FEC FORM 3X	AN	PORT (D DISB Other Than /	URSEM	IENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING I YPE OR PRINT		ample:If typing er the lines	, type			
ADDRESS (number and	street) 52	0 N. NORTHWI	EST HIGHWAY					
Check if different than previously reported. (ACC							60068 	
2. FEC IDENTIFICAT	ION NUMBER	₩ -	CITY 🛕		S	TATE	ZIPCODI	Ξ 🔺
C00255752]	3. IS THIS REPOR		NEW (N) OR	AMI (A)	ENDED	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(Ni Year Only	orts: Report(Q1) 5 Report(Q2) 5 Report(Q3) 1 Report(YE) iid-Year on-election	b) Monthly Report Due On: (c) 12-Day PRE -Ele Report for (d) 30-Day Post -E Report for	Election on	3)	12C)	Sep 2	0 (M9) x 2G) x 2G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>T</u> Ele <u>ctronically</u>	and to the best of HOMAS CONM	MAS CONWAY	,	Da	ate 01		2 0 1 0 C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

Image# 10990073859

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 86

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	D D Y Y Y Y Y Y 2 0 0 9	To:
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		943984.31
	(b) Cash on Hand at Begining 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
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1495220.03	1495220.03
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	1

X 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

FE6AN026

Image# 10990073860

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

FE6AN026

Image# 10990073861

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 86
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
 (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share 	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	52080.00	908580.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
 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
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
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)). 	54546.41	1119993.06
 Total Federal Disbursements 		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	54546.41	1119993.06
from Line 31)	04040.41	1119993.00

DETAILED SUMMARY PAGE

of Disbursements

5 / 86 FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating COLUMN B COLUMN A Expenditures **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 80734.00 1663161.50 from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d)) 35. Net Contributions (other than loans) 80734.00 1663161.50 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))..... 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3) 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

FE6AN026

Ċ	SCHEDULE A (FEC Form 3X)	[FOR LINE NUMBER: PAGE 6 / 86			
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	Any information copied from such Reports and S	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)	r for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	MITTEE			
∠ A.	Full Name (Last, First, Middle Initial) MICHAEL ADKINS			Date of Receipt			
	Mailing Address 1850 N CENTRAL AV	'E STE 1600		M M / D D / Y Y Y Y 12 17 2009			
	City	State	Zip Code	Transaction ID: SA11AI.82247			
	PHOENIX	AZ	85004	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer VALLEY ANESTHESIA CONSUL-	Occupation PHYSICI		-			
	TANTS, LTD. Receipt For:	- I - I	Year-to-Date V	\neg			
	Primary General Other (specify) ▼		1000.00]			
– B.	Full Name (Last, First, Middle Initial) MOHAMMED AHMED	1		Date of Receipt			
	Mailing Address 1 SOLOMON PIERCE	E RD.		M M / D D / Y Y Y Y 12 03 2009			
	City	State	Zip Code	Transaction ID: SA11AI.82000			
	LEXINGTON	MA	02420	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer TUFTS MED CTR	Occupation ANESTH	ESIOLOGIST				
	Receipt For:	- 1 · I	Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	0 0	500.00]			
- C.	Full Name (Last, First, Middle Initial) CHARLES AKINS			Date of Receipt			
	Mailing Address 497 SWEETBRIAR RI	D.		1 2 0 2 2 0 0 9			
	City	State	Zip Code	Transaction ID: SA11AI.81869			
	MEMPHIS	TN	38120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupation ANESTH	ESIOLOGIST				
	Receipt For:	Aggregate	Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	0 0	500.00]			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee t	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	SIOLOGISTS POLITICAL ACTION CON	
Α.	GUY ALIOTTA Mailing Address 25 KENNEDY DRIVE		Date of Receipt
			1 2 0 1 2 0 0 9
	City MERIDEN	State Zip Code CT 06450	Transaction ID: SA11AI.81723 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer MIDSTATE MEDICAL CENTER	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 996.00	
- B.	Full Name (Last, First, Middle Initial) SCOTT AMES Mailing Address 3462 S. ATLANTA PL.	I	Date of Receipt
			12 05 2009
	City _TULSA	State Zip Code OK 74105	Transaction ID: SA11AI.82108 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS INC.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
- C.	Full Name (Last, First, Middle Initial) SHARON ASHLEY	I	Date of Receipt
	Mailing Address 1229 LEEWARD WAY		12 / 22 2009
	City WESTON	State Zip Code FL 33327	Transaction ID: SA11AI.82277 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer SHERIDAN HEALTHCORP	Occupation PEDIATRIC ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1083.00
ŀ	TOTAL This Period (last page this line number	only)	

