

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY  
 Check if different than previously reported. (ACC)  
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer THOMAS CONWAY  
Signature of Treasurer Electronically Filed by THOMAS CONWAY Date 01 19 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		943984.31
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1469019.48									
(c) Total Receipts (from Line 19) .....	80746.96	1671228.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1549766.44	2615213.09								
7. Total Disbursements (from Line 31) .....	54546.41	1119993.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1495220.03	1495220.03								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	68720.00	1435374.00
(ii) Unitemized .....	12014.00	227787.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	80734.00	1663161.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	80734.00	1663161.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12.96	3067.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	80746.96	1671228.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	80746.96	1671228.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52080.00	908580.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2466.41	211413.06
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54546.41	1119993.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54546.41	1119993.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	80734.00	1663161.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80734.00	1663161.50
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL ADKINS	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 1850 N CENTRAL AVE STE 1600	Transaction ID: SA11AI.82247
	City State Zip Code PHOENIX AZ 85004	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer VALLEY ANESTHESIA CONSULTANTS, LTD.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MOHAMMED AHMED	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 1 SOLOMON PIERCE RD.	Transaction ID: SA11AI.82000
	City State Zip Code LEXINGTON MA 02420	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TUFTS MED CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES AKINS	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 497 SWEETBRIAR RD.	Transaction ID: SA11AI.81869
	City State Zip Code MEMPHIS TN 38120	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) GUY ALIOTTA	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 25 KENNEDY DRIVE	<b>Transaction ID:</b> SA11AI.81723
	City MERIDEN State CT Zip Code 06450	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MIDSTATE MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 996.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT AMES	Date of Receipt MM / DD / YYYY 12 / 05 / 2009
	Mailing Address 3462 S. ATLANTA PL.	<b>Transaction ID:</b> SA11AI.82108
	City TULSA State OK Zip Code 74105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ASSOCIATED ANESTHESIOLOGISTS INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SHARON ASHLEY	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 1229 LEEWARD WAY	<b>Transaction ID:</b> SA11AI.82277
	City WESTON State FL Zip Code 33327	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SHERIDAN HEALTHCORP Occupation PEDIATRIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) BYRON ASHMORE	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 1645 METROPOLITAN DRIVE	<b>Transaction ID:</b> SA11AI.82164
	City State Zip Code LONGMONT CO 80503	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID AZAR	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address PO BOX 1566	<b>Transaction ID:</b> SA11AI.81857
	City State Zip Code BEAR DE 19701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ASPA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT BAKER	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 320 LINWOOD CT	<b>Transaction ID:</b> SA11AI.81739
	City State Zip Code LITTLE ROCK AR 72205	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ARKANSAS CHILDRENS HOSPITAL	Occupation ASSISTANT PROFESSOR, DEPT. OF ANESTHES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	791.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SHAWN BANKS		Date of Receipt
	Mailing Address 601 NE 36TH ST APT 3407		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MIAMI	FL	33137
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81713
Name of Employer UNIVERSITY OF MIAMI		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 917.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JONATHAN BENNIE		Date of Receipt
	Mailing Address 109 DRAYTON CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FRANKLIN	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81861
Name of Employer ANES MED GRP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ARTHUR BERGH		Date of Receipt
	Mailing Address 3300 GALLOWS RD., ANES. DEPT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FALLS CHURCH	VA	22042
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81727
Name of Employer FAIRFAX ANES. ASSOC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 458.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) WALTER BERNARD		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address 1255 HILYARD ST.		<b>Transaction ID:</b> SA11AI.81970
City EUGENE	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer NW ANESTH PHYS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) VIDYA BETHI		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address 1224 HIGHWAY 149		<b>Transaction ID:</b> SA11AI.81949
City CLARKSVILLE	State TN	Zip Code 37040
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address 2000 SPRUCE DR		<b>Transaction ID:</b> SA11AI.81735
City LAFAYETTE	State IN	Zip Code 47905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>575.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81958
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 675.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82070
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 725.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	City	State	Zip Code
	LAFAYETTE	IN	47905
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82218
Name of Employer ANESTHESIOLOGY ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 775.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City State Zip Code  
OWENS CROSS ROADS AL 35763

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

Name of Employer  
COMPREHENSIVE ANESTHESIA SERVICES

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2009

Transaction ID: SA11AI.81748

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID BOWER

Mailing Address 148 WATTS LN.

City State Zip Code  
ELIZABETHTOWN KY 42701

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

Name of Employer  
HEARTLAND ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 04 / 2009

Transaction ID: SA11AI.82017

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID BREWSTER

Mailing Address 15 JOCELYN PL.

City State Zip Code  
WALNUT CREEK CA 94597

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

Name of Employer  
KAISER WALNUT CREEK ANES. DEPT.

Occupation  
CHIEF OF ANESTHESIA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 16 / 2009

Transaction ID: SA11AI.82245

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**STEVE BRISTER**  
 Mailing Address **P.O. BOX 3294**  
 City **TUPELO** State **MS** Zip Code **38803**  
 Date of Receipt **12 / 04 / 2009**  
**Transaction ID: SA11AI.82061**  
 Amount of Each Receipt this Period **500.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **TUPELO ANESTHESIA GROUP, P.A.** Occupation **ANESTHESIOLOGIST**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY BROUSSARD**  
 Mailing Address **610 CHEROKEE BLVD.**  
 City **KNOXVILLE** State **TN** Zip Code **37919**  
 Date of Receipt **12 / 04 / 2009**  
**Transaction ID: SA11AI.82037**  
 Amount of Each Receipt this Period **250.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **AMAET** Occupation **ANESTHESIOLOGIST**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**ALLEN BUCK**  
 Mailing Address **6226 BELLERIVE DRIVE**  
 City **BRENTWOOD** State **TN** Zip Code **37027**  
 Date of Receipt **12 / 03 / 2009**  
**Transaction ID: SA11AI.81921**  
 Amount of Each Receipt this Period **250.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **ANESTH MED GRP** Occupation **ANESTHESIOLOGIST**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **1000.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW BUCKON

Mailing Address 1945 N.W. 28TH PL.

City State Zip Code  
PORTLAND OR 97210

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.82305

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS BUTCHER

Mailing Address 2625 E. 28TH ST.

