period  500.00
Name of Employer PARISH ANESTHESIA OF MONR- OE SAINT FRAN Receipt For:  Primary General Other (specify) ▼	<del>- + '</del>	ESIOLOGY Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) BENTON ELLIS Mailing Address 13601 PRESTON F	RD STE 900W		Date of Receipt  0 8 2 0 2 0 0 9
City DALLAS	State TX	Zip Code 75240	Transaction ID: SA11AI.77514  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MATTHEW ENGELS			Date of Receipt
Mailing Address 13601 PRESTON F	RD STE 1000W		08 / 20 / Y Y Y Y Y
City DALLAS	State TX	Zip Code 75240	Transaction ID: SA11AI.77516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE ANESTHESIA		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 34 / 143 (check only one)    X
NAME OF COMMITTEE (In Full)	e name and address of any political committee to	
Full Name (Last, First, Middle Initial)  NITA ENGINEER  Mailing Address 49 ROCK RD E		Date of Receipt
City GREEN BROOK	State Zip Code NJ 08812	Transaction ID: SA11AI.77364  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACNJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  GREGORY ERB		Date of Receipt
Mailing Address 14905 W. 60TH ST  City	State Zip Code	0 8 1 5 2 0 0 9  Transaction ID: SA11AI.77299
SHAWNEE  FEC ID number of contributing federal political committee.	KS 66216	Amount of Each Receipt this Period 500.00
Name of Employer MIDWEST ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER ESPINOSA		Date of Receipt
Mailing Address 25 N WINFIELD RD		08 / 29 / 4 2009
City <u>WINFIELD</u>	State Zip Code  IL 60190	Transaction ID: SA11AI.77792  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WEST CENTRAL ANESTHESIOLO- GY GROUP, LTD	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	•	1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) SCOTT FIELDEN  Mailing Address 3010 W CHARLESTO  City LAS VEGAS  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. CREDE Receipt For: Primary General	State NV  C  Occupation PHYSICI	Zip Code 89102	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼  Full Name (Last, First, Middle Initial)  JAMES FLETCHER  Mailing Address 1001 JOHNSON FERI  City  ATLANTA  FEC ID number of contributing	RY ROAD NI State GA	0 0 0 0 0 0 0	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer CHILDRENS HEALTHECARE OF ATLANTA Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation ANESTH	n ESIOLOGIST • Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW  Mailing Address 38 HEDGEROW DR.  City FALMOUTH	State ME	Zip Code 04105	Date of Receipt    M M
	FEC ID number of contributing federal political committee.  Name of Employer SPECTRUM MEDICAL GROUP	C		83.00
	Receipt For:  Primary General  Other (specify) ▼		ESIOLOGIST Year-to-Date ▼ 664.00	
S	UBTOTAL of Receipts This Page (optional)	<u> </u>		1583.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE  NAME OF COMMITTEE (in Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  LLOYD FOSTER  Mailing Address 600 FORREST LN.  City State Zip Code TX 76058  FEC ID number of contributing federal political committee.  Name of Employer PAA, LL.P.  Primary General Other (specify) ▼  Coccupation ANESTHESIOLOGIST  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  L GEORGE FOX  Mailing Address 715 S. WHITE CHAPEL BLVD.  City State Zip Code TX 76092  Transaction ID: SA1  Amount of Each Receipt TX 76092  Transaction ID: SA1  Amount of Each Receipt TX 76092  Transaction ID: SA1  Amount of Each Receipt TX 76092  Transaction ID: SA1  Amount of Each Receipt TX 76092  Full Name (Last, First, Middle Initial)  Coccupation ANESTHESIOLOGIST  Receipt For:  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  TODD FRENCH  Mailing Address 6709 BLAKE DR  City State Zip Code Transaction ID: SA1  Transaction ID: SA1	11c 12 15 16 11	(check only one)  X 11a 11b 11c 12	Use separate schedule(s) for each category of the Detailed Summary Page	orm 3X)	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	
Full Name (Last, First, Middle Initial) LLOYD FOSTER  Mailing Address 600 FORREST LN.  City  State Zip Code TX 76058  FEC ID number of contributing federal political committee.  Name of Employer PAA, LL.P. Primary Other (specify) ▼  C  C  State Zip Code TX 76058  Amount of Each Receipt  ARNESTHESIOLOGIST Aggregate Year-to-Date ▼  Primary Other (specify) ▼  C  C  Date of Receipt  Amount of Each Receipt  Transaction ID: SA1  Amount of Each Receipt  ARNESTHESIOLOGIST  Aggregate Year-to-Date ▼  Transaction ID: SA1  Amount of Each Receipt  Transaction ID: SA1	na contributions	for the purpose of soliciting contributio olicit contributions from such committee	dress of any political committee to s	nan using the name and add	r for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	Ai
Mailing Address 600 FORREST LN.  City State Zip Code TX 76058  FEC ID number of contributing federal political committee.  Name of Employer Pimary General Other (specify) ▼  Full Name (Last, First, Middle Initial) L GEORGE FOX  Mailing Address 715 S. WHITE CHAPEL BLVD.  City State Zip Code TX 76092  FILL Name (Last, First, Middle Initial) L GEORGE FOX  Mailing Address 715 S. WHITE CHAPEL BLVD.  City State Zip Code TX 76092  FEC ID number of contributing federal political committee.  Name of Employer Pimary General Other (specify) ▼  Full Name (Last, First, Middle Initial) TODD FRENCH  Mailing Address 6709 BLAKE DR  City State Zip Code TX 76001  Full Name (Last, First, Middle Initial) TODD FRENCH  Mailing Address 6709 BLAKE DR  City State Zip Code TX 76001  Full Name (Last, First, Middle Initial) TODD FRENCH  Mailing Address 6709 BLAKE DR  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  City State Zip Code TX 76001  FEC ID number of contributing federal political committee.  Receipt For: Aggregate Year-to-Date ▼			S POLITICAL ACTION COMM		Full Name (Last, First, Middle Initial)	$\angle$
JOSHUA	2009	M M / D D / Y Y Y Y Q 0		EST LN.	Mailing Address 600 FORREST LN	•
Name of Employer PAA, LL.P.   ANESTHESIOLOGIST		Transaction ID: SA11AI.77440  Amount of Each Receipt this Perio	•			
Receipt For:	250.00	250.		C		
Primary Other (specify) ▼		]		1 '	Name of Employer PAA, L.L.P.	
L. GEORGE FOX  Mailing Address 715 S. WHITE CHAPEL BLVD.  City State Zip Code Transaction ID: SA1  SOUTHLAKE TX 76092  FEC ID number of contributing federal political committee.  Name of Employer Pinnary General Other (specify) ▼  City State Zip Code Transaction ID: SA1  Amount of Each Rece  Primary General Other (specify) ▼  City State Zip Code Transaction ID: SA1  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Rece  Date of Receipt  Transaction ID: SA1  Amount of Each Rece  Transaction ID: SA1  Amount of Each Receipt  Date of Receipt  Transaction ID: SA1  Amount of Each Receipt  Amount of Each Receipt  Transaction ID: SA1  Amount of Each Receipt  Name of Employer Pinnacted Committee.  Name of Employer Pinnacted Committee.  Receipt For: Aggregate Year-to-Date ▼  Primary General Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼				Aggregate	Primary General	
City State Zip Code TX 76092  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼  City State Zip Code TX 76092  Amount of Each Rece  C  Doccupation ANESTHESIOLOGIST  Receipt For: Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Transaction ID: SA1  Amount of Each Rece  Typrimary General City State Zip Code Transaction ID: SA1  Date of Receipt  Typrimary General City State Zip Code Transaction ID: SA1  Amount of Each Rece  Transaction ID: SA1  Amount of Each Receipt  Typrimary General City General Cit		Date of Receipt			L. GEORGE FOX	
SOUTHLAKE  TX 76092  Amount of Each Rece  FEC ID number of contributing federal political committee.  Name of Employer PinnAcLE ANES. CONSULTANTS  Receipt For:  Primary General Other (specify) ▼  City State Zip Code ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer PinnAcLE PARTNERS  Name of Employer Pinnary General  Occupation ARUNGTON  City State Zip Code Amount of Each Rece  TX 76092  Amount of Each Rece  Amount of Each Rece  TX 76092  Transaction ID: SA1  Amount of Each Rece  TX 76001  Amount of Each Rece  TX 76091  Amount of Each Rece  TY 76091  Amount of Each Rece  TX 76091  Amount of Each Rece	2009			ITE CHAPEL BLVD.	Mailing Address 715 S. WHITE CH	
FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANES. CONSULTANTS  Receipt For:		Transaction ID: SA11AI.77517	·		•	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) TODD FRENCH Mailing Address 6709 BLAKE DR  City State Zip Code Transaction ID: SA1  ARLINGTON TX 76001  Toccupation FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	250.00		70002		FEC ID number of contributing	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) TODD FRENCH Mailing Address 6709 BLAKE DR  City State Zip Code ARLINGTON TX 76001  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General  Aggregate Year-to-Date ▼  Primary General		1		NITO I '	Name of Employer PINNACLE ANES. CONSULTANTS	
TODD FRENCH  Mailing Address 6709 BLAKE DR  City State Zip Code  ARLINGTON TX 76001  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For:  Primary General  Date of Receipt  Transaction ID: SA1  Amount of Each Rece				Aggregate	Primary General	
City State Zip Code Transaction ID: SA1  ARLINGTON TX 76001  Amount of Each Rece  Pinnacle Partners  C  Occupation ANESTHESIOLOGIST  Receipt For: Primary General  O8 2 0  Transaction ID: SA1  Amount of Each Rece		Date of Receipt		itial)		
ARLINGTON  TX 76001  Amount of Each Rece  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary  General  Amount of Each Rece  Amount of Each Rece  Amount of Each Rece	2009			E DR	Mailing Address 6709 BLAKE DR	
FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary  General  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date		Transaction ID: SA11AI.77519  Amount of Each Receipt this Perice	•		-	
Receipt For:  Primary  General  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	250.00				FEC ID number of contributing	
Primary General 250 00					Name of Employer PINNACLE PARTNERS	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	750.00	750.	<b>)</b>	e (optional)	SUBTOTAL of Receipts This Page (option	s

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PATRICK FUJIMOTO		Date of Receipt
Mailing Address 733 FILBERT ST A		08 14 2009
City SAN FRANCISCO	State Zip Code CA 94133	Transaction ID: SA11AI.77285  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 34133	250.00
Name of Employer NCAP	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAN GAJEWSKI	<b>I</b>	Date of Receipt
Mailing Address 148 HIGH OAKS D	DR .	08 28 2009
City	State Zip Code	Transaction ID: SA11AI.77784
WARREN FEC ID number of contributing federal political committee.	NJ 07059	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) JOSEPH GALLO		Date of Receipt
Mailing Address 8753 LAKE TIBET	CT.	08 07 2009
City ORLANDO	State Zip Code FL 32836	Transaction ID: SA11AI.77110
FEC ID number of contributing federal political committee.	C 32030	Amount of Each Receipt this Period  250.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT GARBER Mailing Address 18 CHERRY FARM L  City WEST CHESTER  FEC ID number of contributing federal political committee.  Name of Employer WEST CHESTER ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State PA  C  Occupatio PHYSICI		Date of Receipt  M M / 29 / 2009  Transaction ID: SA11AI.77810  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) BRADLEY GAWEY Mailing Address 611 N.W. 15TH ST.  City OKLAHOMA CITY  FEC ID number of contributing federal political committee.  Name of Employer SELF  Receipt For: Primary General Other (specify)		Zip Code 73103  n IESIOLOGIST e Year-to-Date  ▼ 500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  JOSEPH GEIGER  Mailing Address 4305 S BOWEN RD S  City  ARLINGTON  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA  Receipt For:  Primary General  Other (specify)	State TX  C  Occupatio ANESTH	Zip Code 76016  n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt    M   M   20   2009   Transaction ID: SA11AI.77442   Amount of Each Receipt this Period   250.00
SUBTOTAL of Receipts This Page (optional) a			1750.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 143 (check only one)    X
or for commercial purpos  NAME OF COMMITT	es, other than using the name and a EE (In Full)	nay not be sold or used by any personaddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First JENELLE GERMANY Mailing Address 20 City COLLEYVILLE FEC ID number of co federal political comm	O9 THAMES TRL  State TX  Intributing littee.	Zip Code 76034	Date of Receipt    M M M
Name of Employer METRO ANESTHES  Receipt For: Primary Other (specify)	Aggreg Aggreg	tion FHESIOLOGIST ate Year-to-Date ▼ 500.00	
Full Name (Last, First JAMES GILL Mailing Address 48			Date of Receipt  0 8 2 0 2 0 0 9
City DALLAS FEC ID number of co federal political comm		Zip Code 75287	Transaction ID: SA11AI.77521  Amount of Each Receipt this Period  1000.00
Name of Employer PINNACLE ANESTH LTANTS Receipt For: Primary Other (specify)	Aggreg Aggreg	tion FHESIOLOGIST ate Year-to-Date ▼	
Full Name (Last, First JOHN GIUSTOZZI Mailing Address 13	, Middle Initial)  0 TREETOPS DRIVE		Date of Receipt  0 8 3 0 2 0 0 9
City STATE COLLEGE		Zip Code 16801	Transaction ID: SA11AI.77821  Amount of Each Receipt this Period
FEC ID number of co federal political comm Name of Employer STATE COLLEGE A	ittee.		250.00
ASSOCIATES Receipt For: Primary Other (specify)	Aggreg Aggreg	ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipte	This Page (optional)		1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 143 (check only one)    X
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) GANDHI GONDI  Mailing Address 1410 BLANDING ST., S	SUITE 1		Date of Receipt
		JOITE 1		08 28 2009
	COLUMBIA	State SC	Zip Code	Transaction ID: SA11AI.77778
	COLUMBIA  FEC ID number of contributing federal political committee.	C	29201	Amount of Each Receipt this Period  1000.00
	Name of Employer CRITICAL HLTH SYS SC	Occupation	on HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) MARK GOODMAN			Date of Receipt
	Mailing Address 14813 HOLLYHOCK D	R		08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77244
	OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AFFILIATED ANESTHESIOLOGI- STS, INC.	+	HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) PETER GOOTOS			Date of Receipt
	Mailing Address 3245 PARR RD.			08 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.77522
	GRAPEVINE  FEC ID number of contributing federal political committee.	C	76051	Amount of Each Receipt this Period 250.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
f	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIEL GOSDIN	STHESIOLOGISTS POLITICAL ACTION COMI	MITTEE  Date of Receipt
Mailing Address 561 LAKE COLC	DNY DR.	08 20 7 2009
City BIRMINGHAM	State Zip Code AL 35242	Transaction ID: SA11AI.77426  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AAPC	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CARLOS GRACIA		Date of Receipt
Mailing Address 4166 CHARRON	I LN	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77710
FORT WORTH	TX 76116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M. MARIE GRAHAM	1	Date of Receipt
Mailing Address 3408 SUBLETT	RD.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ARLINGTON	State Zip Code TX 76017	Transaction ID: SA11AI.77757  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
OUDTOTAL of Descripto This Descriptor	onal)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) DAVID GRANT			Date of Receipt
	Mailing Address 2620-H EAST BARNE	TT ROAD		08 25 2009
	City MEDFORD	State OR	Zip Code 97504	Transaction ID: SA11AI.77635  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37304	500.00
	Name of Employer ANESTHESIA ASSOC. OF MEDF- ORD, P.C.	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) MICHAEL GREENBERG			Date of Receipt
	Mailing Address 725 STURGES WAY			08 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.77698
	ALPHARETTA  FEC ID number of contributing federal political committee.	GA	30022	Amount of Each Receipt this Period  250.00
	Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS	Occupation PARTNE		
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) THOMAS GUNNING			Date of Receipt
	Mailing Address 6855 LAKESHORE			08 20 2009
	City DALLAS	State TX	Zip Code 75214	Transaction ID: SA11AI.77524  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70214	500.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line number			