	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 86 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 1
	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
. Z	Full Name (Last, First, Middle Initial) BYRON ASHMORE			Date of Receipt
	Mailing Address 1645 METROPOLITAI	N DRIVE		12 D D / Y Y Y Y 12 09 2009
	City	State	Zip Code	Transaction ID: SA11AI.82164
	LONGMONT FEC ID number of contributing federal political committee.	со С	80503	Amount of Each Receipt this Period 500.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00	
	Full Name (Last, First, Middle Initial) DAVID AZAR Mailing Address PO BOX 1566	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81857
	BEAR	DE	19701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASPA	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) ROBERT BAKER			Date of Receipt
	Mailing Address 320 LINWOOD CT			1 2 0 1 2 0 0 9
	City LITTLE ROCK	State AR	Zip Code 72205	Transaction ID: SA11AI.81739 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer ARKANSAS CHILDENS HOSPITAL	Occupatio ASSISTA	n ANT PROFESSOR, DEPT. C	DF ANESTHES
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 213.00]
Γ	SUBTOTAL of Receipts This Page (optional)		······	791.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 86 (check only one)
ſ	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
∠	Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt		
	Mailing Address 601 NE 36TH ST APT	3407		M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81713
	MIAMI FEC ID number of contributing federal political committee.	FL C	33137	Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF MIAMI	Occupatio PHYSICI		-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 917.00]
-	Full Name (Last, First, Middle Initial) JONATHAN BENNIE Mailing Address 109 DRAYTON CT.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81861
	FRANKLIN FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 250.00
	Name of Employer ANES MED GRP	Occupatio PHYSICI		-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
_	Full Name (Last, First, Middle Initial) ARTHUR BERGH			Date of Receipt
	Mailing Address 3300 GALLOWS RD.	, ANES. DEF	РТ.	12 01 2009
	City FALLS CHURCH	State VA	Zip Code 22042	Transaction ID: SA11AI.81727 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer FAIRFAX ANES. ASSOC.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 625.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			458.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) WALTER BERNARD Mailing Address 1255 HILYARD ST. City EUGENE FEC ID number of contributing federal political committee. Name of Employer NW ANESTH PHYS Receipt For:	State Zip Code OR 97401 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt
-	Primary General Other (specify) ▼	250.00]
В.	Full Name (Last, First, Middle Initial) VIDYA BETHI Mailing Address 1224 HIGHWAY 149 City CLARKSVILLE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TN 37040 C Image: Constraint of the state of the stat	Date of Receipt
C.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR City LAFAYETTE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY ASSOC Receipt For: Primary General Other (specify) ▼	State Zip Code IN 47905 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date € 625.00	Date of Receipt
	SUBTOTAL of Receipts This Page (optional)	▶	575.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 86 (check only one) 11a X 11a 11b 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		12 03 Y Y Y Y Y 12 03 2009
		State Zip Code	Transaction ID: SA11AI.81958
	LAFAYETTE FEC ID number of contributing federal political committee.	IN 47905	Amount of Each Receipt this Period 50.00
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTHESIOLOGIST	-
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 675.00	
 3.	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.82070
		IN 47905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	
).	Full Name (Last, First, Middle Initial) KENNETH BOCHENEK		Date of Receipt
	Mailing Address 2000 SPRUCE DR		12 15 Y Y Y Y 12 15 2009
		State Zip Code	Transaction ID: SA11AI.82218
	LAFAYETTE FEC ID number of contributing federal political committee.	IN 47905	Amount of Each Receipt this Period
	Name of Employer ANESTHESIOLOGY ASSOC	Occupation ANESTHESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	
	SUBTOTAL of Receipts This Page (optional)	·	150.00
-	FOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/86 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∡ ۹.	Full Name (Last, First, Middle Initial) GREGORY BOUSKA			Date of Receipt
	Mailing Address 3000 BOGEY CIR SE			12 01 Y Y Y Y 12 01
	City	State	Zip Code	Transaction ID: SA11AI.81748
	OWENS CROSS ROADS	AL	35763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer COMPREHENSIVE ANESTHESIA SERVICES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	336.00	
	Full Name (Last, First, Middle Initial) DAVID BOWER			Date of Receipt
	Mailing Address 148 WATTS LN.			1 2 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82017
	ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEARTLAND ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
;.	Full Name (Last, First, Middle Initial) DAVID BREWSTER			Date of Receipt
-	Mailing Address 15 JOCELYN PL.			1 2 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82245
	WALNUT CREEK	CA	94597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer KAISER WALNUT CREEK ANES. DEPT.	Occupatio CHIEF C	n DF ANESTHESIA	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		833.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full)	BIOLOGISTS POLITICAL ACTION COM	MITTEE
A .	Full Name (Last, First, Middle Initial) STEVE BRISTER		Date of Receipt
	Mailing Address P.O. BOX 3294		1 2 / D D / Y Y Y Y 1 2 0 4 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82061
	TUPELO FEC ID number of contributing federal political committee.	MS 38803	Amount of Each Receipt this Period
	Name of Employer TUPELO ANESTHESIA GROUP, P.A.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) JEFFREY BROUSSARD Mailing Address 610 CHEROKEE BLVI).	Date of Receipt
			12 04 2009
	City KNOXVILLE	State Zip Code TN 37919	Transaction ID: SA11AI.82037 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	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	I	Date of Receipt
	Mailing Address 6226 BELLERIVE DRI	VE	M M / D D / Y Y Y Y 12 03 2009
		State Zip Code	Transaction ID: SA11AI.81921
	BRENTWOOD FEC ID number of contributing federal political committee.	TN 37027	Amount of Each Receipt this Period
	Name of Employer ANESTH MED GRP	Occupation ANESTHESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	1000.00
ľ	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHES	BIOLOGISTS POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) MATTHEW BUCKON		Date of Receipt
	Mailing Address 1945 N.W. 28TH PL.		1 2 / 3 0 / Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82305