City State Zip Code  
TULSA OK 74114

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

Name of Employer Occupation  
SJAS ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.81888

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
CURTIS CARL

Mailing Address 1200 E MICHIGAN AVE STE 370

City State Zip Code  
LANSING MI 48912

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

Name of Employer Occupation  
PHYSICIAN ANESTHESIA SERVICE ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.81892

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MARTYN CAVALLO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
Mailing Address 110-29TH AVE. NORTH, #201		Transaction ID: SA11AI.81812
City NASHVILLE	State TN	Zip Code 37203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer ANESTHESIA MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

**B.**

Full Name (Last, First, Middle Initial) JOHN CHATELAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
Mailing Address 1319 S.9TH ST.		Transaction ID: SA11AI.81766
City FARGO	State ND	Zip Code 58103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) PAUL COHEN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 9
Mailing Address P.O. BOX 668		Transaction ID: SA11AI.81848
City ARVADA	State CO	Zip Code 80001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	582.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MARK COOK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
Mailing Address PHYSICIAN ANES. SERVICE		<b>Transaction ID:</b> SA11AI.81894
City LANSING	State MI	Zip Code 48912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) JAMES COOPER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
Mailing Address PO BOX 3294		<b>Transaction ID:</b> SA11AI.82051
City TUPELO	State MS	Zip Code 38803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer TUPELO ANESTHESIA GROUP P.A.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) DAVID CURRIER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
Mailing Address 6406 CORRINE DR NW		<b>Transaction ID:</b> SA11AI.82091
City CANTON	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AULTMAN HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MIRABELLE DEMUTH		Date of Receipt
	Mailing Address 1342 AMANDAJO DRIVE		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ELIZABETHTOWN	KY	42701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82018
Name of Employer HEARTLAND ANESTHESIA CONSULTANTS, PSC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS DODDS		Date of Receipt
	Mailing Address 1 MEDICAL CENTER DR		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LEBANON	NH	03756
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82006
Name of Employer DARTMOUTH-HITCHCOCK MEDICAL CENTER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MATTHEW DONOVAN		Date of Receipt
	Mailing Address 3333 EVERGREEN DRIVE N.E.		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GRAND RAPIDS	MI	49525
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82296
Name of Employer ANESTHESIA MEDICAL CONSULTANTS, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICK DOOLEY	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 5300 BENT RIVER BLVD.	<b>Transaction ID:</b> SA11AI.81924
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation FT SANDERS ANES GRP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES DORROH	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 1575 HARBERT AVE.	<b>Transaction ID:</b> SA11AI.82173
	City State Zip Code MEMPHIS TN 38104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation METROPOLITAN ANESTHESIA ALLIANCE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM DURKAN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Mailing Address 503 VERMONT CT.	<b>Transaction ID:</b> SA11AI.82020
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation HEARTLAND ANESTH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
TATE EGGER

Mailing Address 4916 SUGAR BUSH LN.

City State Zip Code  
HOLT MI 48842

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

Name of Employer Occupation  
PHYS ANES SERV ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.81896

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
ANTHONY ELDRIDGE

Mailing Address PO BOX 3294

City State Zip Code  
TUPELO MS 38803

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

Name of Employer Occupation  
TUPELO ANES GRP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.82055

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
DEWAYNE ENYEART

Mailing Address 4213 AMBER CT., S.E.

City State Zip Code  
OLYMPIA WA 98501

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

Name of Employer Occupation  
OLYMPIA ANESTHESIA ASSOC., PC ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.82282

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) IMU ESMAIL	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 13200 PRIMROSE LN	<b>Transaction ID:</b> SA11AI.81898
	City State Zip Code DEWITT MI 48820	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYS ANES SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN EVERETT	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 3814 HEMMINGWAY	<b>Transaction ID:</b> SA11AI.81899
	City State Zip Code OKEMOS MI 48864	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN ANESTHESIA SERVICE, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA FERRIS	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Mailing Address 8200 DODGE ST	<b>Transaction ID:</b> SA11AI.82205
	City State Zip Code OMAHA NE 68114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHILDRENS HOSP OMAHA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN FIELD

Mailing Address 755 N 11TH ST #P3600

City State Zip Code  
BEAUMONT TX 77702

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

Name of Employer ANESTHESIA ASSOC      Occupation ANESTHESIOLOGIST

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.82192

Amount of Each Receipt this Period  
225.00

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

Mailing Address 3010 W CHARLESTON BLVD STE 150

City State Zip Code  
LAS VEGAS NV 89102

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

Name of Employer ANESTHESIOLOGY CONSULTANT-S, INC. CREDE      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      836.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.81749

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
MENDEL FORD

Mailing Address 1200 E MICHIGAN AVE

City State Zip Code  
LANSING MI 48912

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

Name of Employer PHYS ANES SERV      Occupation ANESTHESIOLOGIST

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.81901

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **558.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) POLLY FOREMAN		Date of Receipt
	Mailing Address 513 E. EAGLE PASS RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	City	State	Zip Code
	ELIZABETHTOWN	KY	42701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82022
Name of Employer HEARTLAND ANESTH		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN FUNK		Date of Receipt
	Mailing Address 10725 E PLACITA MERENGUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	City	State	Zip Code
	TUCSON	AZ	85730
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82160
Name of Employer SOUTHERN ARIZONA ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFERY FUQUA		Date of Receipt
	Mailing Address 12419 MALLARD BAY DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	City	State	Zip Code
	KNOXVILLE	TN	37922
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81738
Name of Employer AMAET		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 838.00	<input type="text"/> 166.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 916.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 86

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHARLES GALAVIZ	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address DEPT. OF ANESTHESIOLOGY, RM. 3C444 30 NORTH 1900 EAST	<b>Transaction ID:</b> SA11AI.81819
	City State Zip Code SALT LAKE CITY UT 84132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF UTAH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN GALDUN	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 5332 BENT RIVER BLVD.	<b>Transaction ID:</b> SA11AI.81928
	City State Zip Code KNOXVILLE TN 37919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ANES MED ALLI E TN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL GARBACCIO	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 1200 E. MICHIGAN AVE., #370	<b>Transaction ID:</b> SA11AI.81902
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHYSICIAN ANESTHESIA SERVICE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) VICENTE GAVIERES		Date of Receipt
	Mailing Address 226 EVERGREEN GARDEN		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ELIZABETHTOWN	KY	42701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HEARTLAND ANESTH		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.82024
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) CRAIG GILLILAND		Date of Receipt
	Mailing Address 10301 HICKMAN MILLS DR STE 100		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	KANSAS CITY	MO	64137
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ANES. ASSOC. OF KANSAS CI- TY		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.82040
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) RANDAL GOETHKE		Date of Receipt
	Mailing Address 45 FOX POINT DR.		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	APPLETON	WI	54911
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.82136
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LEONID GORELIK	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 1200 E. MICHIGAN AVE., STE. 370	<b>Transaction ID:</b> SA11AI.81903
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHYSIAN ANES SERVICE ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRIAN GRACE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Mailing Address 639 N MULBERRY ST	<b>Transaction ID:</b> SA11AI.82025
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation HEARTLAND ANESTHESIA CONS- ULTANTS, PSC. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER GRANTHAM	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 3346 E. VIA GOLONDRINA	<b>Transaction ID:</b> SA11AI.81976
	City State Zip Code TUCSON AZ 85716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ORO VALLEY ANES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GLENN GREY		Date of Receipt	
	Mailing Address 18 WINDRIDGE DRIVE		M M / D D / Y Y Y Y Y 12 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82231
	NORTH CALDWELL	NJ	07006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer NJ ANESTH GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK GRUWELL		Date of Receipt	
	Mailing Address 3107 SPRING AVE.		M M / D D / Y Y Y Y Y 12 / 01 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81827
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ANESTH ASSOC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DOUGLAS HAGAN		Date of Receipt	
	Mailing Address 2134 E. TERRACE DR		M M / D D / Y Y Y Y Y 12 / 01 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81828
	HIGHLANDS RANCH	CO	80126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MICHELLE HAINES