IT E	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS  information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
A. <u>.</u>	Full Name (Last, First, Middle Initial) JANE GUNSENHOUSER Mailing Address 4979 KINGSWOOD DI	₹.		Date of Receipt
	City	State	Zip Code	0 8 3 1 2 0 0 9  Transaction ID: SA11AI.77919
- I	CARMEL FEC ID number of contributing rederal political committee.	C	46033	Amount of Each Receipt this Period  250.00
_	Name of Employer NORTHSIDE ANES SERV Receipt For:		HESIOLOGIST	
'	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) SHAWN HALL			Date of Receipt
-	Mailing Address 900 PEELER ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City KALAMAZOO	State MI	Zip Code 49008	Transaction ID: SA11AI.77057  Amount of Each Receipt this Period
- I	FEC ID number of contributing lederal political committee.	C		500.00
Ī	Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) PETER HARKNESS			Date of Receipt
1	Mailing Address 520 S HIGH ST			08 28 2009
	City DENVER	State CO	Zip Code 80209	Transaction ID: SA11AI.77749  Amount of Each Receipt this Period
- I	FEC ID number of contributing ederal political committee.	C		250.00
!	Name of Employer METRO DENVER ANESTHESIA,PC	Occupation ANESTH	on HESIOLOGIST	
Ī	Receipt For:  Primary General  Other (specify) ▼	-	e Year-to-Date ▼ 250.00	
su	BTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1000.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	1 <del></del>	BER: PAGE 44 / 143  1b 11c 12  4 15 16 17
Any information copi or for commercial pu NAME OF COM	rposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee t	on for the purpose o o solicit contributions	f soliciting contributions from such committee.
<b>\</b>	, ,	IOLOGISTS	S POLITICAL ACTION COM	MITTEE	
JAMES HARPER	First, Middle Initial)			Date of Rece	•
Mailing Address	1009 HIDDEN RD.	Chaha	7:n Code	0.8	20 2009
City FORT WORT	4	State TX	Zip Code 76107		ID: SA11AI.77525 ach Receipt this Period
FEC ID number of federal political c	of contributing	C	70107	Amount of La	250.00
Name of Employ PINNACLE PAR	er TNERS	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, JEFFRY HARPER				Date of Rece	ipt
Mailing Address	201 OAKLAWN DR.			0 8	20 7 2009
City	_	State	Zip Code		ID: SA11AI.77444
COLLEYVILLE FEC ID number of federal political controls.	of contributing	C	76034	Amount of Ea	ach Receipt this Period 250.00
Name of Employ PINNACLE ANE	er STHESIA	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, CATHERINE HAF	First, Middle Initial)			Date of Rece	ipt
Mailing Address	304 SPALDING RD.			08	07 2009
City WILMINGTON	I	State DE	Zip Code 19803		ID: SA11AI.77121 ach Receipt this Period
FEC ID number of federal political c	of contributing	C	10000	Amount of Le	250.00
Name of Employ ANESTHESIA S	er ERVICES	Occupation ANESTH	n ESIOLOGIST		
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Rec	eipts This Page (optional)				750.00
	d (last page this line number of				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 45/143   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GEORGE HARRIS			Date of Receipt
Mailing Address 979 HARDING DR.			M M / D D / Y Y Y Y Y Y O O O O
City NEW ORLEANS	State LA	Zip Code 70119	Transaction ID: SA11AI.77273  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70113	250.00
Name of Employer PARISH ANES ASSOC	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MONTGOMERY HARRISON			Date of Receipt
Mailing Address 10768 KNIGHT DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARMEL	State IN	Zip Code 46032	Transaction ID: SA11AI.77733  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+0002	250.00
Name of Employer NORTHSIDE ANESTH	Occupation	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN HATTAMER			Date of Receipt
Mailing Address 8 PROSPECT STR	EET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHUA	State	Zip Code	Transaction ID: SA11AI.76923
FEC ID number of contributing federal political committee.	C	03060	Amount of Each Receipt this Period 83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (optiona	I		583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 143 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANEST	g the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W BRENDAN HAYES Mailing Address 4617 BRIARHAVE	N RD.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FORT WORTH FEC ID number of contributing	State TX	Zip Code 76109	Transaction ID: SA11AI.77526  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation ANESTH	ESIOLOGIST  Year-to-Date   250.00	1
Full Name (Last, First, Middle Initial) PETER HAYNAL Mailing Address 1711 RIVER RIDG	E DR.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRING VALLEY FEC ID number of contributing federal political committee.	State OH	Zip Code 45370	Transaction ID: SA11AI.76936  Amount of Each Receipt this Period  41.00
Name of Employer KETTERING ANESTHESIA ASSO- CIATES Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICI. Aggregate		]
Full Name (Last, First, Middle Initial)  JAMES HEABERLIN  Mailing Address 2218 HIGH POINT	DR		Date of Receipt
City CARROLLTON FEC ID number of contributing	State TX	Zip Code 75007	Transaction ID: SA11AI.77446  Amount of Each Receipt this Period  500.00
Name of Employer PINNACLE ANESTHESIA	Occupation	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)		791.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 143 (check only one)    X   11a
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ROBERT HEFLIN	TC		Date of Receipt
	Mailing Address #6 FAIRVIEW HEIGH			08 29 2009
	City PARKERSBURG	State WV	Zip Code 26101	Transaction ID: SA11AI.77808  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNITED ANESTHESIA INC.	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) WILLIAM HENGLEIN	<u> </u>		Date of Receipt
	Mailing Address 916 NW 41ST ST			08 31 2009
	City	State OK	Zip Code	Transaction ID: SA11AI.77949
	OKLAHOMA CITY  FEC ID number of contributing federal political committee.	C	73118	Amount of Each Receipt this Period  250.00
	Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	]
с. С.	Full Name (Last, First, Middle Initial) STEVEN HENSEL			Date of Receipt
	Mailing Address 5302 COTTONWOOI	O CT		08 31 YYYY 2009
	City COLLEYVILLE	State TX	Zip Code 76034	Transaction ID: SA11AI.77871  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70034	250.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 143 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) ANDREW HERLICH			Date of Receipt
	Mailing Address 116 HAVERFORD C	IRCLE		08 / 01 / 2009
	City PITTSBURGH	State PA	Zip Code 15228	Transaction ID: SA11AI.76942  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	.0220	83.00
	Name of Employer MERCY HOSPITAL OF PITTSBU- RGH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
- 3.	Full Name (Last, First, Middle Initial) GARY HINDIN			Date of Receipt
	Mailing Address 2120 NW 107TH TER	RRACE		0 8 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.77348
	SUNRISE  FEC ID number of contributing federal political committee.	FL C	33322	Amount of Each Receipt this Period 500.00
	Name of Employer MILLENNIUM ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) MAGGIE HO			Date of Receipt
	Mailing Address 9 CARLEYS WAY			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ROCKAWAY	State NJ	Zip Code 07866	Transaction ID: SA11AI.77926
	FEC ID number of contributing federal political committee.	C	07000	Amount of Each Receipt this Period  250.00
	Name of Employer MORRIS ANEST GRP/ST CLARES HOSP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 49 / 143   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) MICHAEL HOGER			Date of Receipt
Mailing Address 6003 MACON CT S	E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTSVILLE	State AL	Zip Code 35802	Transaction ID: SA11AI.77601  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03002	500.00
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) GLEN HOLLEY			Date of Receipt
Mailing Address 2104 PENINSULA D	DR.		0 8 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77448
FLOWER MOUND  FEC ID number of contributing federal political committee.	C	75022	Amount of Each Receipt this Period  300.00
Name of Employer PINNACLE ANESTHESIA	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 305 CHRISTOPHER	R CIRCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MURPHY	State TX	Zip Code 75094	Transaction ID: SA11AI.77449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75054	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)		1050.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A oı	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) SUZETTE HONG  Mailing Address 4503 CRESTHAVEN			Date of Receipt
		Ctata	7:a Code	08 20 2009
	City COLLEYVILLE	State TX	Zip Code 76034	Transaction ID: SA11AI.77451  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PINNACLE ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) MARK HONSKA	<b>.</b>		Date of Receipt
	Mailing Address P.O. BOX 162026			08 07 2009
	City	State	Zip Code	Transaction ID: SA11AI.77098
	ALTAMONTE SPRINGS FEC ID number of contributing	FL '	32716	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_ >.	Full Name (Last, First, Middle Initial) JEFFREY HOUSE			Date of Receipt
	Mailing Address 3440 ROSE MALLOW	LOOP		0 8 1 4 2 0 0 9
	City OVIEDO	State FL	Zip Code	Transaction ID: SA11AI.77271
	FEC ID number of contributing federal political committee.	C	32766	Amount of Each Receipt this Period 250.00
	Name of Employer JLR MED GRP	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	FOTAL This Period (last page this line number			