	PORTLAND	OR 97210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer OREGON ANESTHESIOLOGY GRO- UP, P.C.	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	250.00	
- B.	Full Name (Last, First, Middle Initial) THOMAS BUTCHER		Date of Receipt
	Mailing Address 2625 E. 28TH ST.		M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81888
	TULSA	OK 74114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SJAS	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	250.00	
- C.	Full Name (Last, First, Middle Initial) CURTIS CARL	I	Date of Receipt
	Mailing Address 1200 E MICHIGAN AV	'E STE 370	M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81892
		MI 48912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICE	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	•	750.00
ľ	TOTAL This Period (last page this line number	only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 86 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and St or commercial purposes, other than using the	atements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
۹.	Full Name (Last, First, Middle Initial) MARTYN CAVALLO			Date of Receipt
	Mailing Address 110-29TH AVE. NORT	H, #201		12 01 YYYY 12009
	City	State	Zip Code	Transaction ID: SA11AI.81812
	NASHVILLE FEC ID number of contributing federal political committee.	TN C	37203	Amount of Each Receipt this Period 41.00
	Name of Employer ANESTHESIA MEDICAL GROUP		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00]
 3.	Full Name (Last, First, Middle Initial) JOHN CHATELAIN			Date of Receipt
	Mailing Address 1319 S.9TH ST.			M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81766
	FARGO FEC ID number of contributing federal political committee.	C	58103	Amount of Each Receipt this Period 41.00
	Name of Employer MERITCARE MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
	Full Name (Last, First, Middle Initial) PAUL COHEN			Date of Receipt
	Mailing Address P.O. BOX 668			12 / D D / Y Y Y Y 12 02 2009
	City ARVADA	State CO	Zip Code 80001	Transaction ID: SA11AI.81848 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 500.00]
รเ	IBTOTAL of Receipts This Page (optional)		······	582.00
Т	TAL This Period (last page this line number of	onlv)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 86 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and a or for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
. Z	Full Name (Last, First, Middle Initial) MARK COOK			Date of Receipt
	Mailing Address PHYSICIAN ANES. S	ERVICE		1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81894
	LANSING FEC ID number of contributing federal political committee.	C	48912	Amount of Each Receipt this Period 250.00
	Name of Employer PHYS ANES SERV	Occupatio		
	Receipt For:		ESIOLOGIST	_
	Primary General Other (specify) ▼		250.00]
_	Full Name (Last, First, Middle Initial) JAMES COOPER			Date of Receipt
	Mailing Address PO BOX 3294			12 04 YYYY 12009
	City	State	Zip Code	Transaction ID: SA11AI.82051
	TUPELO	MS	38803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TUPELO ANESTHESIA GROUP P.A.		ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00]
_	Full Name (Last, First, Middle Initial) DAVID CURRIER			Date of Receipt
	Mailing Address 6406 CORRINE DR N	IW		12 04 YYYY 12009
	City	State	Zip Code	Transaction ID: SA11AI.82091
	<u>CANTON</u>	OH	44718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AULTMAN HOSP	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Γ	SUBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 86 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) MIRABELLE DEMUTH			Date of Receipt
Mailing Address 1342 AMANDAJO	DRIVE		1 2 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.82018
ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer HEARTLAND ANESTHESIA CONS- ULTANTS, PSC	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
Full Name (Last, First, Middle Initial) THOMAS DODDS			Date of Receipt
Mailing Address 1 MEDICAL CENTE	1 2 / D D / Y Y Y Y 1 2 0 0 3		
City	State	Zip Code	Transaction ID: SA11AI.82006
LEBANON FEC ID number of contributing federal political committee.	C	03756	Amount of Each Receipt this Period 250.00
Name of Employer DARTMOUTH-HITCHCOCK MEDIC- AL CENTER	Occupation ANESTH	ESIOLOGIST	-
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) MATTHEW DONOVAN			Date of Receipt
Mailing Address 3333 EVERGREEN	DRIVE N.E.		12 29 2009
City	State	Zip Code	Transaction ID: SA11AI.82296
GRAND RAPIDS	MI	49525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
SUBTOTAL of Receipts This Page (optiona			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 86 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
∠ 4.	Full Name (Last, First, Middle Initial) PATRICK DOOLEY			Date of Receipt
	Mailing Address 5300 BENT RIVER BL	VD.		1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81924
	KNOXVILLE	TN	37919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer FT SANDERS ANES GRP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
-	Full Name (Last, First, Middle Initial) CHARLES DORROH	1		Date of Receipt
	Mailing Address 1575 HARBERT AVE.			M M / D D / Y Y Y Y 12 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.82173
	MEMPHIS FEC ID number of contributing	TN	38104	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer METROPOLITAN ANESTHESIA ALLIANCE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 500.00	1
_	Full Name (Last, First, Middle Initial)		0 0 0 0 0 0 0	
•	WILLIAM DURKAN Mailing Address 503 VERMONT CT.			Date of Receipt
	City	State	Zip Code	
	ELIZABETHTOWN	KY	42701	Transaction ID: SA11AI.82020 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEARTLAND ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 86 (check only one) I1a X 11a 13 14 15 16
ہ م	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION CON	IMITTEE
	Full Name (Last, First, Middle Initial) TATE EGGER			Date of Receipt
	Mailing Address 4916 SUGAR BUSH L	_N.		1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81896
	HOLT FEC ID number of contributing federal political committee.		48842	Amount of Each Receipt this Period
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
_	Full Name (Last, First, Middle Initial) ANTHONY ELDRIDGE			Date of Receipt
	Mailing Address PO BOX 3294			12 ^{DD} /2009
	City TUPELO	State MS	Zip Code	Transaction ID: SA11AI.82055
	FEC ID number of contributing federal political committee.	C	38803	Amount of Each Receipt this Period
	Name of Employer TUPELO ANES GRP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
_	Full Name (Last, First, Middle Initial) DEWAYNE ENYEART			Date of Receipt
	Mailing Address 4213 AMBER CT., S.E	Ξ.		12 25 2009
	City OLYMPIA	State WA	Zip Code 98501	Transaction ID: SA11AI.82282 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OLYMPIA ANESTHESIA ASSOC., PC	1 1	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)		·····	1250.00