Mailing Address PO BOX 32303

City State Zip Code  
KANSAS CITY MO 64171

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

Name of Employer  
CARDIOTHORACIC ANESTHESIA ASSOCIATES, INC.

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

Transaction ID: SA11AI.82127

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID HALL

Mailing Address 6682 HUNTERS WALK

City State Zip Code  
HIXSON TN 37343

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

Name of Employer  
ANESTHESIOLOGIST ASSOCIATED

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2009

Transaction ID: SA11AI.82121

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
AARON HAMMOND

Mailing Address 3390 N. CAMPBELL AVE., STE. 110

City State Zip Code  
TUCSON AZ 85719

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

Name of Employer  
SOUTHERN ARIZONA ANESTHESIA

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
503.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2009

Transaction ID: SA11AI.81741

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1583.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BARRY HARDIN		Date of Receipt																					
	Mailing Address P.O. BOX 5587		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	5		2	0	0	9														
	City State Zip Code BEAUMONT TX 77726		<b>Transaction ID:</b> SA11AI.82190																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00																						
Name of Employer Occupation ANESTH ASSOC ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 225.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) KATHERINE HARDING		Date of Receipt																					
	Mailing Address 2165 HERSCHEL ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	5		2	0	0	9														
	City State Zip Code JACKSONVILLE FL 32204		<b>Transaction ID:</b> SA11AI.82095																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation NFAC ANESTHESIOLOGIST		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 500.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) H. DAVID HARDMAN		Date of Receipt																					
	Mailing Address 228 GALWAY DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	7		2	0	0	9														
	City State Zip Code CHAPEL HILL NC 27517		<b>Transaction ID:</b> SA11AI.82128																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation UNIVERSITY OF NORTH CAROLINA PHYSICIAN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1725.00
<b>TOTAL</b> 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: (check only one)	PAGE 29 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) EDWARD HARRINGTON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 333 W HAMPDEN AVE STE 600	<b>Transaction ID:</b> SA11AI.81929
	City State Zip Code ENGLEWOOD CO 80110	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, P.C. Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER HARTMANN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Mailing Address 755 NORTH 11TH ST	<b>Transaction ID:</b> SA11AI.82194
	City State Zip Code BEAUMONT TX 77726	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Mailing Address 8 PROSPECT STREET	<b>Transaction ID:</b> SA11AI.81808
	City State Zip Code NASHUA NH 03060	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NASHUA ANESTHESIA PARTNERS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 834.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>808.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD HEYER

Mailing Address PO BOX 3294

City State Zip Code  
TUPELO MS 38803

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

Name of Employer Occupation  
TUPELO ANES GRP ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.82053

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
A. DODGE HILL

Mailing Address P.O. BOX 23256

City State Zip Code  
OKLAHOMA CITY OK 73123

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

Name of Employer Occupation  
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.81931

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN HITT

Mailing Address PO BOX 3294

City State Zip Code  
TUPELO MS 38803

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

Name of Employer Occupation  
TUPELO ANESTHESIA GROUP, P.A. ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.82057

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRYAN HOLBROOK		Date of Receipt MM / DD / YYYY 12 / 17 / 2009		
	Mailing Address 142 N. BLUE SAGE LN.		Transaction ID: SA11AI.82248		
	City LAYTON	State UT	Zip Code 84040	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LAA, INC.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) JULIE HUDSON		Date of Receipt MM / DD / YYYY 12 / 06 / 2009		
	Mailing Address 1066 WILSHIRE WAY		Transaction ID: SA11AI.82117		
	City BRENTWOOD	State TN	Zip Code 37027	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VANDERBILT CHILDRENS HOSP- ITAL DEPT. OF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL HUMMEL		Date of Receipt MM / DD / YYYY 12 / 04 / 2009		
	Mailing Address 79 PANORAMA CREST AVE		Transaction ID: SA11AI.82079		
	City LAS VEGAS	State NV	Zip Code 89135	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTH CONSULT		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BARBARA IRVING		Date of Receipt MM / DD / YYYY 12 / 03 / 2009		
	Mailing Address 1255 HILYARD ST.		Transaction ID: SA11AI.81966		
	City EUGENE	State OR	Zip Code 97401	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NW ANESTH PHYS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) SHELLEY JACKS		Date of Receipt MM / DD / YYYY 12 / 01 / 2009		
	Mailing Address 421 SUMMIT RIDGE RD		Transaction ID: SA11AI.81737		
	City BOISE	State ID	Zip Code 83702	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BOISE ANESTHESIA, PA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY JEKOT		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 3804 WOODCUTTER'S WAY		Transaction ID: SA11AI.82138		
	City AUSTIN	State TX	Zip Code 78746	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AUSTIN ANES GRP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1291.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SONAL JOG

Mailing Address 1200 E MICHIGAN AVE STE 370

City LANSING State MI Zip Code 48854

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

Name of Employer: PHYS ANES SERV Occupation: ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 03 / 2009  
Transaction ID: SA11AI.81917  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
BRAD JOHNSON

Mailing Address 303 W. SPRING MEADOWS LANE

City DEWITT State MI Zip Code 48820

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

Name of Employer: LANSING ANESTHESIOLOGIST, P.C. Occupation: ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 01 / 2009  
Transaction ID: SA11AI.81831  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
SHARON JOHNSTON

Mailing Address 8401 N. ELMARO CIR.

City PARADISE VALLEY State AZ Zip Code 85253

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

Name of Employer: VALLEY ANES CONSUL Occupation: ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 04 / 2009  
Transaction ID: SA11AI.82082  
Amount of Each Receipt this Period: 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BROUGHTON JOLLEY

Mailing Address 5633 JOHN GAINES BLVD.