9	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 143
			for each category of the	(check only one)
ı			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements mag ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIGN	OLOGIST	S POLITICAL ACTION COM	MITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) JOSEPH HOUSER			Date of Receipt
	Mailing Address 3604 PARK LANE SOUT	TH		08 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.77428
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer ANES. ASSOC., P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 13	1 1 1 1 1 1 1	1
	Other (specify) ▼	1	500.00	
_ В.	Full Name (Last, First, Middle Initial) RORY HOWARD			Date of Receipt
	Mailing Address 3357 NW 172ND TER			M M / D D / Y Y Y Y
				08 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.77195
	EDMOND	OK	73012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer R. LANCE HOWARD, M.D., PL-	Occupatio	n IESIOLOGIST	
	LC Receipt For:		e Year-to-Date ▼	+
	Primary General	Aggregate	e rear-to-bate •	1
	Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) JOSEPH HUGHES			Date of Receipt
<b>.</b>	Mailing Address 5968 TEMPLE DR			08 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.77872
	PLANO	TX	75093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE PARTNERS	Occupatio	n IESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)		250.00	
			0 0 0 0 0 0	1
Г				
				1000.00
L	SUBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 143 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	STHESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) RICHARD HUGHES		Date of Receipt
Mailing Address 27 WEST LANE	APT 2A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77737
RIDGEFIELD	CT 06877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES ASSOC SO CT	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEPHEN HUGHES		Date of Receipt
Mailing Address 2932 ROSS CLA	RK CIR APT 141	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77070
DOTHAN	AL 36301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FLOWERS HOSPITAL	Occupation ANESTHESIOLOGIST	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ASADULLAH HUSSAIN		Date of Receipt
Mailing Address 2045 DOVE CRE	EEK CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.77529
LEWISVILLE	TX 75077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PAIN	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	1750.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	IEGIGEGAIGTOT GETTIGAE ACTION GO	
MIR HUSSAIN  Mailing Address 2933 SUN MEADON	W DR.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City FLOWER MOUND	State Zip Code TX 75022	Transaction ID: SA11AI.77880  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PHILIP ISAAC		Date of Receipt
Mailing Address 801 E 6TH ST STE		08 / 15 / 2009
City PANAMA CITY	State Zip Code FL 32401	Transaction ID: SA11AI.77295
FEC ID number of contributing federal political committee.	FL 32401	Amount of Each Receipt this Period 250.00
Name of Employer PANHANDLE ANESTHESIOLOGIS- TS, INC.	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID JAFFE		Date of Receipt
Mailing Address 100 BUCK HILL RD	).	08 28 YYYYY 2009
City	State Zip Code	Transaction ID: SA11Al.77766
EASTON FEC ID number of contributing federal political committee.	CT 06612	Amount of Each Receipt this Period 250.00
Name of Employer BRIDGEPORT ANESTHESIA ASS- OCIATES	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 54 / 143 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	he name and address of a	ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAY JAFFEE Mailing Address 3809 SILVER FALLS  City PLANO FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For:	S CT.  State Zip C TX 7509  C  Occupation ANESTHESIOLC Aggregate Year-to-E	93 DGIST	Date of Receipt    M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) JAY JAFFEE Mailing Address 3809 SILVER FALLS  City PLANO	S CT.  State Zip C TX 7509		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation ANESTHESIOLO Aggregate Year-to-E		250.00
Full Name (Last, First, Middle Initial) BRUCE JAMES Mailing Address 302 37TH ST.  City DES MOINES  FEC ID number of contributing federal political committee.  Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C.	C Occupation ANESTHESIOLO	OGIST	Date of Receipt    M   M   D   D   2009   Transaction ID: SA11AI.77072   Amount of Each Receipt this Period   500.00
Receipt For:  Primary General  Other (specify)   SUBTOTAL of Receipts This Page (optional	Aggregate Year-to-I	500.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe the name and address of any political committee HESIOLOGISTS POLITICAL ACTION CO	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN JAMES Mailing Address 920 PARLIAMENT  City MAITLAND  FEC ID number of contributing	RD.  State Zip Code FL 32751	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation ANESTHEIOLOGIST  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) ZEEYOUNG JANG Mailing Address 4009 LEWIS LANE		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUSTIN  FEC ID number of contributing federal political committee.  Name of Employer AUSTIN ANESTHESIOLOGY GRO-	State Zip Code TX 78756  C  Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.77310  Amount of Each Receipt this Period  250.00
UP Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DANIEL JANIK Mailing Address 15605 E. PRENTIC	E DR.	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CENTENNIAL FEC ID number of contributing	State Zip Code CO 80015	Transaction ID: SA11AI.76941  Amount of Each Receipt this Period
federal political committee.  Name of Employer UNIVERSITY OF COLORADO, DENVER	Occupation PHYSICIAN	83.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
SUBTOTAL of Receipts This Page (optional	l)	583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 143 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CURBY JENKINS  Mailing Address 654 EMILY LN.  City HASLETT  FEC ID number of contributing federal political committee.  Name of Employer LANSING ANESTHESIOLOGISTS, PC Receipt For: Primary General	State MI  C  Occupatio PHYSICI Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID JOHNS Mailing Address 900 48TH STREET  City WEST DES MOINES FEC ID number of contributing federal political committee.	State IA C	Zip Code 50265	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 0 2 2 0 0 9  Transaction ID: SA11AI.77000  Amount of Each Receipt this Period  250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) R. JOHNS Mailing Address 732 MONTANA RD., I	Aggregate	n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt  08 29 2009
City  ATLANTA  FEC ID number of contributing federal political committee.  Name of Employer GEORGIA PERIOPERATIVE CONSULTANTS, LLC Receipt For:  Primary General Other (specify)	State GA  C  Occupatio MD  Aggregate	Zip Code 30327 n e Year-to-Date ▼	Transaction ID: SA11AI.77803  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 143 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE:	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  JOSEPH JOHNSON  Mailing Address 2113 SMOKETREE T  City  HUNTSVILLE  FEC ID number of contributing federal political committee.  Name of Employer HUNTSVILLE ANESTHESIOLOGY CONSULTANTS Receipt For:  Primary General Other (specify)		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) WILLIAM JORDAN Mailing Address 1859 RIDGE AVE  City MONTGOMERY  FEC ID number of contributing federal political committee.  Name of Employer MONTGOMERY ANESTH  Receipt For: Primary General Other (specify)	State Zip Code AL 36106  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PAUL JUDSON Mailing Address 2158 BROOK HIGHLA  City BIRMINGHAM  FEC ID number of contributing federal political committee.  Name of Employer SOUTHERN PERIOPERATIVE SE-RVICES Receipt For: Primary General Other (specify)	AND RDG  State Zip Code AL 35242  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   500.00	Date of Receipt  M M M J D D J Z D O D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial)  IAN KALLMEYER		Date of Receipt
Mailing Address 4632 E. SUNSET [	,	08 12 2009
City PHOENIX	State Zip Code AZ 85028	Transaction ID: SA11AI.77248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VALLEY ANESTHESIOLOGY CON- SULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) <b>B.</b> GEETHA KANNAN		Date of Receipt
Mailing Address 5372 CYPRESS R	ESERVE PLACE	0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.77603
WINTER PARK	FL 32792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIOLOGISTS OF GREA- TER ORLANDO	Occupation STAFF ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. ERIC KAPUSTKA		Date of Receipt
Mailing Address 505 N. LAKE SHO	RE DR.,#4208	08 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77163
CHICAGO  FEC ID number of contributing federal political committee.	IL 60611	Amount of Each Receipt this Period  500.00
Name of Employer PARK RIDGE ANESTHESIA ASS- OCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00
	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 143 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE .
Full Name (Last, First, Middle Initial) TRIPTI KATARIA Mailing Address 2015 SPRING RD \$	STE 510		Date of Receipt
City OAK BROOK	State	Zip Code 60523	0 8 0 1 2 0 0 9  Transaction ID: SA11AI.76944
FEC ID number of contributing federal political committee.	C	00323	Amount of Each Receipt this Period 83.00
Name of Employer WITT KIEFFER	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) STEVEN KATZ	<b>-</b>		Date of Receipt
Mailing Address 241 OGDEN AVE			08 01 2009
City	State	Zip Code	Transaction ID: SA11AI.76913
SWARTHMORE  FEC ID number of contributing federal political committee.	C	19081	Amount of Each Receipt this Period  250.00
Name of Employer CHRISTIANA HOSPITAL	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  MARC KAUFMAN  Mailing Address 2401 S. DUNDEE S	YT		Date of Receipt
			08 04 2009
City TAMPA	State FL	Zip Code 33629	Transaction ID: SA11AI.77051  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ANESTHESIA ASSOCIATES OF PINELLAS COUN	<del>'</del>	ESIOLOGISTS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
			583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and second seco	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  REHANA KAUSAR  Mailing Address 704 TIMBERVIEW C	T NORTH		Date of Receipt
City FORT WORTH	State TX	Zip Code 76112	Transaction ID: SA11AI.77532  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PINNACLE PARTNERS		HESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  RENAE KAVLOCK  Mailing Address 1501 S. 42ND STREE			Date of Receipt
City WEST DES MOINES	State IA	Zip Code 50265	Transaction ID: SA11AI.77018  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C.  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSIC Aggregate		
Full Name (Last, First, Middle Initial) SEAN KELLEY			Date of Receipt
Mailing Address 3420 E HEFNER RD	Chaha	7:- Onda	08 14 2009
City OKLAHOMA CITY	State OK	Zip Code 73131	Transaction ID: SA11AI.77275  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CENTRAL OKC ANES	Occupation ANESTH	on HESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1250.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	RICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	1MITTEE
A. RANDA	ame (Last, First, Middle Initial) ALL KERR			Date of Receipt
City	Address PO BOX 1177	State	Zip Code	0 8 2 0 2 0 0 9  Transaction ID: SA11AI.77545
-	ERVILLE	CA	95667	Amount of Each Receipt this Period
FEC II	D number of contributing political committee.	C		250.00
Name EL DC CAL G	of Employer PRADO ANESTHESIA MEDI- BROUP	Occupatio ANESTH	n IESIOLOGIST	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
B. ATTILA	ame (Last, First, Middle Initial) A KETT	I		Date of Receipt
Mailing 	Address 24 BELVIDERE RD			08 / 19 / Y Y Y Y Y Y Y
City	NITIO I HOLII ANDO	State	Zip Code	Transaction ID: SA11AI.77366
FEC II	NTIC HIGHLANDS  O number of contributing political committee.	NJ C	07716	Amount of Each Receipt this Period 500.00
Name ACNJ	of Employer	Occupatio PHYSICI		
	ot For: Primary General Other (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 500.00	
	ame (Last, First, Middle Initial) LD KIAMZON			Date of Receipt
Mailing	Address 100 LUKE ST			08 19 2009
City <u>SOU</u>	ГН АМВОҮ	State NJ	Zip Code 08879	Transaction ID: SA11AI.77368  Amount of Each Receipt this Period
	O number of contributing political committee.	C		500.00
NEW .	of Employer THESIA CONSULTANTS OF JERSEY	Occupatio PHYSICI	IAN	
	of For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)			1250.00
TOTAL	This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) JEFFREY KIDD			Date of Receipt
	Mailing Address 4565 OLD CARRIAG	E TRAIL		08 / 14 / 2009
	City OVIEDO	State FL	Zip Code	Transaction ID: SA11AI.77256
	FEC ID number of contributing federal political committee.	C	32765	Amount of Each Receipt this Period  250.00
	Name of Employer KIDD ANESTHESIA SERVICES, INC	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) DEREK KIETA			Date of Receipt
	Mailing Address 221 WEST COLORA PAVILION 2, SUITE			08 04 2009
	City DALLAS	State TX	Zip Code 75208	Transaction ID: SA11AI.77063  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,9200	250.00
	Name of Employer ANESTHESIA CONSULTANTS OF DALLAS	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) CHARLES KIM			Date of Receipt
	Mailing Address 1209 FOX TRAIL CT			0 8 0 1 2 0 0 9
	City NAPERVILLE	State IL	Zip Code 60540	Transaction ID: SA11AI.76907  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00040	83.00
	Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS		IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 664.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 143 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	e name and address of any political committ	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. KING Mailing Address 936 WINGATE RD.  City KNOXVILLE FEC ID number of contributing	State Zip Code TN 37919	Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation ANAESTHESIOLOGIST  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) RUSSELL KLEIN Mailing Address 14250 FOOTHILL LN. City	State Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
GOLDEN  FEC ID number of contributing federal political committee.  Name of Employer PHYS ANES SERV  Receipt For:  Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date  300.00	Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) DAVID KRHOVSKY  Mailing Address 2248 SHAWNEE S.E.  City GRAND RAPIDS  FEC ID number of contributing federal political committee.	State Zip Code MI 49506	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.  Receipt For:  Primary General  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   328.00	
SUBTOTAL of Receipts This Page (optional)		841.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ANDREA ZU-MEN KU	DD OTE OOOW	Date of Receipt
Mailing Address 13601 PRESTON	RD STE 900W	08 20 7 2009
City	State Zip Code	Transaction ID: SA11AI.77534
DALLAS	TX 75240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) JAMES KU		Date of Receipt
Mailing Address 726 RIVER RD.		08 19 2009
City	State Zip Code	Transaction ID: SA11AI.77371
HILLSBOROUGH	NJ 08844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) HOWARD LAKRITZ	l	Date of Receipt
Mailing Address 21 CORNELL TRL		08 / 19 / Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77373
HILLSBOROUGH	NJ 08844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00
, , , , , , , , , , , , , , , , , , , ,	nber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) WARREN LAND			Date of Receipt
	Mailing Address 78 PRINCETON AVE			08 / 19 / 2009
	City ROCKY HILL	State NJ	Zip Code 08553	Transaction ID: SA11AI.77374  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	200.00
	Name of Employer ACNJ	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) ROMEO WILDON LAROYA Mailing Address 307 DEEP CREEK DR	DIVE		Date of Receipt
	Walling Address 307 DEEF CREEK Dr	11V⊑		08 11 2009
	City SEAFORD	State DE	Zip Code 19973	Transaction ID: SA11AI.77192  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13370	250.00
	Name of Employer ANESTHESIA SERVICES, PA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ).	Full Name (Last, First, Middle Initial) NATHAN LASITER			Date of Receipt
	Mailing Address 18904 SHILSTONE W	/AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EDMOND	State OK	Zip Code 73003	Transaction ID: SA11AI.77768  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,000	250.00
	Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional) .			700.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than us	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial)  MICHAEL LATHEM  Mailing Address 3104 BLUE LAKE	E DR., #110	Date of Receipt
City BIRMINGHAM	State Zip Code AL 35243	Transaction ID: SA11AI.77424  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANES. ASSOC., P.C.	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARK LAURNEN	1	Date of Receipt
Mailing Address 29483 FIRETHO	RNE CT.	08 11 2009
City	State Zip Code	Transaction ID: SA11AI.77213
EVERGREEN FEC ID number of contributing federal political committee.	CO 80439	Amount of Each Receipt this Period  250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN LAUZON		Date of Receipt
Mailing Address 5019 WIGTON D	R.	08 09 2009
City	State Zip Code	Transaction ID: SA11AI.77142
HOUSTON FEC ID number of contributing federal political committee.	TX 77096	Amount of Each Receipt this Period  300.00
Name of Employer GREATER HOUSTON ANES.	Occupation PHYSICIAN ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	onal)	1050.00
TOTAL This Period (last page this line no	umber only)	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 143 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHI	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES LAYDEN Mailing Address 1 CLIFF TRAIL			Date of Receipt
	Mailing Address 1 CLIFF TRAIL  City	State	Zip Code	08 31 2009
	FRISCO	TX	75034	Transaction ID: SA11AI.77874  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) WILLIAM LEE	<b>I</b>		Date of Receipt
	Mailing Address 1 PAWNEE RD.			08 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.77376
	EAST BRUNSWICK	NJ	08816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) RICHARD LEWIS			Date of Receipt
	Mailing Address 3104 BLUE LAKE DI	₹., #110		08 07 2009
	City BIRMINGHAM	State <b>A</b> L	Zip Code 35243	Transaction ID: SA11AI.77096  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	002-10	500.00
	Name of Employer ANES. ASSOCIATED, P.C.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
卜	TOTAL This Period (last page this line numb		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 143 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS FOLITICAL ACTION CON	IIVIIIIEE
DOYLE LIM  Mailing Address 11 LIBERTY WAY		Date of Receipt  0 8 1 9 2 0 0 9
City SOUTH BOUND BROOK	State Zip Code NJ 08880	Transaction ID: SA11AI.77378  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACNJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) XIULING LIU		Date of Receipt
Mailing Address 251 N.W. 104TH A	AVE.	08 23 2009
City	State Zip Code	Transaction ID: SA11AI.77622
CORAL SPRINGS	FL 33071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer SHERATON HEALTH CORP.	Occupation M.D.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) PAUL LOUBSER		Date of Receipt
Mailing Address 302 LAKEGLEN C		08 28 7 2009
City SUGAR LAND	State Zip Code TX 77478	Transaction ID: SA11AI.77753
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer BAYSHORE ANESTHESIOLOGY GROUP	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
	al)	1000.00

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES  Full Name (Last, First, Middle Initial)	name and add	dress of any political committee to	solicit contributions from such committee.
			VIIIIEE
A. BRIT LOVVORN  Mailing Address 107 CAVEL LN  City  DOTHAN  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CONSULTANTS MEDICAL GROUP Receipt For: Primary General		IESIOLOGIST e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KEVIN LOWE Mailing Address 1648 OAK RIDGE DR  City CORINTH FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA	State TX C		Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 2 0 2 0 0 9  Transaction ID: SA11AI.77453  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  YA-TSENG LU  Mailing Address PO BOX 6852	Aggregate	ESIOLOGIST  e Year-to-Date ▼  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  BRIDGEWATER  FEC ID number of contributing federal political committee.  Name of Employer SUNRISE ANESTHESIA ASSOCIATES, P.C. Receipt For:  Primary General Other (specify) ▼		Zip Code 08807  In IESIOLOGIST  e Year-to-Date ▼  500.00	Transaction ID: SA11AI.77303  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN LUKE  Mailing Address 3404 HIGHTIMBER  City GRAPEVINE  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State Zip Code TX 76051  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) JOHN LUNDELL  Mailing Address 105 LIBERTY LN.  City ROCKWALL  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State Zip Code TX 75032  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BRADLEY LYMAN Mailing Address 3202 WINTERGREEN  City GRAPEVINE  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA  Receipt For: Primary General Other (specify)	State Zip Code TX 76051  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate for each cate Detailed Sun	mmary Page X 11a 11b 11c	12 16  1			
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or ung the name and address of any poli	used by any person for the purpose of soliciting contribut itical committee to solicit contributions from such committee.	ions tee.			
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL	ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) LOWELL MANKIN		Date of Receipt				
Mailing Address 2709 MESQUITE	Mailing Address 2709 MESQUITE LANE					
City GRAPEVINE	State Zip Code TX 76051	Transaction ID: SA11AI.7753  Amount of Each Receipt this Per				
FEC ID number of contributing federal political committee.	С		0.00			
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	г				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00				
Full Name (Last, First, Middle Initial)  JOSEPH MARGIOTTA		Date of Receipt				
Mailing Address 64 MINE BROOK	Mailing Address 64 MINE BROOK ROAD					
City FAR HILLS	State Zip Code NJ 07931	Transaction ID: SA11AI.7738				
FEC ID number of contributing federal political committee.	C 07351	Amount of Each Receipt this Per	0.00			
Name of Employer ACNJ	Occupation PHYSICIAN					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00				
Full Name (Last, First, Middle Initial)  KURT MARKGRAF		Date of Receipt				
Mailing Address 3663 MCKINLEY	AVE	M M / D D / Y Y	0 0 9			
City FORT MYERS	State Zip Code FL 33901	Transaction ID: SA11AI.7692  Amount of Each Receipt this Per				
FEC ID number of contributing federal political committee.	C		3.00			
Name of Employer MEDICAL ANESTHESIA	Occupation ANESTHESIOLOGIST	г				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	664.00				
SUBTOTAL of Receipts This Page (optic	nal)	1083	3.00			
TOTAL This Period (last page this line no	mber only)					

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 143 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) JOHN MARSHALL			Date of Receipt
	Mailing Address 5 BRIDGEWATER C	OURI		08 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.77065
	RENO	NV	89509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOC. ANESTHESIOLOGISTS OF RENO	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) THOMAS MARTIN			Date of Receipt
	Mailing Address 6 MONTEVALLO TE	RRACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77814
	BIRMINGHAM	AL	35213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTHERN PERIOPERATIVE SE- RVICES		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial) ALEXANDER MATVEEVSKII			Date of Receipt
	Mailing Address 10305 SOUTHWES	Γ27TH PL		08 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.77706
	GAINESVILLE	FL	32608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SHANDS HOSP U OF FL		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
Г		l		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /3/143   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BILL MAUPIN			Date of Receipt
Mailing Address 801 N.W. 145TH C	IR.		08 11 2009
City EDMOND	State OK	Zip Code 73013	Transaction ID: SA11AI.77190  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	500.00
Name of Employer AFFILIATED ANESTHESIOLOGI- STS	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) AUBREY MAZE			Date of Receipt
Mailing Address 1850 N CENTRAL A	AVE STE 1600		08 28 2009
City PHOENIX	State AZ	Zip Code 85004	Transaction ID: SA11AI.77693  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer VALLEY ANESTHESIA CONSULT- ANTS, LTD.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN MCARTHUR			Date of Receipt
Mailing Address 2140 WHITE OAK I	_N		0 8 2 8 2 0 0 9
City AUBURN	State AL	Zip Code 36830	Transaction ID: SA11AI.77763  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES ASSOC E AL	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 143 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	v not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial) STACEY MCCLARTY			Date of Receipt
Mailing Address 8505 RAMBLING RC	SE DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.76963
OOLTEWAH	TN	37363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		587.00	
Full Name (Last, First, Middle Initial) AARON MCCLURE	1		Date of Receipt
Mailing Address 2421 HUGO ST APT	904		08 / 20 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77457
DALLAS	TX	75204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) JOSEPH MCCOMB			Date of Receipt
Mailing Address 104 CETON COURT			08 01 2009
City	State	Zip Code	Transaction ID: SA11AI.76927
BROOMALL	PA	19008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.00
Name of Employer UNITED ANESTHESIA SERVICES	Occupation PEDIATI	n RIC ANESTHESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		328.00	]
SUBTOTAL of Receipts This Page (optional)			374.00