[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 20 / 86 (check only one) 11a X 11a 11b 13 14 15 16 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full)			
2 A.	Full Name (Last, First, Middle Initial) IMU ESMAIL Mailing Address 13200 PRIMROSE LN			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81898
	DEWITT	MI	48820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- B.	Full Name (Last, First, Middle Initial) JOHN EVERETT Mailing Address 3814 HEMMINGWAY			Date of Receipt
				12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.81899
	OKEMOS	MI	48864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICE, P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 250.00]
- C.	Full Name (Last, First, Middle Initial) CYNTHIA FERRIS			Date of Receipt
	Mailing Address 8200 DODGE ST			M M / D D / Y Y Y Y Y 12 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.82205
	OMAHA	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CHILDRENS HOSP OMAHA	-	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
Ī	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 21 / 86 (check only one) 11a X 11a 11b 11c 12 12 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold a name and address of any	d or used by any perso political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITIC	CAL ACTION COM	MITTEE
×.	Full Name (Last, First, Middle Initial) JOHN FIELD			Date of Receipt
	Mailing Address 755 N 11TH ST #P36	00		1 2 1 5 Y Y Y Y 1 2 1 5 2 0 0 9
	City	State Zip Co		Transaction ID: SA11AI.82192
	BEAUMONT	TX 77702	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOG	AIST	
	Receipt For: Primary General	Aggregate Year-to-Da	ate 🔻	
	Other (specify) ▼		225.00	
. –	Full Name (Last, First, Middle Initial) SCOTT FIELDEN			Date of Receipt
	Mailing Address 3010 W CHARLESTC	1 2 0 1 Y Y Y Y 1 2 0 0 1 2 0 0 9		
	City	State Zip Co	ode	Transaction ID: SA11AI.81749
	LAS VEGAS	NV 89102	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. CREDE	Occupation PHYSICIAN		
	Receipt For: Primary General	Aggregate Year-to-Da	nte 🔻	
	Other (specify) ▼		836.00	
. –	Full Name (Last, First, Middle Initial) MENDEL FORD	1		Date of Receipt
	Mailing Address 1200 E MICHIGAN A	/E		1 2 0 3 2 0 0 9
	City	State Zip Co	ode	Transaction ID: SA11AI.81901
	LANSING	MI 48912	<u> </u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYS ANES SERV	Occupation ANESTHESIOLOG	AIST	
	Receipt For: Primary General	Aggregate Year-to-Da	ate ▼ 250.00	1
	Other (specify)		230.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			558.00
┢				-
	TOTAL This Period (last page this line number	only)	🕨	

Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH Full Name (Last, First, Middle Initial) POLLY FOREMAN	the name and add	dress of any political committee to	o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH Full Name (Last, First, Middle Initial) POLLY FOREMAN	IESIOLOGISTS	S POLITICAL ACTION CON	
POLLY FOREMAN			1MITTEE
Mailing Address FIGE FACLE DAG			Date of Receipt
Mailing Address 513 E. EAGLE PAS	S RD.		M M / D D / Y Y Y Y 12 04 2009
City	State	Zip Code	Transaction ID: SA11AI.82022
ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer HEARTLAND ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date V	_
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) JOHN FUNK			Date of Receipt
Mailing Address 10725 E PLACITA N	M M / D D / Y Y Y Y 12 09 2009		
City	State	Zip Code	Transaction ID: SA11AI.82160
TUCSON	AZ	85730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SOUTHERN ARIZONA ANESTHES- IA SERVICES		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) JEFFERY FUQUA	l		Date of Receipt
Mailing Address 12419 MALLARD B/	AY DR.		12 01 2009
City	State	Zip Code	Transaction ID: SA11AI.81738
KNOXVILLE	TN	37922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.00
Name of Employer AMAET	Occupation ANESTH	ו ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 838.00]
SUBTOTAL of Receipts This Page (optional)		916.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 86 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	BIOLOGISTS POLITICAL ACTION C	OMMITTEE
Α.	Full Name (Last, First, Middle Initial) CHARLES GALAVIZ		Date of Receipt
	Mailing Address DEPT. OF ANESTHES 30 NORTH 1900 EAS		1 2 0 1 Y Y Y Y 1 2 0 1 2 0 0 9
		State Zip Code	Transaction ID: SA11AI.81819
	SALT LAKE CITY FEC ID number of contributing federal political committee.	UT 84132	Amount of Each Receipt this Period 500.00
	Name of Employer UNIVERSITY OF UTAH	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) JOHN GALDUN		Date of Receipt
	Mailing Address 5332 BENT RIVER BL	VD.	1 2 0 3 2 0 0 9
	City KNOXVILLE	State Zip Code TN 37919	Transaction ID: SA11AI.81928
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer ANES MED ALLI E TN	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) MICHAEL GARBACCIO	I	Date of Receipt
	Mailing Address 1200 E. MICHIGAN A	/E., #370	M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81902
	LANSING FEC ID number of contributing federal political committee.	MI 48912	Amount of Each Receipt this Period
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICE	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General 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)	