City Kingsport State TN Zip Code 37664

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

Name of Employer: HOLSTON ANES ASSOC   Occupation: ANESTHESIOLOGIST

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 02 / 2009  
Transaction ID: SA11AI.81863  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
CARMEN KEITH

Mailing Address 945 MORNING GLORY CIR

City Tupelo State MS Zip Code 38801

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

Name of Employer: TUPELO ANES GRP   Occupation: ANESTHESIOLOGIST

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 04 / 2009  
Transaction ID: SA11AI.82069  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT KERCHEVILLE

Mailing Address MAIL CODE 7838  
7703 FLOYD CURL DRIVE

City San Antonio State TX Zip Code 78229

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

Name of Employer: UTHSCSA   Occupation: PHYSICIAN

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 01 / 2009  
Transaction ID: SA11AI.81774  
Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RUBIN KESNER	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 35 HEARTHSTONE DRIVE	<b>Transaction ID:</b> SA11AI.81726
	City State Zip Code GANSEVOORT NY 12831	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ANESTHESIA GROUP OF ALBANY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KATHRYN KILLMAN	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 110 29TH AVE. N.	<b>Transaction ID:</b> SA11AI.81978
	City State Zip Code NASHVILLE TN 37203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AMG ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEROME KLAFTA	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 4123 HARVEY AVE.	<b>Transaction ID:</b> SA11AI.82007
	City State Zip Code WESTERN SPRINGS IL 60558	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF CHICAGO ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 36 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN KLIMEK	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 45850 TOURNAMENT DR	<b>Transaction ID:</b> SA11AI.82151
	City State Zip Code NORTHVILLE MI 48168	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA ASSOC. OF ANN ARBOR Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH KOCHAN	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 1200 E. MICHIGAN AVE., #370	<b>Transaction ID:</b> SA11AI.81904
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHYSICIAN ANESTHESIA SERVICE, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT KOOPERMAN	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 1522 YORKSHIRE DR.	<b>Transaction ID:</b> SA11AI.82027
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HEARTLAND ANESTH Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 37 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL KROGULECKI		Date of Receipt	
	Mailing Address 1200 E. MICHIGAN AVE., #370		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81905
	LANSING	MI	48912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer PHYSICIAN ANESTHESIA SERVICE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) GREGORY KRONBERG		Date of Receipt	
	Mailing Address CAPITOL ANES. ASSOC. 3705 MEDICAL PKWY., #570		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81837
	AUSTIN	TX	78705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer CAPITOL ANESTHESIOLOGY ASSOCIATION		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) HUNG-CHI KWOK		Date of Receipt	
	Mailing Address 2732 MUIR WOODS DR., SE		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82280
	HAMPTON COVE	AL	35763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer ALABAMA ANES. OF HUNTSVILLE, LLC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALICE LANDRUM	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 1121 S HICKORY GROVE SCHOOL RD	<b>Transaction ID:</b> SA11AI.82090
	City State Zip Code ROCHEPORT MO 65279	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF MISSOURI ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARK LAURNEN	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 29483 FIRETHORNE CT.	<b>Transaction ID:</b> SA11AI.81849
	City State Zip Code EVERGREEN CO 80439	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHYS ANES SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) REET LAWHON	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 5238 CAINTUCK RD.	<b>Transaction ID:</b> SA11AI.81871
	City State Zip Code KINGSPORT TN 37664	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation HOLSTON ANESTHESIA ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 39 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9		
	Mailing Address 3900 WALNUT CLAY DR.		<b>Transaction ID:</b> SA11AI.81801		
	City AUSTIN	State TX	Zip Code 78731	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 590.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT LINK		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9		
	Mailing Address 639 N. MULBERRY		<b>Transaction ID:</b> SA11AI.82029		
	City ELIZABETHTOWN	State KY	Zip Code 42701	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer HEARTLAND ANESTH		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) WENSHU LIU		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9		
	Mailing Address 1783 ELK LN.		<b>Transaction ID:</b> SA11AI.81907		
	City OKEMOS	State MI	Zip Code 48864	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer PHYS ANES SERV		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	791.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CARLOS LOPEZ		Date of Receipt
	Mailing Address 8529 WOODBOX ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MANLIUS	NY	13104
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82009
Name of Employer UPSTATE MED UNIV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL LOPEZ		Date of Receipt
	Mailing Address 2810 N SWAN RD STE 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TUCSON	AZ	85712
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81953
Name of Employer OLD PUEBLO ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY LOYD		Date of Receipt
	Mailing Address 301 MOCKINGBIRD GARDENS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LOUISVILLE	KY	40207
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82010
Name of Employer UNIVERSITY OF LOUISVILLE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PENNY LYNCH		Date of Receipt
	Mailing Address 449 MELLEN AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	KNOXVILLE	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82088
Name of Employer AMAET		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW MAKRIDES		Date of Receipt
	Mailing Address 7 EMMET WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	STONY BROOK	NY	11790
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82159
Name of Employer SUFFOLK ANESTHESIOLOGY		Occupation MEDICAL DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 600.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID MANCINI		Date of Receipt
	Mailing Address 1423 CHAPEL STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NEW HAVEN	CT	06511
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81788
Name of Employer ANESTHESIA ASSOCIATES OF NEW HAVEN		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MARK MANDABACH		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address DEPT. OF ANESTHESIOLOGY 619 S. 19TH ST., JT845		Transaction ID: SA11AI.81742
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 753.00	

**B.**

Full Name (Last, First, Middle Initial) EDWARD MARATEA		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address 1504 BAY RD APT 1607		Transaction ID: SA11AI.81732
City MIAMI BEACH	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

**C.**

Full Name (Last, First, Middle Initial) TIMOTHY MARTIN		Date of Receipt MM / DD / YYYY 12 / 08 / 2009
Mailing Address 1400 HILLSBOROUGH LN		Transaction ID: SA11AI.82144
City LITTLE ROCK	State AR	Zip Code 72212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1208.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BENJAMIN MARTINEZ

Mailing Address 220 SEMINOLE RD.