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 143
ı	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements ma	y not be sold or used by any person	n for the purpose of soliciting contributions
Z		ame and ad	aress of any political committee to	solicit contributions from such committee.
'	NAME OF COMMITTEE (In Full)	01.00107	0.000 1710 41 40710 11 0014	ALTEE
	AMERICAN SOCIETY OF ANESTHESION	OLOGIST	S POLITICAL ACTION COMM	MITTEE
Α.	Full Name (Last, First, Middle Initial) STEVEN MCCORD			Date of Receipt
	Mailing Address 13601 PRESTON RD S	TE 900W		08 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.77459
	DALLAS	TX	75240	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer PINNACLE ANESTHESIA	Occupatio	n HESIOLOGIST	7
	Pagaint For:			_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cities (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) HOA MCLEAN			Date of Receipt
	Mailing Address 230 WHITE TAIL LANE			M M / D D / Y Y Y Y
				08 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.77157
	MEDIA	PA	19063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES. SERVICES PA	Occupatio		-
			IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
_ С.	Full Name (Last, First, Middle Initial) RICHARD MCNEER			Date of Receipt
<b>J</b> .	Mailing Address 18340 SW 122 ST.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76908
	MIAMI	FL	33196	Amount of Each Receipt this Period
	FEC ID number of contributing			83.00
	federal political committee.	C		03.00
	Name of Employer UNIVERSITY OF MIAMI DEPT	Occupation		
	OF ANESTHESIO		HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		664.00	
	Other (specify) ▼	0 0	001.00	
Γ				
	SUBTOTAL of Receipts This Page (optional)			583.00
  -	CODITION OF TRECORPS THIS I age (optional)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 143 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persites of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) GREGORY MCWHORTER  Mailing Address 5516 WEATHERBY	I N.		Date of Receipt
City	State	Zip Code	0 8 2 0 2 0 0 9  Transaction ID: SA11AI.77461
PLANO FEC ID number of contributing federal political committee.	C	75903	Amount of Each Receipt this Period 4250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Receipt For:	<del></del>	n ESIOLOGIST Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	4250.00	
Full Name (Last, First, Middle Initial) CATHERINE MEREDITH Mailing Address 360 ELDEN DR.			Date of Receipt
Maining Address 300 ELDEN DA.			08 01 2009
City	State	Zip Code	Transaction ID: SA11AI.76906
ATLANTA  FEC ID number of contributing federal political committee.	GA C	30342	Amount of Each Receipt this Period  1000.00
Name of Employer NORTHSIDE ANESTHESIOLOGY CONSULTANTS		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) SCOTT MERIL	•		Date of Receipt
Mailing Address 7317 BLUEFIELD D	R		08 20 YYYY 2009
City	State	Zip Code	Transaction ID: SA11AI.77541
DALLAS  FEC ID number of contributing federal political committee.	C	75248	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS, PA	Occupation ANESTH	esiologist	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		5500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and a r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION CON	MINITEE
۸.	Full Name (Last, First, Middle Initial) PRAXEDIZ MEZA			Date of Receipt
	Mailing Address 7249 CAMDEN CT.			08 14 2009
	City	State	Zip Code	Transaction ID: SA11AI.77283
	BLOOMFIELD TOWNSHI	MI	48301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOAA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) GREGORY MILLER			Date of Receipt
	Mailing Address 7127 LEAMEADOW [	DR.		08 21 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.77547
	DALLAS	TX	75248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE PARTNERS		ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt
	Mailing Address 2400 WIMBLEDON W	VAY		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76935
	LAS VEGAS	NV	89107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer DESERT ANESTHESIOLOGISTS	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		664.00	
	SUBTOTAL of Receipts This Page (optional) .	1		833.00

	SCHEDULE A (FEC Form 3X)		Use separat	te schedule(s)	FOR LINE NUMBER: PAGE 78 / 143 (check only one)
	ITEMIZED RECEIPTS		for each cat	egory of the	X   11a     11b     11c     12
			Detailed Su	mmary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or dress of any pol	used by any perso litical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL	. ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) MITCHELL MINANA				Date of Receipt
	Mailing Address 1306 E WELDEN DR				0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: SA11AI.77122
	SPOKANE	WA	99223		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer PHYS ANESTH GRP	Occupation	n HESIOLOGIS	 Т	
	Receipt For:	Aggregate	e Year-to-Date	▼	
	Primary General	1 1		600.00	1
	Other (specify)	0 0	1 1 1 1		1
В.	Full Name (Last, First, Middle Initial) DANIEL MOCHIZUKI				Date of Receipt
	Mailing Address 153 LOMA ALTA AVE.				08 30 2009
	City	State	Zip Code		Transaction ID: SA11AI.77829
	LOS GATOS	CA	95030		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer LOMA LINDA UNIVERSITY	Occupation ANESTH	n HESIOLOGIS	T	7
	Receipt For:	Aggregate	e Year-to-Date	▼	
	Primary General Other (specify)		1 1 1 1	250.00	
	Other (specify)		1 1 1 1	0 0 0	1
C.	Full Name (Last, First, Middle Initial) JOE MONK				Date of Receipt
	Mailing Address 6713 LAKEWOOD				08 21 2009
	City	State	Zip Code		Transaction ID: SA11AI.77549
	DALLAS	TX	75214		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n HESIOLOGIS	T	7
	Receipt For:	Aggregate	e Year-to-Date	▼	7
	Primary General	, ,		500.00	1
	Other (specify)		1 1 1 1	1 1 1 1	1
	SUBTOTAL of Receipts This Page (optional)				850.00
	Joseph Jing of the or	• • • • • • • • • • • • • • • • • • • •			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to IESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TRE MONTIGUE  Mailing Address 700 LAMAR CT.  City IRVING  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State Zip Code TX 75038  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GERALD MOODY Mailing Address P.O. BOX 1721  City CUMMING  FEC ID number of contributing federal political committee.  Name of Employer NORTH FULTON ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code GA 30028  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RICHARD MORGAN Mailing Address 1000 CARONDELE  City KANSAS CITY  FEC ID number of contributing federal political committee.  Name of Employer ST. JOSEPH MED CTR  Receipt For: Primary General Other (specify)	State Zip Code MO 64114  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 143 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH MORRIS	TIEGOLOGIOTO I GERMANE NOTICINO GON	Date of Receipt
Mailing Address PO BOX 650426		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DALLAS	State Zip Code TX 75265	Transaction ID: SA11AI.77552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 73203	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS Receipt For:  Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) MAHMOOD MOSADDEGHI Mailing Address 99 CROSS RD	I	Date of Receipt
City	State Zip Code	08 28 2009
BASKING RIDGE	NJ 07920	Transaction ID: SA11AI.77782  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM MOSS		Date of Receipt
Mailing Address 3142 ROCK PAR	( DR	08 31 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.77890
FORT COLLINS	CO 80528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ontion	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 81 / 143   (check only one)     X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JIANLONG MU			Date of Receipt
Mailing Address 5 HARVEST LN.			M M / D D / Y Y Y Y Y O O O O O
City HOCKESSIN	State DE	Zip Code 19707	Transaction ID: SA11AI.77155  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19707	250.00
Name of Employer ANESTHESIA SERVICES	Occupation	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MICHAEL MUELLER			Date of Receipt
Mailing Address 1520 CHANDLER F	RD SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HUNTSVILLE	State AL	Zip Code 35801	Transaction ID: SA11AI.77023
FEC ID number of contributing federal political committee.	C	33001	Amount of Each Receipt this Period  1000.00
Name of Employer COMPREHENSIVE ANESTHESIA	Occupation	n IESIOLOGIST	
SERVICES Receipt For:	<del> </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) MARK MULVIHILL			Date of Receipt
Mailing Address 16 CELESTIAL WA	ΑΥ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWARK	State DE	Zip Code	Transaction ID: SA11AI.76904
FEC ID number of contributing federal political committee.	C	19711	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA SERVICES PA	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	<del>- ' '</del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional	50		1500.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	than using the name and ad	y not be sold or used by any person dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ir  A. JOEL MUMFORD  Mailing Address 221 ELM F	,		Date of Receipt  0 8 0 1 2 0 0 9
City	State	Zip Code	0 8 0 1 2 0 0 9  Transaction ID: SA11Al.76952
SPRINGFIELD	VT	05156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer V A MEDICAL CENTER	Occupation PHYSIC		7
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle In SERGIO MURILLO	nitial)		Date of Receipt
Mailing Address 2118 ESTE	ES PARK DR		0 8 2 1 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77554
ALLEN FEC ID number of contributing federal political committee.	C	75013	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ir GERALD MURPHY	nitial)		Date of Receipt
Mailing Address 3826 DEXI	HAM RD.		0 8 2 1 2 0 0 9
City ROWLETT	State TX	Zip Code 75088	Transaction ID: SA11AI.77555  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pag	le (optional)	······	583.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 143 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  ROSS MUSUMECI  Mailing Address 9 LINCOLN STREET		Date of Receipt
City WESTON	State Zip Code MA 02493	Transaction ID: SA11AI.76911  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.00
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS Receipt For:  Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   328.00	
Full Name (Last, First, Middle Initial) PETER NAGI Mailing Address 3924 FOREST AVE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77687
BIRMINGHAM	AL 35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIV. OF ALABAMA AT BIRMI- NGHAM DEPT OF Receipt For:	Occupation ACADEMIC ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) GARY NALAVANY		Date of Receipt
Mailing Address 1603 CARLISLE PIK	E	08 01 7 7 7 9
City	State Zip Code	Transaction ID: SA11AI.76947
HANOVER  FEC ID number of contributing federal political committee.	PA 17331	Amount of Each Receipt this Period  83.00
Name of Employer HANOVER ANESTHESIA AND PA- IN MEDICINE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	
CURTOTAL of Descript This Description		. 624.00

ements may not be sold or used by any persor time and address of any political committee to support the sold of th	solicit contributions from such committee.
State Zip Code NJ 08873  C  Occupation PHYSICIAN	Date of Receipt    M M
NJ 08873  C Occupation PHYSICIAN	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NJ 08873  C Occupation PHYSICIAN	Amount of Each Receipt this Period
Occupation PHYSICIAN	
PHYSICIAN	
Aggregate Year-to-Date ▼ 500.00	
	Date of Receipt
	08 21 2009
State Zip Code	Transaction ID: SA11AI.77557
C 76116	Amount of Each Receipt this Period  250.00
Occupation ANESTHESIOLOGIST	
Aggregate Year-to-Date ▼ 250.00	
	Date of Receipt
DR.	08 01 2009
State Zip Code IN 46038	Transaction ID: SA11AI.76949  Amount of Each Receipt this Period
C	83.00
Occupation PHYSICIAN	
Aggregate Year-to-Date ▼	
301.00	
	TX 76116  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00  DR.  State Zip Code IN 46038  C  Occupation PHYSICIAN

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo  NAME OF COMMIT	ses, other than using the name and a TEE (In Full)	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOC	IETY OF ANESTHESIOLOGIS	TS POLITICAL ACTION COM	IMITTEE
Full Name (Last, Firs STEVEN NEEDLEMA Mailing Address 7			Date of Receipt
City	State	Zip Code	0 8 2 1 2 0 0 9  Transaction ID: SA11AI.77559
SOUTHLAKE	TX	76092	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer PINNACLE PARTN	Occupa ERS ANEST	tion FHESIOLOGIST	
Receipt For:	Aggrega	ate Year-to-Date ▼	
Primary Other (specify)	General ▼	250.00	
Full Name (Last, Firs	,		Date of Receipt
Mailing Address 5	500 HEATHROW DR		08 09 7 2009
City	State	Zip Code	Transaction ID: SA11AI.77134
KNOXVILLE	TN	37919	Amount of Each Receipt this Period
FEC ID number of co	nittee.		350.00
Name of Employer ANESTHESIA MED CE OF E. TN	ICAL ALLIAN- Occupa ANEST	tion 「HESIOLOGIST	
Receipt For:		ate Year-to-Date ▼	
Primary Other (specify)	General ▼	350.00	
Full Name (Last, First JOSEPH NICHOLSON			Date of Receipt
Mailing Address 17	708 INDIAN CREEK DR.		08 28 2009
City BIRMINGHAM	State AL	Zip Code	Transaction ID: SA11AI.77735
FEC ID number of co	. 9	35243	Amount of Each Receipt this Period
federal political comm			500.00
Name of Employer SO PERIOP SERV	Occupa ANEST	tion FHESIOLOGIST	
Receipt For:	Aggrega	ate Year-to-Date ▼	
Other (specify)	_	500.00	
SUBTOTAL of Receipt	s This Page (optional)		1100.00
TOTAL This Period (la	st page this line number only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 143 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) PATRICK NOUD			Date of Receipt
	Mailing Address 6914 NW 126TH AVE			08 07 2009
	City	State	Zip Code	Transaction ID: SA11AI.77111
	PARKLAND	FL	33076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESCO NORTH BROWARD	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) PAUL O'LEARY			Date of Receipt
	Mailing Address 1174 LAKESIDE DRI\	/E		08 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.77219
	BIRMINGHAM	MI	48009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer S OAKLAND ANES ASSOC		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) GARY OKUM	<u>'</u>		Date of Receipt
	Mailing Address 241 S. 6TH STREET APT 1112			08 / 29 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.77812
	PHILADELPHIA FEC ID number of contributing	PA	19106	Amount of Each Receipt this Period 250.00
	federal political committee.	C		250.00
	Name of Employer TENET PHYSICIAN SERVICES, LLC	Occupation PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 87 / 143 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold name and address of any	d or used by any person political committee to	
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS POLITIC	CAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) KATHLEEN OLEARY			Date of Receipt
Mailing Address 81 LEXINGTON AVE			08 01 2009
City	State Zip Co		Transaction ID: SA11AI.76950
BUFFALO  FEC ID number of contributing federal political committee.	NY 14222		Amount of Each Receipt this Period 41.00
Name of Employer ROSWELL PARK CANCER INSTI- TUTE	Occupation ANESTHESIOLOG	alst	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	te ▼ 328.00	]
Full Name (Last, First, Middle Initial) ANDREW OSBORNE			Date of Receipt
Mailing Address 8 HAMPTON WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	de	Transaction ID: SA11AI.77069
DOTHAN  FEC ID number of contributing federal political committee.	AL 36305	V V V	Amount of Each Receipt this Period 500.00
Name of Employer DOTHAN ANESTHESIOLOGY ASS- OCIATES	Occupation ANESTHESIOLOG		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	te ▼ 500.00	
Full Name (Last, First, Middle Initial) KENNETH OSWALT			Date of Receipt
Mailing Address 2500 NORTH STATE S	STREET		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co		Transaction ID: SA11AI.76918
JACKSON  EEC ID number of contributing	MS 39216		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer UNIV. ANESTHESIA SERVICES, PLLC	Occupation ANESTHESIOLOG	GIST	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Da	te ▼ 581.00	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	624.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(separate schedule(separate schedule) for each category of the Detailed Summary Page	(crieck drily drie)
or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION (	COMMITTEE
Full Name (Last, First, Middle Initial) CENK OZDOGAN		Date of Receipt
Mailing Address 317 LINDENWOOD	DR	08 11 2009
City	State Zip Code	Transaction ID: SA11AI.77193
HOUSTON	TX 77024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
MICHAEL PACKMAN  Mailing Address 58 BRIDLE PATH D	R.	Date of Receipt    M M
City	State Zip Code	Transaction ID: SA11AI.77806
SOUTHINGTON	CT 06489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BRIDGEPORT ANESTHESIA ASS- OCIATES, PC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	ס '
Full Name (Last, First, Middle Initial) UDAYA PADAKANDLA		Date of Receipt
Mailing Address 4449 YOUNG DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77561
CARROLLTON	TX 75010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	0
SUBTOTAL of Receipts This Page (optional	)	650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 143 (check only one)    X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) MARC PARADIS			Date of Receipt
	Mailing Address 4 WHITMAN POND I	RD.		08 / 28 / Y Y Y Y Y Y
	City SIMSBURY	State CT	Zip Code 06070	Transaction ID: SA11AI.77719  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UCONN HEALTH CENTER ANES. DEPT.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) DANTE PARAS			Date of Receipt
	Mailing Address 2608 MEANDERING	COURT		08 20 7 4 4 4 9
	City	State	Zip Code	Transaction ID: SA11AI.77463
	COLLEYVILLE  FEC ID number of contributing federal political committee.	C	76034	Amount of Each Receipt this Period  250.00
	Name of Employer P.A.A., L.L.P.	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) ANDREA PARDE			Date of Receipt
	Mailing Address 5900 THE KNOLLS			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City LINCOLN	State NE	Zip Code 68512	Transaction ID: SA11AI.77171  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LINCOLN ANES GRP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
H	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	SIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial)  C. LEE PARMLEY  Mailing Address 1211 21ST AVE S		Date of Receipt
0 1211210171120	NESTHESIOLOGY AND C	08 01 2009
City	State Zip Code	Transaction ID: SA11AI.76917
NASHVILLE	TN 37212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	498.00	
Full Name (Last, First, Middle Initial) HARRY PARR	1	Date of Receipt
Mailing Address 4725 TULLY RD.		08 01 7 9 9
City	State Zip Code	Transaction ID: SA11AI.76946
BLOOMFIELD HILLS	MI 48302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	664.00	
Full Name (Last, First, Middle Initial) KATHLEEN PARR		Date of Receipt
Mailing Address 5008 ILCHESTER RD	)	08 / 03 / 2009
City	State Zip Code	Transaction ID: SA11AI.77036
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PARKWAY ANESTHESIA ASSOCI- ATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional) .		666.00
TOTAL This Period (last page this line number	r only)	

		for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) REBECCA PATCHIN  Mailing Address 18195 KROSS RD.			Date of Receipt
City RIVERSIDE	State CA	Zip Code 92508	Transaction ID: SA11AI.76948  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer SELF	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) AJITKUMAR PATEL  Mailing Address 12 BURNISTON CO	URT		Date of Receipt
City	State	Zip Code	08 19 2009
HILLSBOROUGH	NJ	08844	Transaction ID: SA11AI.77384  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY	Occupation PHYSICI	AN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ANKIT PATEL			Date of Receipt
Mailing Address 8301 CHOCTAW LN			08 31 2009
City	State	Zip Code	Transaction ID: SA11AI.77876
MC KINNEY	TX	75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PINNACLE PARTNERS	<del>_ ' '</del>	ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 143 (check only one)    X
NAME OF COMMITTEE (In Full)	Id Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TUSHAR PATEL Mailing Address 4383 E. PINNACLE  City TUCSON FEC ID number of contributing federal political committee.  Name of Employer SOUTHERN ARIZONA ANES. SERVICES Receipt For: Primary General		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) DAVID PAUL Mailing Address 2505 BELMONT A City ARDMORE	Z50.00  /E  State Zip Code PA 19003	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA SERVICES  Receipt For:  Primary General Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) JOEL PAYABYAB Mailing Address 5294 VISTA CLUB City SANFORD	RUN State Zip Code FL 32771	Date of Receipt  M M O D D C O D O D O D O D O D O D O D O D
FEC ID number of contributing federal political committee.  Name of Employer JLR MEDICAL GROUP	Occupation	Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)	PHYSICIAN  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional		750.00