or for commercial purposes, other than		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	orts and Statements may using the name and add	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF AN	ESTHESIOLOGISTS	S POLITICAL ACTION CON	IMITTEE
Full Name (Last, First, Middle Initial VICENTE GAVIERES	,		Date of Receipt
Mailing Address 226 EVERGR	EEN GARDEN		1 2 0 4 Y Y Y Y 1 2 0 4
City	State	Zip Code	Transaction ID: SA11AI.82024
ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer HEARTLAND ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial CRAIG GILLILAND)		Date of Receipt
Mailing Address 10301 HICKM	12 ^{DD} /YYYY 12009		
City	State	Zip Code	Transaction ID: SA11AI.82040
KANSAS CITY	MO	64137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANES. ASSOC. OF KANSAS CI- TY		IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial RANDAL GOETHKE)		Date of Receipt
Mailing Address 45 FOX POIN	T DR.		12 08 2009
City	State	Zip Code	Transaction ID: SA11AI.82136
APPLETON	WI	54911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
SUBTOTAL of Receipts This Page (o	ptional)		2000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 86 (check only one) X X 11a 13 14 15 16
Any information copied from such Re or for commercial purposes, other that	ports and Statements may in using the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A	-		
Full Name (Last, First, Middle Initi LEONID GORELIK	al)		Date of Receipt
Mailing Address 1200 E. MIC	HIGAN AVE., STE. 37	70	M M / D D / Y Y Y Y 12 03 2009
City	State	Zip Code	Transaction ID: SA11AI.81903
LANSING	MI	48912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PHYSIAN ANES SERVICE	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initi BRIAN GRACE	al)		Date of Receipt
Mailing Address 639 N MULB	ERRY ST		M M / D D / Y Y Y Y 12 04 2009
City	State	Zip Code	Transaction ID: SA11AI.82025
ELIZABETHTOWN FEC ID number of contributing federal political committee.	KY C	42701	Amount of Each Receipt this Period 500.00
Name of Employer HEARTLAND ANESTHESIA CO ULTANTS, PSC.	NS- Occupatio ANESTH	n IESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initi CHRISTOPHER GRANTHAM	al)		Date of Receipt
Mailing Address 3346 E. VIA	GOLONDRINA		12 03 2009
City	State	Zip Code	Transaction ID: SA11AI.81976
TUCSON	AZ	85716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ORO VALLEY ANES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page			1000.00