City ELIZABETHTOWN State KY Zip Code 42701

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

Name of Employer HEARTLAND ANESTH Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY 12 / 04 / 2009

Transaction ID: SA11AI.82031

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
PAUL MAZZONI

Mailing Address 6432 EDINBURGH DR

City NASHVILLE State TN Zip Code 37221

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

Name of Employer CARDIO ANESTH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 12 / 03 / 2009

Transaction ID: SA11AI.81992

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City OOLTEWAH State TN Zip Code 37363

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

Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOG Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 919.00

Date of Receipt: MM / DD / YYYY 12 / 01 / 2009

Transaction ID: SA11AI.81730

Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **833.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AARON MEDLEY	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 639 N MULBERRY ST	<b>Transaction ID:</b> SA11AI.82032
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND ANESTHESIA CONSULTANTS, P.S. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID MERCIER	Date of Receipt MM / DD / YYYY 12 / 20 / 2009
	Mailing Address 7433 VILLANOVA ST	<b>Transaction ID:</b> SA11AI.82261
	City State Zip Code DALLAS TX 75225	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UT SOUTHWESTERN ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DOUGLAS MERRILL	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address #1 MEDICAL CENTER WAY	<b>Transaction ID:</b> SA11AI.82123
	City State Zip Code LEBANON NH 03756	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DARMOOUTH-HITCHCOCK MEDICAL CENTER - DE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 45 / 86

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RAFAEL MIGUEL		Date of Receipt	
	Mailing Address 25 S TREASURE DR		M M / D D / Y Y Y Y Y 12 / 06 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82110
	TAMPA	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer SELF		Occupation ANESTHESIOLOGIST PAIN PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) KEVIN MILLER		Date of Receipt	
	Mailing Address 22223 CASS AVE.		M M / D D / Y Y Y Y Y 12 / 01 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81734
	WOODLAND HILLS	CA	91364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		41.00	
Name of Employer ST. JOHN HEALTH CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt	
	Mailing Address 1306 E WELDEN DR		M M / D D / Y Y Y Y Y 12 / 03 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81934
	SPOKANE	WA	99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer PHYS ANESTH GRP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1141.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 1306 E WELDEN DR		<b>Transaction ID:</b> SA11AI.82208
City SPOKANE	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

**B.**

Full Name (Last, First, Middle Initial) PARTHA MOOKERJEE		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address 1200 E MICHIGAN AVE STE 370		<b>Transaction ID:</b> SA11AI.81919
City LANSING	State MI	Zip Code 48912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PHYSICIAN ANESTHESIA SERVICE, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address 1748 VESTWOOD HILLS DR.		<b>Transaction ID:</b> SA11AI.81811
City VESTAVIA HILLS	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>475.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 47 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt
	Mailing Address 415 N CENTER ST., #201		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	HICKORY	NC	28601
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82097
Name of Employer UNIFOUR ANESTHESIA ASSOCIATES, PA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MATTHEW MYERS		Date of Receipt
	Mailing Address P. O. BOX 3294		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TUPELO	MS	38803
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82065
Name of Employer TUPELO ANESTHESIA GROUP, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVE NANAN		Date of Receipt
	Mailing Address 755 N. 11TH ST., STE P3600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BEAUMONT	TX	77702
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82196
Name of Employer ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 225.00	<input type="text"/> 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 975.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) J DAVID NETTERVILLE	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2469 N BERRYS CHAPEL RD	<b>Transaction ID:</b> SA11AI.81759
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CARDIOVASCULAR ANESTHESIOLOGISTS PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL NICHOLS	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 1090 DEVINE CIRCLE	<b>Transaction ID:</b> SA11AI.81757
	City State Zip Code ATLANTA GA 30319	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NOVA SOUTHEASTERN UNIVERSITY ANESTHESIOLOGISTS	Occupation ANESTHESIOLOGIST ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) NANCY NUSSMEIER	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 750 E ADAMS ST RM 4143	<b>Transaction ID:</b> SA11AI.81957
	City State Zip Code SYRACUSE NY 13210	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SUNY UPSTATE MED U	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1208.00
<b>TOTAL</b> 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: (check only one)	PAGE 49 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DALE OSTRANDER		Date of Receipt	
	Mailing Address 2300 N. EDWARD ST.		M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82086
	DECATUR	IL	62526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer ASSOC. ANES. OF DECATUR, LTD		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CARMELITA PABLO		Date of Receipt	
	Mailing Address 1701 WELLINGTON WDS DR		M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82217
	LITTLE ROCK	AR	72211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer U OF AR MED SCI		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt	
	Mailing Address 1211 21ST AVE S MEDICAL ARTS BUILDING SUITE 526		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81763
	NASHVILLE	TN	37212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		125.00	
Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
RONALD PEARL

Mailing Address 580 MATADERO AVE

City State Zip Code  
PALO ALTO CA 94306

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

Name of Employer Occupation  
STANFORD UNIVERSITY SCHOOL OF MEDICINE PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.82147

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
SONYA PEASE

Mailing Address 8 YACHT CLUB PLACE

City State Zip Code  
JUPITER FL 33469

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

Name of Employer Occupation  
ANESTHETIX MANAGEMENT, LLC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2009

Transaction ID: SA11AI.82012

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM PEKARSKE

Mailing Address 1281 E. CALLE DE LA CABRA

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
SOUTHERN ARIZONA ANESTHESIA SERVICES PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2009

Transaction ID: SA11AI.81813

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **833.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID PENNINGTON	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 10015 W. WESLEY PLACE	<b>Transaction ID:</b> SA11AI.81851
	City State Zip Code LAKEWOOD CO 80227	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYS ANES SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS PETROU	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 5105 MADISON AVE APT B2	<b>Transaction ID:</b> SA11AI.81913
	City State Zip Code OKEMOS MI 48864	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYS ANES SERV ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) EDGAR PIERRE	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 1800 NW 10TH AVE., T244	<b>Transaction ID:</b> SA11AI.81724
	City State Zip Code MIAMI FL 33137	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RYDER TRAUMA CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 52 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) HARI PONNURU		Date of Receipt
	Mailing Address 755 N. 11TH STREET/ SUITE P3600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BEAUMONT	TX	77726
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82198
Name of Employer ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DONALD PORTELL		Date of Receipt
	Mailing Address 1555 INDIAN RIVER BLVD STE B120		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	VERO BEACH	FL	32960
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82212
Name of Employer ANESTHESIA OF INDIAN RIVER		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) RODNEY POSEY		Date of Receipt
	Mailing Address 2716 COLUMBINE PL.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TUPELO	MS	38801
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82067
Name of Employer TUPELO ANESTHESIA GROUP, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 975.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID POWELL		Date of Receipt
	Mailing Address 4250 BROWNSTONE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 15 / 2009
	City	State	Zip Code
	BEAUMONT	TX	77706
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82199
Name of Employer ANESTHESIA ASSOCIATES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) BERNARD PYGON		Date of Receipt
	Mailing Address 969 S. HILLSIDE AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 17 / 2009
	City	State	Zip Code
	ELMHURST	IL	60126
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.82246
Name of Employer UNIVERSITY OF ILLINOIS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) SRIPAD RAO		Date of Receipt
	Mailing Address 1504 BAY RD APT 3307		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 01 / 2009
	City	State	Zip Code
	MIAMI BEACH	FL	33139
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81746
Name of Employer RYDER TRAUMA CENTER ANESTHESIOLOGY		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 336.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1333.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JOHN REISINGER

Mailing Address 3502 12TH AVE SE

City SAINT CLOUD State MN Zip Code 56304

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

Name of Employer CENTRAL MN ANESTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.82210

Amount of Each Receipt this Period  
 250.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT RIEDEL

Mailing Address 5 VALHALLA

City NASHVILLE State TN Zip Code 37215

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

Name of Employer AMG NASHVILLE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.82316

Amount of Each Receipt this Period  
 250.00

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY ROBERTS

Mailing Address 1700 KENSINGTON DR.