City State Zip Code CO 80401  FEC ID number of contributing federal political committee.  Name of Employer PHYSICIAN AMESTHESIA SERV-ICES Receipt For: Primary General Other (specify) ▼  FEC ID number of contributing federal political committee.  Partial Name (Last, First, Middle Initial) CHAD PEDLEY  Mailing Address 3103 BROADMEAD DR.  City State Zip Code TX 77025  FEC ID number of contributing federal political committee.  Name of Employer GHAD PHYSICIAN  Receipt For: Primary General Occupation PHYSICIAN  Receipt For: Primary General Other (specify) ▼  PHYSICIAN Aggregate Year-to-Date ▼  PHYSICIAN  Receipt For: Primary General Other (specify) ▼  PHYSICIAN  Receipt For: Primary General Other (specify) ▼  FUII Name (Last, First, Middle Initial)  MANUEL PEREZ  Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code Transaction ID: SA11AI.77385  FUII Name (Last, First, Middle Initial)  MANUEL PEREZ  Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code Transaction ID: SA11AI.77385  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial)  WILLIAM PEDERSON  Mailing Address 1819 DENVER WEST DRIVE #200  City State Zip Code GOLDEN  GOLDEN CO 80401  FEC ID number of contributing federal political committee.  Name of Employer Physici/Alan Amisstrhesia SERV-ICES  Fleepigh For: Qeneral Other (specify) ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	solicit contributions from such committee.
City State Zip Code CO 80401  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ 250.00  City State Zip Code Aggregate Year-to-Date ▼ 250.00  City State Zip Code Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77630  Transaction ID: SA11AI.77630  Date of Receipt Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77650  Transaction ID: SA11AI.77630  Amount of Each Receipt this Peric 250.00  Date of Receipt Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric 250.00  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric 250.00  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric 250.00  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric 250.00	WILLIAM PEDERSON	T DRIVE #200	M M / D D / Y Y Y Y
Name of Employer	GOLDEN		
CHAD PEDLEY  Mailing Address 3103 BROADMEAD DR.  City State Zip Code HOUSTON TX 77025  FEC ID number of contributing federal political committee.  Name of Employer GHA Primary General Other (specify) ▼  Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code Primary General Other (specify) ▼  City State Zip Code Primary General Other (specify) ▼  MANUEL PEREZ Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code NJ 08833  FEC ID number of contributing federal political committee.  Name of Employer Occupation PHYSICIAN  Raceipt For: PEC ID number of contributing federal political committee.  Name of Employer ACNJ  Cocupation PHYSICIAN  Receipt For: Primary General  Date of Receipt  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric  Transaction ID: SA11AI.77385  Amount of Each Receipt this Peric	Name of Employer PHYSICIAN ANESTHESIA SERV- ICES Receipt For: Primary  General	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	250.00
City State Zip Code TX 77025  FEC ID number of contributing federal political committee.  Name of Employer GHA  Receipt For: Primary General Other (specify) ▼  City State Zip Code Transaction ID: SA11AI.77078  Amount of Each Receipt this Period 250.00  Date of Receipt Malling Address 34 COUNTRY OAKS RD.  City State Zip Code LEBANON  FEC ID number of contributing federal political committee.  NJ 08833  FEC ID number of contributing federal political committee.  Name of Employer ACNJ  Receipt For: Primary General Occupation PHYSICIAN  Receipt For: Primary General For Occupation PHYSICIAN  Receipt For: Primary General For Occupation PHYSICIAN  Aggregate Year-to-Date ▼	CHAD PEDLEY	DR.	M M / D D / Y Y Y Y
Name of Employer GHA  Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) MANUEL PEREZ Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code LEBANON NJ 08833  FEC ID number of contributing federal political committee.  Name of Employer ACNJ  Receipt For: Primary General  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.77385  Amount of Each Receipt this Perior  250.00	HOUSTON FEC ID number of contributing	TX 77025	
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) MANUEL PEREZ Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code LEBANON NJ 08833  FEC ID number of contributing federal political committee.  Name of Employer ACNJ  Receipt For: Primary General  250.00  Date of Receipt  Transaction ID: SA11AI.77385  Amount of Each Receipt this Period  250.	Name of Employer GHA	Occupation PHYSICIAN	
MANUEL PÈREZ  Mailing Address 34 COUNTRY OAKS RD.  City State Zip Code  LEBANON  FEC ID number of contributing federal political committee.  Name of Employer  ACNJ  Receipt For:  Primary General  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Transaction ID: SA11AI.77385  LEBANON NJ 08833  FEC ID number of contributing federal political committee.  C 250.  Name of Employer ACNJ  Receipt For: Aggregate Year-to-Date ▼  Primary General  FOO.00	MANUEL PEREZ	RD.	M M / D D / Y Y Y
federal political committee.  Name of Employer ACNJ  Receipt For:  Primary  General  Aggregate Year-to-Date  FOO OO	•	•	Transaction ID: SA11AI.77385  Amount of Each Receipt this Period
Receipt For:  Primary General  Aggregate Year-to-Date ▼		C	250.00
Primary General 500.00	Name of Employer ACNJ		
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 143 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL PETTIBON Mailing Address 13601 PRESTON  City DALLAS  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer PINNACLE PARTNERS  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) LANG-HA PHAM Mailing Address 10015 PETRA CT		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  ALBUQUERQUE  FEC ID number of contributing federal political committee.	State Zip Code NM 87122	Transaction ID: SA11AI.77297  Amount of Each Receipt this Period  500.00
Name of Employer PRESBYTERIAN HOSPITAL  Receipt For:  Primary General Other (specify) ▼	Occupation MD  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) MICHAEL PICONE Mailing Address PO BOX 363		Date of Receipt  0 8 1 9 2 0 0 9
City THREE BRIDGES FEC ID number of contributing federal political committee.	State Zip Code NJ 08887	Transaction ID: SA11AI.77387  Amount of Each Receipt this Period  500.00
Name of Employer ACNJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  EDGAR PIERRE  Mailing Address 1800 NW 10TH AVE  City  MIAMI  FEC ID number of contributing federal political committee.  Name of Employer RYDER TRAUMA CENTER  Receipt For:  Primary General  Other (specify)	State FL  C  Occupation PHYSICI		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.76957  Amount of Each Receipt this Period  83.00
Full Name (Last, First, Middle Initial) JAMES PILAND Mailing Address 4305 S BOWEN RD  City ARLINGTON FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA  Receipt For: Primary General Other (specify)	State TX C Occupation ANESTH	Zip Code 76016  n IESIOLOGIST e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SELVI POHAR  Mailing Address 7600 BRADFORD P  City IRVING  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State TX C Occupation ANESTH	Zip Code 75063  n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)		583.00

CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 143 (check only one)
EMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
y information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION CC	DMMITTEE
Full Name (Last, First, Middle Initial) LINDA POLLEY		Date of Receipt
Mailing Address 12 RIDGEWAY ST		08 07 2009
City	State Zip Code	Transaction ID: SA11AI.77093
	MI 48104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIVERSITY OF MICHIGAN HE- ALTH SYSTEM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
Other (specify)	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) DAVID POWELL		Date of Receipt
Mailing Address P.O. BOX 5587		08 01 2009
City	State Zip Code	Transaction ID: SA11AI.76915
BEAUMONT	TX 77726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	664.00	
Full Name (Last, First, Middle Initial) ROBERT PURNELL		Date of Receipt
Mailing Address 5000 TIMBER CIRCLE	E DR	08 21 2009
City	State Zip Code	Transaction ID: SA11AI.77567
MCKINNEY	TX 75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 1000.00	
	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE Full Name (Last, First, Middle Initial)  LINDA POLLEY  Mailing Address 12 RIDGEWAY ST  City  ANN ARBOR  FEC ID number of contributing federal political committee.  Name of Employer  UNIVERSITY OF MICHIGAN HE-ALTH SYSTEM  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  DAVID POWELL  Mailing Address P.O. BOX 5587  City  BEAUMONT  FEC ID number of contributing federal political committee.  Name of Employer  ANESTHESIA ASSOCIATES  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  ROBERT PURNELL  Mailing Address 5000 TIMBER CIRCL  City  MCKINNEY  FEC ID number of contributing federal political committee.	y information copied from such Reports and Statements may not be sold or used by any political committee.  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION CO  Full Name (Last, First, Middle Initial)  LINDA POLLEY  Mailing Address 12 RIDGEWAY ST  City  ANN ARBOR  MI  48104  FEC ID number of contributing federal political committee.  Name of Employer  UNIVERSITY OF MICHIGAN HE-  ALTH SYSTEM  Receipt For:  Primary  General  Other (specify) ▼  State Zip Code  ANA STHESIOLOGIST  Aggregate Year-to-Date ▼  TX  77726  FEC ID number of contributing federal political committee.  C  City  State Zip Code  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  TX  77726  FEC ID number of contributing federal political committee.  C  City  State Zip Code  TX  77726  FEC ID number of contributing federal political committee.  C  Primary  General  Occupation  ANESTHESIA ASSOCIATES  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  FUSICIAN  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  FUSICIAN  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  FUSICIAN  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  TX  75070  FEC ID number of contributing federal political committee.  C  C  City  MCKINNEY  TX  75070  FEC ID number of contributing federal political committee.  Name of Employer  PINNACLE ANESTHESIA  ANESTHESIOLOGIST

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 11a 11b 11 13 14	PAGE 97 / 143
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full)	tatements maname and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciti	na contributions
AM	ERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE	
. JOH	Name (Last, First, Middle Initial) N EDWARD PYEATT ng Address 13601 PRESTON RD	STE 1000W		Date of Receipt  0 8 2 8	/ Y Y Y Y Y Y
City DAI	LLAS	State TX	Zip Code 75240	0 8 2 8  Transaction ID: SA  Amount of Each Rec	
	ID number of contributing ral political committee.	C			1000.00
<u>LTA</u>	ne of Employer NACLE ANESTHESIA CONSU- NTS eipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date ▼ 1000.00		
JAM	Name (Last, First, Middle Initial) ES PYRON ng Address 9332 STRATFORD W	AY		Date of Receipt	/ Y Y Y Y Y Y Y 2 0 0 9
City	1.40	State	Zip Code	Transaction ID: SA	11AI.77569
FEC	LLAS ID number of contributing ral political committee.	C	75220	Amount of Each Rec	eipt this Period 250.00
Nam PINI	ne of Employer NACLE PARTNERS	Occupatio ANESTH	n IESIOLOGIST	7	
Rece	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00		
. THO	Name (Last, First, Middle Initial) MAS RADEMACHER ng Address 3122 W 21ST AVE			Date of Receipt  M M M / D D  O 8 3 1	/ Y Y Y Y Y Y 2 0 0 9
City	OKANE	State WA	Zip Code 99224	Transaction ID: SA	
FEC	ID number of contributing ral political committee.	C	33224	Amount of Each Rec	1000.00
Nam PHY	e of Employer SICIAN ANESTHESIA GROUP	Occupatio ANESTH	n IESIOLOGIST		
Rece	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00		
SUBTO	OTAL of Receipts This Page (optional)				2250.00
TOTAL	This Period (last page this line number	only)	<b>)</b>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person he name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ATTIQUIE RAHMAN Mailing Address 1705 BARCLAY BLV	ESIOLOGISTS POLITICAL ACTION CON	Date of Receipt  0 8 2 0 2 0 0 9
City PRINCETON FEC ID number of contributing	State Zip Code NJ 08540	Transaction ID: SA11AI.77392  Amount of Each Receipt this Period
rederal political committee.  Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial) RICKY RAMOS Mailing Address 2314 CLEARSPRING	G DR. N.	Date of Receipt  0 8 2 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.77755
IRVING FEC ID number of contributing federal political committee.	TX 75063	Amount of Each Receipt this Period  250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KRISHNA RAO		Date of Receipt
Mailing Address 13601 PRESTON RI	D., #900-W	0 8 2 1 2 0 0 9
City DALLAS	State Zip Code TX 75240	Transaction ID: SA11AI.77571  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
<u>/_</u>	Full Name (Last, First, Middle Initial) SCOTT REED			Date of Receipt
	Mailing Address 261 LYNDSIE DR			0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77573
	COPPELL	TX	75019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) MARK REUSCHE			Date of Receipt
	Mailing Address 13601 PRESTON RD	STE 1000W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77575
	DALLAS	TX	75240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PINNACLE ANESTHESIA P.A.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) RICHARD RICHTER			Date of Receipt
	Mailing Address 222 S. HERLONG AV	/E.		08 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.77341
	ROCK HILL	SC	29732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA ASSOCIATES OF ROCK HILL, PA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional).			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID RITTER		Date of Receipt
Mailing Address 6234 NW 23RD TER  City	State Zip Code	Transaction ID: SA11Al.77301
BOCA RATON  FEC ID number of contributing federal political committee.	FL 33496	Amount of Each Receipt this Period 250.00
Name of Employer DAVID RITTER, MD, PA  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.0	00
Full Name (Last, First, Middle Initial) L. CLAYTON ROBERTS Mailing Address 6226 MIMOSA LANE		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77467
DALLAS  FEC ID number of contributing federal political committee.	TX 75230	Amount of Each Receipt this Period 500.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00 "
Full Name (Last, First, Middle Initial) MICHAEL RODRICKS		Date of Receipt
Mailing Address 291 SOUTHALL LAN	E	0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MAITLAND	State Zip Code FL 32751	Transaction ID: SA11AI.77126  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer JLR MEDICAL	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee t	on for the purpose of soliciting contributions
` '	ESIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) ANNE ROGERS  Mailing Address 6005 RIVER RD		Date of Receipt
City	State Zip Code	0 8 3 1 2 0 0 9 Transaction ID: SA11AI.77909
NORFOLK NORFOLK	VA 23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ATLANTIC ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MIKHAIL RONDEL		Date of Receipt
Mailing Address 9 CANDLE LN.		0 8 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77394
EAST BRUNSWICK	NJ 08816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA CONSULTANTS OF NJ	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JAIME RONDEROS		Date of Receipt
Mailing Address 6024 PEDERNALES	RIDGE	0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.77577
NORTH RICHLAND HIL	TX 76180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PINNACLE ANESTHESIA CONSU- LTANS Beasint For:	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	250.00	_
		850.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 143 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) THOMAS ROOKE			Date of Receipt
	Mailing Address 3005 HEDGEROW L	.N		08 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.77846
	SPRINGFIELD	<u> L</u>	62704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SPRINGFIELD CLINIC	Occupation MD	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) JAMES ROSENBAUM	1		Date of Receipt
	Mailing Address 9140 EL DORADO A	VE		0 8 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.76990
	KALAMAZOO	MI	49009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) RANDY ROSETT			Date of Receipt
	Mailing Address 13611 ELENA GALLI	EGOS PL NE		08 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77620
	ALBUQUERQUE	NM	87111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer UNIVERSITY OF NEW MEXICO		IESIOLOGIST	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 103 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE			
Full Name (Last, First, Middle Initial)  A. LAWRENCE ROY  Mailing Address 2420 FREEMAN MAN	IOR DR.		Date of Receipt
City	State	Zip Code	0 8 0 1 2 0 0 9  Transaction ID: SA11AI.76921
JONES  FEC ID number of contributing federal political committee.	OK OK	73049	Amount of Each Receipt this Period  83.00
Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS Receipt For:  Primary  General Other (specify) ▼		n IESIOLIGIST e Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) STEPHEN RUBIN Mailing Address 4997 OAKHURST LA	NE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FRISCO FEC ID number of contributing	State TX	Zip Code 75034	Transaction ID: SA11AI.77578  Amount of Each Receipt this Period
federal political committee.  Name of Employer PINNACLE PARTNERS	Occupation	n IESIOLOGIST	500.00
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. WILLIAM RUDA			Date of Receipt
Mailing Address 60 TWIN OAKS RD.			08 20 7 2009
City BRIDGEWATER	State NJ	Zip Code 08807	Transaction ID: SA11AI.77396  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ACNJ	Occupation PHYSIC		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1083.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   104 / 143   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) J. VICTOR RYCKMAN			Date of Receipt
Mailing Address 9500 EUCLID AVE	# E-3		M M / D D / Y Y Y Y Y O O O O
City CLEVELAND	State OH	Zip Code 44195	Transaction ID: SA11AI.77751  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CLEVELAND CLINIC FOUNDATI- ON	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS RYMELL			Date of Receipt
Mailing Address 6417 LAGO VISTA	DR		0 8 2 1 Y Y Y Y Y Y
City BENBROOK	State TX	Zip Code 76132	Transaction ID: SA11AI.77580
FEC ID number of contributing federal political committee.	C	70102	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS	Occupation	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	- <del>- '</del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) SAMMY SABRI			Date of Receipt
Mailing Address 3104 BLUE LAKE D	R STE 110		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.77774  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	002-10	500.00
Name of Employer ANES. ASSOCIATES, P.C.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 143 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) OSCAR SALAZAR	HESIOLOGISTS FOLITICAL ACTION COM	Date of Receipt
Mailing Address 975 E 3RD ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHATTANOOGA	State Zip Code TN 37403	Transaction ID: SA11AI.77169  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ERLANGER HOSPITAL ANESTHE- SIOLOGY	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAUL SALCIDO		Date of Receipt
Mailing Address 4316 ST. ANDRE\	NS	08 / 20 / Y Y Y Y Y
City IRVING	State Zip Code TX 75038	Transaction ID: SA11AI.77469
FEC ID number of contributing federal political committee.	C 73038	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PATRICK SANDELL		Date of Receipt
Mailing Address 15849 KANE RD		08 10 2009
City PLAINWELL	State Zip Code MI 49080	Transaction ID: SA11AI.77153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer KALAMAZOO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Possints This Page (ention	al)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
	HESIOLOGISTS POLITICAL ACTION CC	DMMITTEE
Full Name (Last, First, Middle Initial) RAGHURAM SANGA Mailing Address 15745 SEABOLT P	 L.	Date of Receipt
City ADDISON	State Zip Code TX 75001	7 Transaction ID: SA11AI.77582
FEC ID number of contributing federal political committee.	C 75001	Amount of Each Receipt this Period  250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KEITH SCHRADER	<b>1</b>	Date of Receipt
Mailing Address 1304 OAK ST		08 06 2009
City	State Zip Code	Transaction ID: SA11AI.77080
MELBOURNE	FL 32901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BREVARD ANESTHESIA SERVIC- ES, PA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARK SCHROEDER		Date of Receipt
Mailing Address 306 CHEYENNE To	RAIL	08 30 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.77855
MADISON FEC ID number of contributing	WI 53705	Amount of Each Receipt this Period 500.00
federal political committee.	C	300.00
Name of Employer UNIVERSITY OF WISCONSIN MEDICAL FOUNDA	Occupation PHYSICIAN ANESTHESIOLOGIS	г
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	1	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 143 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHES	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL SCHUR Mailing Address 1304 OAK ST.  City MELBOURNE  FEC ID number of contributing federal political committee.  Name of Employer BREVARD ANES SERV  Receipt For: Primary General Other (specify)		Zip Code 32901  n ESIOLOGIST Year-to-Date   500.00	Date of Receipt  M M M / D D V 2009  Transaction ID: SA11AI.77267  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) KRISTIN SEARS Mailing Address 1625 HEATHERMORE  City COLLEYVILLE FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State TX  C Occupation ANESTH	Zip Code 76034  n ESIOLOGIST Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 0 9  Transaction ID: SA11AI.77584  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) LARRY SEGERS  Mailing Address 215 ASPHODEL DR.  City DOTHAN  FEC ID number of contributing federal political committee.  Name of Employer DOTHAN ANESTHESIOLOGY ASSOCIATES Receipt For: Primary General Other (specify)	State AL  C  Occupation PHYSICI  Aggregate		Date of Receipt  M M M D D D 2009  Transaction ID: SA11AI.77188  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any p ng the name and address of any political committe	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRENCE SELL Mailing Address 4770 BUCKHEAD	COURT	Date of Receipt
City TALLAHASSEE FEC ID number of contributing	State Zip Code FL 32309	Transaction ID: SA11AI.77059  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary  Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date  1000.00	1000.00
Full Name (Last, First, Middle Initial) CHARLES SEWELL Mailing Address 604 CROWN CO	LONY DR	Date of Receipt  0 8 2 0 2 0 0 9
City ARLINGTON  FEC ID number of contributing federal political committee.	State Zip Code TX 76006	Transaction ID: SA11AI.77471  Amount of Each Receipt this Period  250.00
Name of Employer PINNACLE ANESTHESIA  Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) ARYEH SHANDER Mailing Address 12 LOIS AVE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  DEMAREST  FEC ID number of contributing federal political committee.	State Zip Code NJ 07627	Transaction ID: SA11AI.77704  Amount of Each Receipt this Period  250.00
Name of Employer ENGLEWOOD HOSP & MED CTR  Receipt For:  Primary General  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optio	nal)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHI	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD SHERREN Mailing Address 5249 NORTH SHOR  City FRISCO FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA  Receipt For:	State TX  C  Occupation ANESTH	Zip Code 75034 n ESIOLOGIST e Year-to-Date ▼	Date of Receipt    M   M   20   2009    Transaction ID: SA11AI.77473    Amount of Each Receipt this Period   250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MARK SHULMAN Mailing Address 14 CARRIAGE WAY  City SUDBURY  FEC ID number of contributing federal political committee.	State MA	Zip Code 01776	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 28 2009  Transaction ID: SA11AI.77786  Amount of Each Receipt this Period  500.00
Name of Employer ST. ELIZABETHS MEDICAL CTR  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	_ , '	ESIOLOGIST  Year-to-Date   500.00	
DIPINDERJIT SIDHU  Mailing Address 85 GEORGETOWN  City  WESTON  FEC ID number of contributing federal political committee.  Name of Employer MILFORD ANESTHESIA ASSOCIATES  Page 11 For:	State CT C Occupation ANESTH	ESIOLOGIST	Date of Receipt  M M M O 1 2 0 0 9  Transaction ID: SA11AI.76981  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		Year-to-Date ▼ 250.00	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial)  JOSEPH SIMPSON  Mailing Address 1524 AGAWELA AVE.  City  KNOXVILLE  FEC ID number of contributing federal political committee.  Name of Employer UNIVERSITY ANESTHESIOLOGI-STS  Receipt For:  Primary General Other (specify) ▼		Zip Code 37919 on IAN ANESTHESIOLOGIST e Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) REYMOND SIO Mailing Address 4 WEST GATE DR.  City ANNANDALE  FEC ID number of contributing federal political committee.  Name of Employer ACNJ  Receipt For: Primary General Other (specify)	State NJ C Occupation PHYSIC Aggregate	Zip Code 08801	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>c</b> .	Full Name (Last, First, Middle Initial) STEPHEN SLAUGHTER  Mailing Address 5806 OVERTON DR.  City ALLEN  FEC ID number of contributing federal political committee.  Name of Employer APEX DIVISION - PINNACLE  Receipt For: Primary General Other (specify)		Zip Code 75002  on HESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 8 2 1 2 0 0 9  Transaction ID: SA11AI.77586  Amount of Each Receipt this Period  250.00
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number		<u> </u>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 143 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALAN SMITH Mailing Address 3563 GRANITE WAY  City MARTINEZ  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA Receipt For: Primary General Other (specify)	State Zip Code GA 30907  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 2 0 0 9  Transaction ID: SA11AI.77833  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) DANIEL SMITH  Mailing Address 16 N 9TH AVE  City HIGHLAND PARK  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY  Receipt For: Primary General Other (specify)	State Zip Code NJ 08904  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) FLOYD SMITH Mailing Address 3410 OVERHOLSER  City BETHANY FEC ID number of contributing federal political committee.  Name of Employer AFFIL ANESTH  Receipt For: Primary General Other (specify)	DR.  State Zip Code OK 73008  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 143 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEREMY SMITH Mailing Address 103 RESEDA LN.  City DOTHAN FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CONSULTANTS MED. GROUP	State Zip Code AL 36305  C Occupation STAFF ANESTHESIOLOGIST	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	]
Full Name (Last, First, Middle Initial) JOSHUA SMITH Mailing Address 505 LANSDOWNE  City BIRMINGHAM	PL. State Zip Code AL 35226	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer UNIV OF ALABAMA MEDICAL CENTER Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date  1440.00	1440.00
Full Name (Last, First, Middle Initial) PERRY SMITH Mailing Address 4017 OLD LEEDS F	RIDGE	Date of Receipt  0 8 2 7 2 0 0 9
City BIRMINGHAM  FEC ID number of contributing federal political committee.	State Zip Code AL 35213	Transaction ID: SA11AI.77653  Amount of Each Receipt this Period  250.00
Name of Employer UAB	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional	)	1773.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 143 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  EDWARD SMYTH  Mailing Address 308 CHESTNUT BEN  City  COLLEYVILLE  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANES. FORT WORTH DIVISION  Receipt For:  Primary General  Other (specify)	State TX  C  Occupatio ANESTH	Zip Code 76034  n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) STEVEN SOLBY Mailing Address 3407 LAKE CREEK T  City MANSFIELD  FEC ID number of contributing federal political committee.  Name of Employer ARLINGTON DIVISION-PINNAC-LE ANESTHESIA Receipt For: Primary General Other (specify)	State TX  C  Occupatio ANESTH	Zip Code 76063  n IESIOLOGIST e Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SHANNON SORAH  Mailing Address 11743 COUCH MILL  City KNOXVILLE  FEC ID number of contributing federal political committee.  Name of Employer METHODIST MED. CTR. ANES. GR. Receipt For: Primary General Other (specify)	State TN C Occupatio ANESTH	Zip Code 37932 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		•	1000.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 143 (check only one)    X
A oi	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) JAMES SPERRAZZA			Date of Receipt
	Mailing Address 28 BROOKHILL ROA			08 20 2009
	City EAST BRUNSWICK	State NJ	Zip Code 08816	Transaction ID: SA11AI.77402  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ACNJ	Occupation PHYSICI.		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) RICHARD STARK			Date of Receipt
	Mailing Address 915 E. EAGLE LAKE DR.			08
	City	State	Zip Code	Transaction ID: SA11AI.77021
	KALAMAZOO FEC ID number of contributing federal political committee.	C	49009	Amount of Each Receipt this Period  500.00
	Name of Employer KALAMAZOO ANESTHESIOLOGY, PC	Occupation PHYSICI.		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) WILLIAM STEGALL			Date of Receipt
	Mailing Address 2422 PARK RUN DR	R		08 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.77186
	ARLINGTON  FEC ID number of contributing federal political committee.	C	76016	Amount of Each Receipt this Period  250.00
	Name of Employer PINNACLE ANESTHESIA	Occupation ANESTH	ESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	l		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 143 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTE	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD STERN Mailing Address 46 SPRINGBROOM	≺ LN.		Date of Receipt  0 8 0 1 2 0 0 9
City NEWARK FEC ID number of contributing	State DE	Zip Code 19711	Transaction ID: SA11AI.76976  Amount of Each Receipt this Period  25.00
Receipt For:  Primary  Other (specify) ▼	Occupation ANESTH	ESIOLOGIST  Year-to-Date   275.00	1
Full Name (Last, First, Middle Initial) SHANE STIDHAM Mailing Address 13005 ANDUIN AV	E.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OKLAHOMA CITY FEC ID number of contributing federal political committee.	State OK	Zip Code 73170	Transaction ID: SA11AI.77776  Amount of Each Receipt this Period  300.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICI.		
Full Name (Last, First, Middle Initial) KENNETH STONE Mailing Address 317 LAURELWOO	D RD.		Date of Receipt
City ORANGE  FEC ID number of contributing federal political committee.	State CT	Zip Code 06477	Transaction ID: SA11AI.77799  Amount of Each Receipt this Period  250.00
Name of Employer BRIDGEPORT ANESTHESIA ASS- OC. Receipt For:  Primary  Other (specify) ▼	Occupation PHYSICI.		
SUBTOTAL of Receipts This Page (optional	al)(le		575.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 143 (check only one)    X   11a
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) WILLIAM STRUTHERS			Date of Receipt
	Mailing Address 5716 WHITECLIFF C	08 21 2009		
	City PLANO	State TX	Zip Code 75093	Transaction ID: SA11AI.77591  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70000	250.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) GEORGE SULLIVAN			Date of Receipt
	Mailing Address 2321 BUTLER BAY D	08 04 2009		
	City	State	Zip Code	Transaction ID: SA11AI.77061
	WINDERMERE  FEC ID number of contributing federal political committee.	FL C	34786	Amount of Each Receipt this Period  250.00
	Name of Employer JLR ANESTHESIA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) TIMOTHY SWIFT			Date of Receipt
	Mailing Address 2937 THOMAS AVE			08 21 YYYY 2009
	City DALLAS	State TX	Zip Code 75204	Transaction ID: SA11AI.77592  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			800.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 143 (check only one)    X
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) STEVEN SYKES Mailing Address 1118 ROSS CLARK (	DIRCLE,SUIT	ΓE 700	Date of Receipt  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77089
	DOTHAN	AL	36301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHESIA CONSULTANTS ME- DICAL GROUP Receipt For:  Primary General Other (specify) ▼	Occupation PHYSIC Aggregate		]
- В.	Full Name (Last, First, Middle Initial) JAMES SZOCIK			Date of Receipt
	Mailing Address DEPARTMENT OF A 1500 E. MEDICAL CT	08 31 7 2009		
	City	State	Zip Code	Transaction ID: SA11AI.77867
	ANN ARBOR	MI	48109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF MICHIGAN	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) NICHOLAS TANGRETI			Date of Receipt
	Mailing Address 9 WITHERSPOON LA	ANE		08 / 28 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.77765
	BASKING RIDGE	NJ	07920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For:	Occupation PHYSIC		
	Primary General	Aggregate		1
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 143 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) JAMES TAYLOR			Date of Receipt
	Mailing Address 305 HARPOLE RD E  City	State	Zip Code	0 8 2 8 2 0 0 9  Transaction ID: SA11AI.77661
	ARGYLE	TX	76226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PINNACLE PARTNERS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) MOIRAE TAYLOR	1		Date of Receipt
	Mailing Address PO BOX 2068			08 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.77663
	FRISCO	TX	75034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PINNACLE PARTNERS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) LEY TAYLOR-JONES	1		Date of Receipt
	Mailing Address 6474 LONE GROVE	СТ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.77665
	FRISCO FEC ID number of contributing federal political committee.	C	75034	Amount of Each Receipt this Period 250.00
	Name of Employer PINNACLE ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
r	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 143 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEVIN THOMAS  Mailing Address 13601 PRESTON  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANESTHESIA	RD., SUITE #90 State TX C	Zip Code 75240	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 2 8 2 0 0 9  Transaction ID: SA11AI.77667  Amount of Each Receipt this Period  250.00
PINNACLE ANESTHESIA  Receipt For:  Primary General  Other (specify) ▼	ANESTH	ESIOLOGIST Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial)  MARCY THOMAS  Mailing Address 10615 WOODPEC  City  CHESTERFIELD	State VA	Zip Code 23838	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 0 1 2 0 0 9  Transaction ID: SA11AI.76931  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS  Receipt For:  Primary General Other (specify)		ESIOLOGIST  Year-to-Date   664.00	83.00
Full Name (Last, First, Middle Initial) JEFFREY THUE Mailing Address 120 33RD STREE	T		Date of Receipt  0 8 2 9 2 0 0 9
City  MANHATTAN BEACH  FEC ID number of contributing federal political committee.	State CA	Zip Code 90266	Transaction ID: SA11AI.77816  Amount of Each Receipt this Period  500.00
Name of Employer AMBULATORY ANESTHESIA ASS- OCIATES, INC Receipt For:  Primary General Other (specify) ▼	<del>- ' '</del>	ESIOLOGIST  Year-to-Date   500.00	]
SUBTOTAL of Receipts This Page (option	al)		833.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) EVERT WILLIAM TJIN-A-TSOI			Date of Receipt
	Mailing Address 2800 VIDERE DR			08 07 2009
	City WILMINGTON	State DE	Zip Code 19808	Transaction ID: SA11AI.77115
	FEC ID number of contributing federal political committee.	C	19000	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA SERVICES, PA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) JAMES TOMLINSON			Date of Receipt
	Mailing Address 8221 CASTLEHILL R	D.		08 20 2009
	City	State	Zip Code	Transaction ID: SA11AI.77421
	BIRMINGHAM	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED. P.C.	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
_ С.	Full Name (Last, First, Middle Initial) RONALD TORLINE			Date of Receipt
	Mailing Address 14109 KESSLER			M M / D D / Y Y Y Y Y Y Y Y X Y Z 0 0 9
	City OVERLAND PARK	State KS	Zip Code	Transaction ID: SA11AI.77249
	FEC ID number of contributing federal political committee.	C	66221	Amount of Each Receipt this Period 500.00
	Name of Employer KUAF	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
ſ,	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 143 (check only one)    X
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
WILLIAM TRONOLONE  Mailing Address 11 HEATH RD		Date of Receipt  0 8 2 0 2 0 9
City WHITEHOUSE STATION	State Zip Code NJ 08889	Transaction ID: SA11AI.77404  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACNJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CRAIG TROOP		Date of Receipt
Mailing Address 4701 AUGUST	08 20 2009	
City	State Zip Code	Transaction ID: SA11AI.77475
FRISCO FEC ID number of contributing federal political committee.	TX 75034	Amount of Each Receipt this Period 500.00
Name of Employer PINNACLE ANESTHESIA CONSU LTANT	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JO TU		Date of Receipt
Mailing Address 4503 HABERS	HAM COURT	08 14 2009
City MISSOURI CITY	State Zip Code TX 77459	Transaction ID: SA11AI.77265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GREATER HOUSTON ANESTHE: OLOGY	ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	ptional)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 143 (check only one)    X   11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LANCE TURNER  Mailing Address 55 IRVING DR  City WOODBURY  FEC ID number of contributing federal political committee.  Name of Employer SUFFOLK ANES ASSOC  Receipt For: Primary General	State Zip Code NY 11797  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.77917  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) JAMES TYLKE Mailing Address 8517 SE MERRITT V  City JUPITER  FEC ID number of contributing federal political committee.  Name of Employer REGAL MARKETING INC  Receipt For: Primary General	0 0 0 0 0 0 0 0	Date of Receipt  M M M / D D / Y Y Y Y Y  0 8 2 2 2 2 0 0 9  Transaction ID: SA11AI.77605  Amount of Each Receipt this Period  500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) MARIA UFBERG  Mailing Address 8 ALDHAM CT.  City WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA SERVICES	State Zip Code DE 19803  C  Occupation ANESTHESIOLOGIST	Date of Receipt  M M / D B / 2 8 2 0 0 9  Transaction ID: SA11AI.77770  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 143 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		son for the purpose of soliciting contributions to solicit contributions from such committee.	
/	SIOLOGISTS POLITICAL ACTION CO	MMITTEE 	
Full Name (Last, First, Middle Initial) GREGORY UMPHREY		Date of Receipt	
Mailing Address 121 PEACHTREE RD  City	State Zip Code	08 30 2009	
BIRMINGHAM	AL 35213	Transaction ID: SA11AI.77823  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer SOUTHERN PERIOPERATIVE SE- RVICES	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) WILLIAM UNCAPHER	1	Date of Receipt	
Mailing Address 3844 SPRING VALLE	Y ROAD	08 / 20 / 2009	
City	State Zip Code	Transaction ID: SA11AI.77425	
BIRMINGHAM  FEC ID number of contributing	AL 35223	Amount of Each Receipt this Period	
federal political committee.	C	500.00	
Name of Employer ANESTHESIOLOGISTS ASSOCIA- TED, P.C.	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	500.00		
Full Name (Last, First, Middle Initial) BENJAMIN UNGER	1	Date of Receipt	
Mailing Address 622 WEST 168TH ST	., PH5-505	08 01 2009	
City NEW YORK	State Zip Code NY 10032	Transaction ID: SA11AI.76932	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.00	
Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER DEP	Occupation ANESTHESIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00		
		1041.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOUGLAS UNGER Mailing Address 2975 MAGNOLIA HI  City DALLAS  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS  Receipt For: Primary General Other (specify)	State Zip Code TX 75201  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  400.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) REUBEN UNIAT  Mailing Address PO BOX 50025  City  DENTON  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE ANES CONSULT  Receipt For:  Primary General Other (specify)	State Zip Code TX 76206  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  250.00	Date of Receipt  M M M 20 20 2009  Transaction ID: SA11AI.77477  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) DAVID VARLOTTA Mailing Address 1303 BAYSHORE B  City TAMPA  FEC ID number of contributing federal political committee.  Name of Employer UNICOM ANESTHESIA  Receipt For: Primary General Other (specify)	State Zip Code FL 33606  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date  415.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)	733.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 125/143   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS			Date of Receipt
Mailing Address 800 MARSHALL S' SLOT 203, S-319	Т.		0 8 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.76919
LITTLE ROCK  FEC ID number of contributing federal political committee.	AR C	72202	Amount of Each Receipt this Period  83.00
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For:  Primary General Other (specify) ▼	<del>- ' '</del>	n SSOR OF ANESTHESIOLOG 9 Year-to-Date ▼ 664.00	GY
Full Name (Last, First, Middle Initial) JOE VOTO Mailing Address 528 HIGHLAND HI	Date of Receipt		
City	State	Zip Code	0 8 1 0 2 0 0 9  Transaction ID: SA11AI.77167
NORMAN	OK	73026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PHAT VU			Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.77671
DALLAS TX  FEC ID number of contributing federal political committee.		75240	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n IESIOLOGIST	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  DAVID WAGNER  Mailing Address 19 PILGRIM DR.  City  BEDFORD	State Zip Code NH 03110	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer ANESTHESIA CARE GROUP  Receipt For:  Primary General Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date   300.00	300.00
Full Name (Last, First, Middle Initial) GULAM WAHEED  Mailing Address 1601 THORNBERR  City	Y DR State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WYLIE  FEC ID number of contributing federal political committee.  Name of Employer PINNACLE PARTNERS OF MEDICINE Receipt For:  Primary General	TX 75098  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.77702  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) BENJAMIN WALKER  Mailing Address 2009 COUNTRY RII	250.00 DGE CIR.	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City BIRMINGHAM  FEC ID number of contributing federal political committee.	State Zip Code AL 35243	Transaction ID: SA11AI.77794  Amount of Each Receipt this Period  500.00
Name of Employer SPS,PC.  Receipt For:  Primary General  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (optional		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 143 (check only one)    X	
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTH	the name and addre	ess of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JOHN WALKER Mailing Address 10 AMMERMAN W	AY		Date of Receipt	
City CHESTER	State NJ	Zip Code 07930	Transaction ID: SA11AI.77406  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer ACNJ  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIA Aggregate Y	N /ear-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) JANICE WALKER-FILLMORE Mailing Address 3724 MALONEY RI	D.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.77173	
KNOXVILLE	KNOXVILLE TN 37920			
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer ANES MED ALLI E TN		SIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	]	
Full Name (Last, First, Middle Initial) AIMEE WALSH	<b>,</b>		Date of Receipt	
Mailing Address 619 S. 19TH ST., J	862		08 04 2009	
City	State	Zip Code	Transaction ID: SA11AI.77053	
BIRMINGHAM  FEC ID number of contributing federal political committee.	C	35249	Amount of Each Receipt this Period 500.00	
Name of Employer UNIV. OF ALABAMA AT BIRMI- NGHAM DEPT. O	Occupation MD			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	]	
SUBTOTAL of Receipts This Page (optional	al)		1500.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 128 / 143   (check only one)
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) AIMEE WALSH			Date of Receipt
Mailing Address 619 S. 19TH ST.,	J862		08 28 2009
City	State	Zip Code	Transaction ID: SA11AI.77761
BIRMINGHAM  FEC ID number of contributing federal political committee.	C	35249	Amount of Each Receipt this Period  500.00
Name of Employer UNIV. OF ALABAMA AT BIRMI- NGHAM DEPT. O		ESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial)	I		Date of Receipt
	Mailing Address 2204 DEVONSHIRE ROAD		
City ANN ARBOR	State MI	Zip Code 48104	Transaction ID: SA11AI.77896
FEC ID number of contributing federal political committee.	C	40104	Amount of Each Receipt this Period 250.00
Name of Employer RESEARCH SERVICE 11R	Occupation	n ESIOLOGIST	7
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFF WASSERMAN			Date of Receipt
Mailing Address 7988 W. VIRGINIA DR., #100			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.77673
DALLAS  FEC ID number of contributing federal political committee.	C	75237	Amount of Each Receipt this Period 500.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTH	n ESIOLOGIST	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 143 (check only one)    X   11a	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) RICHARD WEDGEWORTH Mailing Address 9904 CLIFFSIDE  City IRVING	CT. State Zip Code TX 75063	Date of Receipt    M M M	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer PINNACLE ANESTHESIA  Receipt For:  Primary General  Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00		
Full Name (Last, First, Middle Initial) CHRISTOPHER WESTERHEIDE Mailing Address 4848 LEMMON A			
City	State Zip Code	0 8 2 8 2 0 0 9  Transaction ID: SA11AI.77675	
DALLAS	TX 75219	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) PHILLIP WHITAKER		Date of Receipt	
Mailing Address 3612 SHANTARA	LIN.	08 28 2009	
City PLANO	State Zip Code TX 75093	Transaction ID: SA11AI.77677  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 75095	1000.00	
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SURTOTAL of Receipts This Peace (anti-	nal)	1500.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 143 (check only one)    X	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) LYNN WHITE			Date of Receipt	
	Mailing Address 1819 DENVER WEST	08 11 7 2009			
	City GOLDEN	State CO	Zip Code	Transaction ID: SA11AI.77206	
	FEC ID number of contributing federal political committee.	C	80401	Amount of Each Receipt this Period 250.00	
	Name of Employer PHYSICIAN ANES SERV	Occupation ANESTH	on HESIOLOGIST		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) JANE WILLIAMS			Date of Receipt	
	Mailing Address 40 FAIRWAY DR.			08 29 2009	
	City	State	Zip Code	Transaction ID: SA11AI.77798	
	BIRMINGHAM  FEC ID number of contributing federal political committee.	C	35213	Amount of Each Receipt this Period  500.00	
	Name of Employer SPS	Occupation PHYSIC			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
C.	Full Name (Last, First, Middle Initial) MURRAY WILLIS	,			
	Mailing Address 12963 W. HARVARD	AVE.		08 11 2009	
	City LAKEWOOD	State CO	Zip Code	Transaction ID: SA11AI.77202	
	FEC ID number of contributing federal political committee.	C	80228	Amount of Each Receipt this Period  300.00	
	Name of Employer PHYS ANES SERV	Occupation ANESTH	n HESIOLOGIST		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
	SUBTOTAL of Receipts This Page (optional) .			1050.00	
	TOTAL This Period (last page this line numbe		<u> </u>		