City KNOXVILLE State TN Zip Code 37922

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

Name of Employer AMAET Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.81881

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRIAN ROBINSON		Date of Receipt
	Mailing Address 4434 SUMMER DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ZIONSVILLE	IN	46077
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82318
Name of Employer SOUTHEAST ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) MELANIE ROBINSON-WOODARD		Date of Receipt
	Mailing Address 12800 WINSTON		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	REDFORD	MI	48239
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81915
Name of Employer PHYS ANES SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER RD		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NORFOLK	VA	23505
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81866
Name of Employer ATLANTIC ANESTHESIA INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 56 / 86

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt	
	Mailing Address 6005 RIVER RD		M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82077
	NORFOLK	VA	23505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer ATLANTIC ANESTHESIA INC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN ROGOSKI		Date of Receipt	
	Mailing Address 410 W 10TH AVE DOAN HALL N411		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82315
	COLUMBUS	OH	43210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer THE OH STATE UNIV ANES DE-PT		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) RAMON ROSALES		Date of Receipt	
	Mailing Address 102 GELNAW LANE		M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82223
	MONTVALE	NJ	07645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer NJ ANESTH GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

1100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT SAFFRAN		Date of Receipt	
	Mailing Address 34 KILMER DR.		M M / D D / Y Y Y Y Y 12 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82227
	SHORT HILLS	NJ	07078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer NJ ANESTH GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHEN SCHANGE		Date of Receipt	
	Mailing Address 755 N 11ST #P3600		M M / D D / Y Y Y Y Y 12 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82201
	BEAUMONT	TX	77702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		225.00	
Name of Employer ANESTHESIA ASSOC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOSEPH SCHIANODICOLA		Date of Receipt	
	Mailing Address 218 CENTER ST		M M / D D / Y Y Y Y Y 12 / 22 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82273
	STATEN ISLAND	NY	10306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer NEW YORK METHODIST HOSPITAL		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 86

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH SEARS		Date of Receipt
	Mailing Address 110 29TH AVENUE NORTH, SUITE 201		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	City	State	Zip Code
	NASHVILLE	TN	37203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.81926
Name of Employer ANESTHESIA MEDICAL GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) B. SCOTT SEGAL		Date of Receipt
	Mailing Address DEPARTMENT OF ANESTHESIA, PERIOPER 75 FRANCIS STREET, CWN L 1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	City	State	Zip Code
	BOSTON	MA	02115
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.81731
Name of Employer BWPO		Occupation PROFESSOR OF ANESTHESIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00
		<input type="text"/> 213.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SEAN SERELL		Date of Receipt
	Mailing Address 1236 EAST ELIZABETH, STE. 3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 5 / 2 0 0 9
	City	State	Zip Code
	FORT COLLINS	CO	80524
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.82099
Name of Employer NORTHERN COLORADO ANESTHESIA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1541.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BERNARD SHICH

Mailing Address 11717 LONGLEAF LANE

City HOUSTON State TX Zip Code 77024

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt 12 / 01 / 2009  
**Transaction ID:** SA11AI.81736  
 Amount of Each Receipt this Period 41.00

**B.** Full Name (Last, First, Middle Initial)  
MARC SIEGEL

Mailing Address 1249 SADDLE SPRINGS DR

City THOMPSONS STATION State TN Zip Code 37179

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

Name of Employer ANESTHESIA MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2009  
**Transaction ID:** SA11AI.82112  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
DANIEL SILVASI

Mailing Address 2655 AMBERLY

City BLOOMFIELD HILLS State MI Zip Code 48301

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

Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** SA11AI.82279  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 541.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MARK SINGLETON  
 Mailing Address 1805 GREENCREEK DR.  
 City State Zip Code  
 SAN JOSE CA 95124  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.81955  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
GAIL SMITH  
 Mailing Address 6875 ANN ARBOR SALINE RD.  
 City State Zip Code  
 SALINE MI 48176  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.81908  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHYSICIAN ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
GARY SMITH  
 Mailing Address 3040 LAUREL COVE LN.  
 City State Zip Code  
 SIGNAL MOUNTAIN TN 37377  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.81980  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 86  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
P. GREG ST. CLAIRE

Mailing Address 3049 SUMMERGATE LANE

City State Zip Code  
OKEMOS MI 48864

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

Name of Employer  
PHYSICIAN ANESTHESIA SERVICES

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

**Transaction ID:** SA11AI.81909

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT STEIN

Mailing Address 2626 STONEMILLE DRIVE

City State Zip Code  
ELIZABETHTOWN KY 42701

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

Name of Employer  
HEARTLAND ANESTH

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.82034

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD STERN

Mailing Address 46 SPRINGBROOK LN.

City State Zip Code  
NEWARK DE 19711

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

Name of Employer  
ANESTHESIA SERVICES, P.A.

Occupation  
ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.81728

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DOUGLAS STERNBERG	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Mailing Address 3230 SHADYDALE CT.	<b>Transaction ID:</b> SA11AI.82072
	City State Zip Code WEST BLOOMFIELD MI 48323	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation S OAKLAND ANES ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SCOTT STEVENSON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Mailing Address 1505 BRISTOL CT.	<b>Transaction ID:</b> SA11AI.82015
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation HEARTLAND ANESTHESIA CONS- ULTANTS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GLEN STRANGE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Mailing Address 5166 COLLETON WAY	<b>Transaction ID:</b> SA11AI.81938
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AMG ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENKERE SUDHIR		Date of Receipt	
	Mailing Address 168 KINSLEY ST., #4		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81944
	NASHUA	NH	03060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer GRANITE STATE ANES.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM SWAGMAN		Date of Receipt	
	Mailing Address 3333 EVERGREEN DRIVE, NE		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81986
	GRAND RAPIDS	MI	49525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ANES MED CONSULT		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT SWITZER		Date of Receipt	
	Mailing Address 26 FARM HILL RD.		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81729
	WEST HARTFORD	CT	06107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer MILFORD ANESTHESIA, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 419.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 64 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAMON TEMPLETON		Date of Receipt	
	Mailing Address 3507 LAKESTONE CT.		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82267
	MARTINEZ	GA	30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA, LLC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT THOMPSON		Date of Receipt	
	Mailing Address PO BOX 3294		M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82059
	TUPELO	MS	38803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer TUPELO ANES GRP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT THOMPSON		Date of Receipt	
	Mailing Address 1215 PLEASANT ST., #400		M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82105
	DES MOINES	IA	50309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer ASSOCIATED ANESTHESIOLOGI-STS, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 65 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TODD TRITCH	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Mailing Address SACRED HEART MEDICAL CENTER AT RIV 3333 RIVER BEND DRIVE	<b>Transaction ID:</b> SA11AI.81839
	City State Zip Code SPRINGFIELD OR 97477	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NORTHWEST ANESTHESIA PHYSICIANS PC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Mailing Address 13909 WATERWAY BLVD.	<b>Transaction ID:</b> SA11AI.81752
	City State Zip Code FORTVILLE IN 46040	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer INTERVENTIONAL PAIN CARE Occupation PAIN PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Mailing Address 427 HEIGHTS DR	<b>Transaction ID:</b> SA11AI.81780
	City State Zip Code GIBSONIA PA 15044	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer WESTERN PENNSYLVANIA HOSPITAL DEPARTME Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 917.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 66 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JO TU		Date of Receipt	
	Mailing Address 4503 HABERSHAM COURT		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81960
	MISSOURI CITY	TX	77459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) REBECCA TWERSKY		Date of Receipt	
	Mailing Address 450 CLARKSON AVENUE BOX 6		M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.82155
	BROOKLYN	NY	11203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer SUNY DOWNSTATE MEDICAL CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID VARLOTTA		Date of Receipt	
	Mailing Address 1303 BAYSHORE BLVD.		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81782
	TAMPA	FL	33606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.00	
Name of Employer UNICOM ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 751.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.00
<b>TOTAL</b> 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: (check only one)	PAGE 67 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRIANBRIAN VAUGHAN		Date of Receipt
	Mailing Address 2139 AUBURN AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	City	State	Zip Code
	CINCINNATI	OH	45219
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82241
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) HECTOR VILA		Date of Receipt
	Mailing Address 4304 W AZEELE ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	City	State	Zip Code
	TAMPA	FL	33609
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81750
Name of Employer HV PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 83.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT VILLARREAL		Date of Receipt
	Mailing Address 5400 SUNCREST DR., SUITE #B-3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	City	State	Zip Code
	EL PASO	TX	79912
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81948
Name of Employer ANESTHESIA CONSULT ASSOC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>833.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNETTE VIZENA	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 919 SKIPPING STONE CT	<b>Transaction ID:</b> SA11AI.81959
	City State Zip Code TIMNATH CO 80547	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANNETTE VIZENA	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 919 SKIPPING STONE CT	<b>Transaction ID:</b> SA11AI.82215
	City State Zip Code TIMNATH CO 80547	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHERN CO ANESTH. PROF. CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ZEV WACHTEL	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 121 STONEHURST DR	<b>Transaction ID:</b> SA11AI.82229
	City State Zip Code TENAFLY NJ 07670	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NJ ANESTH GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	580.00
<b>TOTAL</b> 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: (check only one)	PAGE 69 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) HENRY WALTHER	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 6845 RANCHO LOS PAVOS LN	<b>Transaction ID:</b> SA11AI.82035
	City State Zip Code GRANITE BAY CA 95746	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CASE MEDICAL GROUP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL WALTZ	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 1201 MEADOW RUN	<b>Transaction ID:</b> SA11AI.81854
	City State Zip Code GOLDEN CO 80403	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PHYSICIAN ANESTHESIA SERVICES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER WASSINK	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 3300 EGYPT VALLEY NE	<b>Transaction ID:</b> SA11AI.81807
	City State Zip Code ADA MI 49301	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ANESTHESIA MEDICAL CONSULTANTS PC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>361.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 70 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ERIC WERNER	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 3804 ROYAL FOX DR	<b>Transaction ID:</b> SA11AI.81998
	City State Zip Code SAINT CHARLES IL 60174	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer WEST CENTRAL ANESTHESIOLOGY GROUP, LTD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRIAN WEST	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 407 W. SPRINGS MEADOWS LANE	<b>Transaction ID:</b> SA11AI.81911
	City State Zip Code DEWITT MI 48820	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) IHN WHANG	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 9 CHADWICK CT.	<b>Transaction ID:</b> SA11AI.82225
	City State Zip Code PARK RIDGE NJ 07656	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NJ ANESTH GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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: (check only one)	PAGE 71 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEVIN JAMES WHITAKER		Date of Receipt
	Mailing Address 1791 KERR GULCH ROAD		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	EVERGREEN	CO	80439
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81852
Name of Employer PHYSICIAN ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) ANA WHITTEN		Date of Receipt
	Mailing Address 3070 DEVONSHIRE WAY		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81951
Name of Employer METROPOLITAN ANES ALLIANCE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANA WHITTEN		Date of Receipt
	Mailing Address 3070 DEVONSHIRE WAY		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82260
Name of Employer METROPOLITAN ANESTHESIA ALLIANCE		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRIAN WICKHAM	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 819 RABBIT RUN DR.	<b>Transaction ID:</b> SA11AI.81846
	City State Zip Code GOLDEN CO 80401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PHYSICIAN ANESTHESIA SERVICES, P.C. AN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MURRAY WILLIS	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 12963 W. HARVARD AVE.	<b>Transaction ID:</b> SA11AI.81855
	City State Zip Code LAKEWOOD CO 80228	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY WILSON	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 230 STERLING SPRINGS DR.	<b>Transaction ID:</b> SA11AI.81984
	City State Zip Code JOHNSON CITY TN 37604	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ANESTHESIA & PAIN CONSULTANTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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: (check only one)	PAGE 73 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRADLEY WOMACK		Date of Receipt
	Mailing Address PO BOX 3294		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	TUPELO	MS	38803
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82063
Name of Employer TUPELO ANES GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) HAK WONG		Date of Receipt
	Mailing Address 3500 N LAKE SHORE DR APT 3B		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CHICAGO	IL	60657
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.82294
Name of Employer NORTHWESTERN UNIVERSITY FEINBERG SCHOO		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) JASON WORKMAN		Date of Receipt
	Mailing Address 7575 W WASHINGTON AVE STE 127-374		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LAS VEGAS	NV	89128
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.81725
Name of Employer ANESTHESIOLOGY CONSULTANT- S. INC.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.00	<input type="text" value="83.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1083.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 / 86	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHAHINE YAMINE		Date of Receipt																					
	Mailing Address 1227 EARNESTINE STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	1		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.81814																				
	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																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 996.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	83.00
<b>TOTAL</b> This Period (last page this line number only) .....	68720.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 86	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt	
	Mailing Address 50 S LASALLE		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA17.82383
	CHICAGO	IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	12.96
Name of Employer		Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3067.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BARNETT FOR CONGRESS	Transaction ID: SB23.82382 Date of Disbursement 12 / 22 / 2009
	Mailing Address PO BOX 1937	Amount of Each Disbursement this Period 2500.00
	City EMPORIA State KS Zip Code 66801	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS	Transaction ID: SB23.82336 Date of Disbursement 12 / 09 / 2009
	Mailing Address 610 S BOULEVARD	Amount of Each Disbursement this Period 1000.00
	City TAMPA State FL Zip Code 33606	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUE DOG PAC	Transaction ID: SB23.82342 Date of Disbursement 12 / 09 / 2009
	Mailing Address 236 MASSACHUSETTS AVE NW #603	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement 2009 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS	Transaction ID: SB23.82368 Date of Disbursement
	Mailing Address PO BOX 250	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City NEWBURGH State IN Zip Code 47629	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS	Transaction ID: SB23.82356 Date of Disbursement
	Mailing Address 501 CAPITOL CT NE, SUITE 100	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.82340 Date of Disbursement
	Mailing Address PO BOX 74	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SYRACUSE State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: SB23.82358 Date of Disbursement																			
	Mailing Address 499 S CAPITOL ST SW, #404	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	6	/	2	0	0	9												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: SB23.82328 Date of Disbursement																			
	Mailing Address PO BOX 750114	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	0	9												
	City LAS VEGAS State NV Zip Code 89136	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: SB23.82376 Date of Disbursement																			
	Mailing Address PO BOX 750114	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	2	/	2	0	0	9												
	City LAS VEGAS State NV Zip Code 89136	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 86