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 143 (check only one)    X	
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE	
۷.	Full Name (Last, First, Middle Initial) EDWIN WILSON			Date of Receipt	
	Mailing Address 150 W. READING WA	08 01 2009			
	City	State	Zip Code	Transaction ID: SA11AI.76982	
	WINTER PARK	<u>FL</u>	32789	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer JLR MEDICAL GROUP	Occupatio PHYSICI			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
-	Full Name (Last, First, Middle Initial) KARL WINTERS			Date of Receipt	
	Mailing Address 2561 LAKEVIEW CT	08 20 YYYY 2009			
	City	State	Zip Code	Transaction ID: SA11AI.77479	
	PROSPER	TX	75078	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer PINNACLE ANESTHESIA	_	IESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-	
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) MICHELLE WONG			Date of Receipt	
	Mailing Address 422 HUMBOLDT			0 8 1 1 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.77204	
	DENVER	CO	80218	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer PHYS ANES SERV		IESIOLOGIST		
	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	7	
	Other (specify) ▼	0 0	250.00		
Г	SUBTOTAL of Receipts This Page (optional) .			1250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Soc separate soriedate(s)		FOR LINE NUMBER: PAGE 132 / 143 (check only one)  X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may no name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS F	POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) THEODORE WYNNYCHENKO			Date of Receipt	
Mailing Address 1215 ELM ST			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.77119	
WINNETKA	IL	60093	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer EVANSTON NORTHWESTERN HEA- LTHCARE	Occupation ANESTHES	SIOLOGIST		
Receipt For:	Aggregate Ye	ear-to-Date ▼		
Primary General Other (specify) ▼	0 0 0	500.00		
Full Name (Last, First, Middle Initial) CHAHINE YAMINE			Date of Receipt	
Mailing Address 1227 EARNESTINE ST	08 01 7 7 7 9			
City	State	Zip Code	Transaction ID: SA11AI.76958	
MC LEAN	VA	22101	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.00	
Name of Employer DOMINION ANESTHESIA PLLC	Occupation PHYSICIAN	1		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 664.00		
Full Name (Last, First, Middle Initial) ELIZABETH YASIK			Date of Receipt	
Mailing Address 10 EVANS DR			08 07 YYYY 2009	
City	State	Zip Code	Transaction ID: SA11AI.77106	
LANDENBERG	PA	19350	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer ANESTHESIA SERVICES PA	Occupation ANESTHES	SIOLOGIST		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)			833.00	

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

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 143 (check only one)  X 11a 11b 11c 12 15 16 16
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	HESIOLOGISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) ASSUMPTA YAU		Date of Receipt
Mailing Address P.O. BOX 1514		08 20 7 2009
City <u>HIGHLAND PARK</u>	State Zip Code  NJ 08904	Transaction ID: SA11AI.77408  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACNJ	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) WILLIAM YOUNG		Date of Receipt
Mailing Address 13601 PRESTON	RD STE 1000W	08 28 2009
City DALLAS	State Zip Code TX 75240	Transaction ID: SA11AI.77679
FEC ID number of contributing federal political committee.	TX 75240	Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ZACHARY ZANOWIAK		Date of Receipt
Mailing Address 725 TABER LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.77124
EDMOND  FEC ID number of contributing federal political committee.	OK 73003	Amount of Each Receipt this Period 500.00
Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (ontion	al)	1250.00

### SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 143 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTE	HESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) FERNANDO ZEPEDA	(E)E	Date of Receipt
Mailing Address 216 STRAWBERRY	Y FIELD DR	08 12 2009
City	State Zip Code	Transaction ID: SA11AI.77230
JOHNSON CITY	TN 37604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESTHESIA AND PAIN CONSU- LTANTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) JONATHAN ZUCKER		Date of Receipt
Mailing Address 1612 SAINT GREG	ORY DRIVE	08 01 2009
City	State Zip Code	Transaction ID: SA11AI.76939
LAS VEGAS	NV 89117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNITEDHEALTH	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	]
Full Name (Last, First, Middle Initial) MARK ZUKAITIS		Date of Receipt
Mailing Address 2204 CROSS CREI	EK DR.	08 31 2009
City	State Zip Code	Transaction ID: SA11AI.77892
GASTONIA	NC 28056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PAIN MGMT & ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	833.00
TOTAL This Period (last page this line num	hor only)	142505.00

	COUEDINE A /EEC Earm 2V				FOR LINE NUMBER: PAGE 135 / 143
	SCHEDULE A (FEC Form 3X)		Use separate schedu		(check only one)
	ITEMIZED RECEIPTS		for each category of to Detailed Summary Pa		11a  11b  11c  12
			Detailed Summary Pa	age	13 14 15 16 🔀 17
	Any information copied from such Reports and	Statements may	y not be sold or used by a	any person	for the purpose of soliciting contributions
	or for commercial purposes, other than using th	e name and add	dress of any political com	mittee to so	olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTIO	N COMM	ITTEE
	Full Name (Last, First, Middle Initial)				
Α.	NORTHERN TRUST CO				Date of Receipt
	Mailing Address 50 S LASALLE				08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: SA17.77956
	CHICAGO	IL	60675		Amount of Each Receipt this Period
	FEC ID number of contributing			1	
	federal political committee.	C			3.31
		10			INTEREST INCOME
	Name of Employer	Occupation	n		
	Receipt For:	Aggregate	e Year-to-Date		
	Primary General	7 iggi ogaio			
	Other (specify)		3009	.46	
В.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO				Date of Receipt
υ.	Mailing Address 50 S LASALLE				M M / D D / Y Y Y Y
	Maining Marioso 50 O EAGALLE				08 31 2009
	City	State	Zip Code		Transaction ID: SA17.77957
	CHICAGO	IL	60675		Amount of Each Receipt this Period
	FEC ID number of contributing			7	11.82
	federal political committee.	C			11.02
	Name of Employer	Occupation	n		DIVIDEND INCOME
	reamo di Employol	Cocupation	11		
	Receipt For:	Aggregate	e Year-to-Date		
	Primary General	33 3	1 1 1 1 1 1	00	
	Other (specify) ▼	11	3021	.28	

SUBTOTAL of Receipts This Page (optional)	•	15.13
TOTAL This Period (last page this line number only)	<b>•</b>	15.13

SCHEDULE B (F TEMIZED DISB		' Use sep	arate schedule(s) category of the	FOR LINE (check only	NUMBER: / one)	PAGE 136 / 143
		Detailed	Summary Page	21b 27	28a 28b 2	24 25 28c 29
Any Information copied from for commercial purpose						
NAME OF COMMITT  AMERICAN SOCIE	EE (In Full)					511 5511111111155
Full Name (Last, First BACHUS FOR CO					Transaction ID: SB Date of Disbursement	
Mailing Address F	PO BOX 131134				08 / 26	<sup>Y</sup> 2009 <sup>Y</sup>
City BIRMINGHAM		State AL	Zip Code 35213		Amount of Each Disbu	
Purpose of Disbursen	ient					4000.00
Candidate Name				Category/ Type		
Office Sought: X	House Senate President	Disbursement For:  X Primary  Other (sp	2010 General ecify)			
	strict: 06					
Full Name (Last, First BARNETT FOR CO	,				Transaction ID: SB Date of Disbursement	
Mailing Address F	PO BOX 1937				08 / 19	<sup>*</sup> 2009 <sup>*</sup>
City EMPORIA		State KS	Zip Code 66801		Amount of Each Disbu	ursement this Perio
Purpose of Disbursen	nent			* *		2500.00
Candidate Name				Category/ Type		
	Senate President	Disbursement For:  X Primary Other (sp	2010 General ecify)			
State: KS Dis Full Name (Last, First BERKLEY FOR CO					Transaction ID: SB	
Mailing Address 3	069 CONQUIST	A CT			08 / 26	2009
City LAS VEGAS		State NV	Zip Code 89121		Amount of Each Disbu	ursement this Perio
Purpose of Disbursen	ient				L	1500.00
Candidate Name				Category/ Type		
Office Sought: X	House Senate President	Disbursement For:  X Primary Other (sp	2010 General			
State: NV Dis	strict: 01	Other (sp	oon <i>y)</i> ₩			

В.

C.

OOUEDIU E D (EEO E OV)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 137 / 143
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE			Transaction ID: SB23.76891 Date of Disbursement
Mailing Address PO BOX 848			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	State Zip Code TN 37401		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 GENERAL DEBT RETIREMENT			5000.00
Candidate Name		Category/ Type	
X Senate President	ment For: Primary General Other (specify)		
State: TN District:			
Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS			Transaction ID: SB23.76902 Date of Disbursement
Mailing Address PO BOX 2106			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code AL 36102		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
Candidate Name		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: AL District: 02			
Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS			Transaction ID: SB23.76863 Date of Disbursement
Mailing Address 301 W PLATT ST #385			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} $
	State Zip Code FL 33606		Amount of Each Disbursement this Period
Purpose of Disbursement			4000.00
Candidate Name		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: FL District: 11			
SUBTOTAL of Disbursements This Page (optional) .			11000.00

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

	CHEDULE B (FEC FOIII 3X	′ Use sepa	arate schedule(s)		OR LINE heck onl	E NUMBER: PAGE 138 / 14
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and for commercial purposes, other than using t					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH					
<u>/_</u>	Full Name (Last, First, Middle Initial)					
	COFFMAN FOR CONGRESS					Transaction ID: SB23.76866 Date of Disbursement    M M
	Mailing Address 9249 S BROADW	AY #200-501				08 / 12 / 2009
	City HIGHLANDS RANCH	State CO	Zip Code 80129			Amount of Each Disbursement this Peri
	Purpose of Disbursement					2000.00
	Candidate Name			Cate		
	Senate President	Disbursement For:  X Primary  Other (spe	2010 General			
	State: CO District: 06  Full Name (Last, First, Middle Initial)					T :: ID ODGG 70004
	COMM TO ELECT CHRIS MURPH	Y				Transaction ID: SB23.76881 Date of Disbursement
	Mailing Address PO BOX 127					08 7 19 7 2009
	City CHESHIRE	State CT	Zip Code 06410			Amount of Each Disbursement this Peri
	Purpose of Disbursement			,		3000.00
	Candidate Name			Cate		
	Office Sought:  X House Senate President State: CT District: 05	Disbursement For:  X Primary  Other (spe	2010 General cify)			
	Full Name (Last, First, Middle Initial) DAVE WU FOR CONGRESS					Transaction ID: SB23.76876 Date of Disbursement
	Mailing Address 818 SW THIRD A	VE #1182				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City PORTLAND	State OR	Zip Code 97204			Amount of Each Disbursement this Peri
	Purpose of Disbursement			·		1500.00
	Candidate Name			Cate		
	Office Sought:  X House Senate President State: OR District: 01	Disbursement For:  X Primary  Other (spe	2010 General			
_						6500.00

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NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANIESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City Senate President State: LA District:  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code IL 61126  Cardidate Name  Catogory/ Type  Office Sought: X House Senate President State: LL District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code IL 61126  Cardidate Name  Office Sought: X House Senate President State: LL District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State: LA District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State: LA District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State: LA District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State: LA District: 16  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State: LA District: 16	or for commercial purposes, other than using the name of	ne and address of any politica	l committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City  Purpose of Disbursement  Candidate Name  Office Sought: X House  President  State: IL District: 16  Disbursement For: 2010  Amount of Each Disbursement this Perior  Transaction ID: SB23,76859  Date of Disbursement  Ø 8	NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESION  Full Name (Last, First, Middle Initial)  DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175			
DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175  City State Zip Code LA 70011  Purpose of Disbursement  Candidate Name  City Senate President Other (specify) ▼  City State: LA District:  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City Senate President Senate Disbursement For: 2010  Cardidate Name  Cardidate Name  Cardidate Name  Disbursement For: 2010  Category/ Type  Transaction ID: SB23.76859  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Cate	DAVID VITTER FOR US SENATE  Mailing Address PO BOX 8175			
City METAIRIE LA 70011  Purpose of Disbursement  Candidate Name  Office Sought:				
METAIRIE  Purpose of Disbursement  Candidate Name  Office Sought: House   President   Pre				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
Candidate Name  Category/ Type  Office Sought:  House				Amount of Each Disbursement this Period
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X   Senate   President   President   Other (specify)   ▼		ement For: 2010		
Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code IL 61126  Purpose of Disbursement  Candidate Name  Office Sought: X House Persident State: IL District: 16  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  Transaction ID: SB23.76859 Date of Disbursement Initial State of Disbursement Initial State: IL District: 16  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  Transaction ID: SB23.76861 Date of Disbursement Initial SB23.768	X Senate President	Primary General		
Date of Disbursement  Mailing Address PO BOX 7783  City ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: IL District: 16  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City ROCKFORD IL 2010  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: IL District: 16  Disbursement Transaction ID: SB23.76861 Date of Disbursement Initial) Date of Disbursement Initial Specific Senate President State: IL Office Sought: X House Senate President State: IL District: 16  Disbursement For: 2010  Category/ Type  Amount of Each Disbursement this Perion Category/ Type  Office Sought: X House President Senate President State: IL District: 16  Disbursement For: 2010  Other (specify) ▼  Amount of Each Disbursement this Perion Category/ Type  Office Sought: X House President Other (specify) ▼  Other (specify) ▼				Transaction ID: SB23,76859
City ROCKFORD  Candidate Name  Category/ Type  Office Sought: X House President State: IL District: 16  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  City ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Amount of Each Disbursement this Perior  Category/ Type  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  Senate President Senate Other (specify) ▼  Senate Other (specify) ▼  Category/ Type  Office Sought: X House Senate Other (specify) ▼  Senate Other (specify) ▼  Category/ Type  Office Sought: X House Other (specify) ▼  Senate Other (specify) ▼  Amount of Each Disbursement this Perior  Category/ Type  Category/ Type  Office Sought: X House Other (specify) ▼  Senate Other (specify) ▼		S		Date of Disbursement
ROCKFORD  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: IL District: 16  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code ROCKFORD  IL 61126  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary Seneral Other (specify) ▼  Transaction ID: SB23.76861 Date of Disbursement  Mailing Address PO BOX 7783  Amount of Each Disbursement this Perior Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  State: IL District: 16	Mailing Address PO BOX 7783			08 03 2009
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Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2010 Senate President State: IL District: 16  X Primary General Other (specify) ▼  Transaction ID: SB23.76861 Date of Disbursement  M M M / D D D / Y Y Y O Y Y Y O Y Y Y O Y Y Y Y O Y Y Y Y O Y Y Y Y O Y Y Y Y Y O Y	Candidate Name			
DONALD A MANZULLO FOR CONGRESS  Mailing Address PO BOX 7783  City State Zip Code ROCKFORD IL 61126  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2010  President President State: IL District: 16  Date of Disbursement  Amount of Each Disbursement this Perion  Category/ Type  Office Sought: X House Primary X General Other (specify) ▼	Senate >	C Primary General		
City State Zip Code IL 61126  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President Other (specify) ▼  State: IL District: 16		S		Date of Disbursement
RÓCKFORD  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:	Mailing Address PO BOX 7783			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 5 \\ 0 & 0 & 5 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 & M \end{bmatrix}$
Candidate Name  Category/ Type  Office Sought:				
Office Sought: X House Senate Primary X General Other (specify) ▼  State: IL District: 16			Catagory	500.00
Senate				
2500.00	Senate President	Primary X General		
SUBTOTAL of Disbursements This Page (optional)    \$\bigsup \text{3500.00}\$	State: IL District: 16			
	SUBTOTAL of Disbursements This Page (optional)		<b>)</b>	3500.00

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS F	POLITICAL AC	TIO	N C	ОММ	MITTEE	
Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN						Transaction ID: SB23.76868 Date of Disbursement	Y
Mailing Address PO BOX 44369 250 PRAIRIE CENTER I	DR					088 / 12 / 2009	
City EDEN PRAIRIE	State MN	Zip Code 55344				Amount of Each Disbursement this P	eriod
Purpose of Disbursement						1500.00	
Candidate Name				atego Type			
X	ement For: Primary Other (spe	2010 General cify)					
Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING						Transaction ID: SB23.76865 Date of Disbursement	
Mailing Address P.O. BOX 820504						088 / 05 / 2009	Y
City DALLAS	State TX	Zip Code 75382				Amount of Each Disbursement this P	eriod
Purpose of Disbursement			Г	*		1000.00	
Candidate Name				atego Type	-		
	ement For: Primary Other (spe	2010 General cify)					
Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS						Transaction ID: SB23.76895 Date of Disbursement	
Mailing Address PO BOX 2916						088 / 26 / 2009	Y
City HUNTSVILLE	State AL	Zip Code 35804				Amount of Each Disbursement this P	eriod
Purpose of Disbursement			Г	•	·	2000.00	
Candidate Name				atego Type			
	ement For: Primary Other (spe	2010 General cify)					
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) FOR LINE (check onl	E NUMBER: PAGE 141 / 143
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 36
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIO			
	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS			Transaction ID: SB23.76858 Date of Disbursement
	Mailing Address 2118 CENTRAL AVE SI	≣ #71		08 05 7 2009
	City ALBUQUERQUE	State Zip Code NM 87106	1	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement			1500.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010  Primary General Other (specify)		
_	State: NM District: 01  Full Name (Last, First, Middle Initial)			T .: ID ODGG 70070
•	MCCAUL FOR CONGRESS INC			Transaction ID: SB23.76870 Date of Disbursement
	Mailing Address 815-A BRAZOS ST, PM	B 230		08 7 12 7 2009
	City AUSTIN	State Zip Code TX 78701		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: TX District: 10	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS INC			Transaction ID: SB23.76872 Date of Disbursement
	Mailing Address 815-A BRAZOS ST, PM	B 230		08 12 2009
	City AUSTIN	State Zip Code TX 78701		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Candidate Name		Category/ Type	
		ement For: 2010  Primary General Other (specify)	•	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Lice congrate cohedule(c)	NE NUMBER: PAGE 142 / 143 conly one)
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NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS  Mailing Address 81 S FIFTH ST		Transaction ID: SB23.76883  Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code OH 43215  Category/	Amount of Each Disbursement this Period 2500.00
X	Type ment For: 2010 Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	41000.00

SCHEDULE B (FEC FOIII	′   Use sep	parate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMEN	Detailed	category of the Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29 3
Any Information copied from such Reports or for commercial purposes, other than us				
NAME OF COMMITTEE (In Full)				
AMERICAN SOCIETY OF ANES	STHESIOLOGISTS	POLITICAL AC	TION COMMI	TTEE
Full Name (Last, First, Middle Initial) IOWA SOC OF ANESTHESIOLOGISTS PAC				Transaction ID: SB29.76889 Date of Disbursement
Mailing Address 525 SW 5TH ST, SUITE A				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix} $
City DES MOINES	State IA	Zip Code 50309		Amount of Each Disbursement this Period
Purpose of Disbursement 09 NON-FEDERAL CONTRIBUTION	l			50000.00
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify)		
State: District:  Full Name (Last, First, Middle Initial)				Turner attent ID
MCDONNELL FOR GOVERNO	3			Transaction ID: SB29.76900 Date of Disbursement
Mailing Address 1314 NOTTON	VAY AVE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & D \end{bmatrix} $
City RICHMOND	State VA	Zip Code 23227		Amount of Each Disbursement this Period
Purpose of Disbursement 09 NON-FEDERAL CONTRIBUTION	l			10000.00
Candidate Name			Category/ Type	
Office Sought:  Senate  President  State:  District:	Disbursement For: Primary Other (sp	General ecify) ▼		
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO	ı			Transaction ID: SB29.77958 Date of Disbursement
Mailing Address 50 S LASALLE				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & 9 \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City CHICAGO	State IL	Zip Code 60675		Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEES/CREDIT CARD FEES				4262.51
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify)		
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SUBTOTAL of Disbursements This Page	e (optional)		<b>&gt;</b>	64262.51
<b> </b>	iumber only)			64262.51