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

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

A.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.82334 Date of Disbursement 12 / 09 / 2009
	Mailing Address 700 12TH ST NW, SUITE 700	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: SB23.82378 Date of Disbursement 12 / 22 / 2009
	Mailing Address PO BOX 2916	Amount of Each Disbursement this Period 1000.00
	City HUNTSVILLE State AL Zip Code 35804	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOUSE CONSERVATIVES FUND	Transaction ID: SB23.82354 Date of Disbursement 12 / 16 / 2009
	Mailing Address 2111 WILSON BLVD, SUITE 700	Amount of Each Disbursement this Period 4000.00
	City ARLINGTON State VA Zip Code 22201	
	Purpose of Disbursement 2009 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 86

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) ILLINOIS DEPARTMENT OF REVENUE <hr/> Mailing Address P.O. BOX 19008 <hr/> City SPRINGFIELD State IL Zip Code 62794-9008 <hr/> Purpose of Disbursement TAX PAYMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.82325 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 580.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS <hr/> Mailing Address 4590 MACARTHUR BLVD, #500 <hr/> City NEWPORT BEACH State CA Zip Code 92660 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.82338 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA <hr/> Mailing Address PO BOX 993 <hr/> City PRESCOTT State AZ Zip Code 86302 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.82362 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2580.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 86

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>LEADERSHIP FOR TODAY &amp; TOMORROW PAC</b></p> <p>Mailing Address 607 14TH ST NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82348 <b>Date of Disbursement</b> 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LEVIN FOR CONGRESS</b></p> <p>Mailing Address PO BOX 37</p> <p>City ROSEVILLE State MI Zip Code 48066</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82330 <b>Date of Disbursement</b> 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL BURGESS FOR CONGRESS</b></p> <p>Mailing Address PO BOX 2334</p> <p>City DENTON State TX Zip Code 76202</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82364 <b>Date of Disbursement</b> 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS CMTE	Transaction ID: SB23.82346 Date of Disbursement 12 / 09 / 2009
	Mailing Address PO BOX 360	Amount of Each Disbursement this Period 1500.00
	City PRESCOTT State AR Zip Code 71857	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC	Transaction ID: SB23.82360 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO BOX 5577	Amount of Each Disbursement this Period 2500.00
	City NEW YORK State NY Zip Code 10027	
	Purpose of Disbursement 2009 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OUR CONGRESS PAC	Transaction ID: SB23.82380 Date of Disbursement 12 / 22 / 2009
	Mailing Address PO BOX 344	Amount of Each Disbursement this Period 1500.00
	City PRESCOTT State AR Zip Code 71857	
	Purpose of Disbursement 2009 CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>PEAK PAC</b></p> <p>Mailing Address 122 C STREET NW, SUITE 505</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82370</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>ROSKAM PAC</b></p> <p>Mailing Address PO BOX 1011</p> <p>City WHEATON State IL Zip Code 60187</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82344</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SHORE PAC</b></p> <p>Mailing Address PO BOX 3157</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.82326</p> <p>Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

**8500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SKIPAC	Transaction ID: SB23.82350 Date of Disbursement 12 / 09 / 2009
	Mailing Address PO BOX 83142	Amount of Each Disbursement this Period 2500.00
	City GAITHERSBURG State MD Zip Code 20883	
	Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SWPA PAC	Transaction ID: SB23.82366 Date of Disbursement 12 / 16 / 2009
	Mailing Address 499 S CAPITOL ST, SW, SUITE 404	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TAC PAC	Transaction ID: SB23.82352 Date of Disbursement 12 / 09 / 2009
	Mailing Address 228 S WASHINGTON ST, SUITE 115	Amount of Each Disbursement this Period 2000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement 2009 CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 86

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WOLVERINE PAC

Transaction ID: SB23.82332

Date of Disbursement

Mailing Address 607 14ST ST NW, SUITE 800

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	0	9

City State Zip Code  
WASHINGTON DC 20005

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
2009 CONTRIBUTION

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

52080.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 86

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF HEATHER MIZEUR

Mailing Address PO BOX 11290

City State Zip Code  
TAKOMA PARK MD 20913

Purpose of Disbursement  
2009 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.82374

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 50 S LASALLE

City State Zip Code  
CHICAGO IL 60675

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.82384

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

1466.41

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

2466.41

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

2466.41