				FOR LINE NUMBER: PAGE 26 / 86
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
ſ				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 18 WINDRIDGE DRIVE	=		M M / D D / Y Y Y Y 12 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.82231
	NORTH CALDWELL	NJ	07006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer NJ ANESTH GROUP	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For:		e Year-to-Date V	
	Primary General		500.00	1
-	Other (specify) v	0.0		1
в.	Full Name (Last, First, Middle Initial) MARK GRUWELL			Date of Receipt
	Mailing Address 3107 SPRING AVE.			M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81827
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTH ASSOC	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
	Full Name (Last, First, Middle Initial)			Data of Descript
C.	DOUGLAS HAGAN Mailing Address 2134 E. TERRACE DR			Date of Receipt
				12 01 2009
		State	Zip Code	Transaction ID: SA11AI.81828
	HIGHLANDS RANCH	CO	80126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
	SUBTOTAL of Receipts This Page (optional)			1500.00
	CODICINE OF RECEIPES THIS Faye (optional)		······	
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
A	for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) MICHELLE HAINES		Date of Receipt
	Mailing Address PO BOX 32303		1 2 / D D / Y Y Y Y 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82127
	KANSAS CITY	MO 64171	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer CARDIOTHORACIC ANESTHESIA ASSOCIATES,	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	500.00	
— В.	Full Name (Last, First, Middle Initial) DAVID HALL	1	Date of Receipt
	Mailing Address 6682 HUNTERS WAL	К	M M / D D / Y Y Y Y 12 06 2009
	City	State Zip Code	Transaction ID: SA11AI.82121
	HIXSON	TN 37343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer ANESTHESIOLOGIST ASSOCIAT- ED	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	1000.00	
— C.	Full Name (Last, First, Middle Initial) AARON HAMMOND	1	Date of Receipt
	Mailing Address 3390 N. CAMPBELL A	VE., STE. 110	M M / D D / Y Y Y Y 12 01 2009
	City	State Zip Code	Transaction ID: SA11AI.81741
	TUCSON	AZ 85719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer SOUTHERN ARIZONA ANESTHES- IA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	503.00	
s	SUBTOTAL of Receipts This Page (optional)	· ······	1583.00
Т	OTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 28 / 86 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES			
A .	Full Name (Last, First, Middle Initial) BARRY HARDIN Mailing Address P.O. BOX 5587	State	Zip Code	Date of Receipt 12 15 2009 Transaction ID: SA11AI.82190
	BEAUMONT FEC ID number of contributing federal political committee.	TX C	77726	Amount of Each Receipt this Period
	Name of Employer ANESTH ASSOC Receipt For: Primary General Other (specify) ▼		on HESIOLOGIST e Year-to-Date ▼ 225.00	
В.	Full Name (Last, First, Middle Initial) KATHERINE HARDING Mailing Address 2165 HERSCHEL ST			Date of Receipt
	City JACKSONVILLE FEC ID number of contributing federal political committee.	State FL	Zip Code 32204	Transaction ID: SA11AI.82095 Amount of Each Receipt this Period 500.00
	Name of Employer NFAC Receipt For: Primary General Other (specify)		on IESIOLOGIST e Year-to-Date ▼ 500.00	1
с.	Full Name (Last, First, Middle Initial) H. DAVID HARDMAN Mailing Address 228 GALWAY DR	0.0		Date of Receipt
	City <u>CHAPEL HILL</u> FEC ID number of contributing federal political committee.	State NC	Zip Code 27517	Transaction ID: SA11AI.82128 Amount of Each Receipt this Period 1000.00
	Name of Employer UNIVERSITY OF NORTH CAROL- INA Receipt For: Primary General Other (specify) ▼	Occupatio PHYSIC Aggregate		
	SUBTOTAL of Receipts This Page (optional)			1725.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 86 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) EDWARD HARRINGTON			Date of Receipt
Mailing Address 333 W HAMPDEN A	VE STE 600		12 03 Y Y Y Y 12 03 2009
City	State	Zip Code	Transaction ID: SA11AI.81929
ENGLEWOOD	CO	80110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, P.C. Receipt For: Primary General Other (specify) ▼	Occupatio PHYSIC]
Full Name (Last, First, Middle Initial) CHRISTOPHER HARTMANN Mailing Address 755 NORTH 11TH S	т		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.82194
BEAUMONT	ТХ	77726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer ANESTHESIA ASSOCIATES	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 225.00]
Full Name (Last, First, Middle Initial) STEVEN HATTAMER			Date of Receipt
Mailing Address 8 PROSPECT STRE	ET		1 2 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.81808
NASHUA FEC ID number of contributing federal political committee.	NH C	03060	Amount of Each Receipt this Period 83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupatio PHYSIC		-
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 834.00]
SUBTOTAL of Receipts This Page (optional)			808.00
TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) RICHARD HEYER Mailing Address PO BOX 3294 City TUPELO	State MS	Zip Code 38803	Date of Receipt 1 2 0 4 2 0 0 9 Transaction ID: SA11AI.82053 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer TUPELO ANES GRP Receipt For: Primary General Other (specify) ▼	C Occupatio ANESTH		500.00
 B.	Full Name (Last, First, Middle Initial) A. DODGE HILL Mailing Address P.O. BOX 23256	State	Zip Code	Date of Receipt 1 2 0 0 9 Transaction ID: SA11AI.81931
	OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	1	73123 m HESIOLOGIST e Year-to-Date ▼ 500.00	Amount of Each Receipt this Period
 c.	Full Name (Last, First, Middle Initial) KEVIN HITT Mailing Address PO BOX 3294 City TUPELO FEC ID number of contributing federal political committee. Name of Employer TUPELO ANESTHESIA GROUP, P.A. Receipt For: Primary General Other (specify)		Zip Code 38803 on IESIOLOGIST e Year-to-Date 500.00	Date of Receipt
	SUBTOTAL of Receipts This Page (optional)		·	1500.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 86
			for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) BRYAN HOLBROOK			Date of Receipt
	Mailing Address 142 N. BLUE SAGE LN	J.		M M / D D / Y Y Y Y 12 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.82248
	LAYTON	UT	84040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LAA, INC.	Occupation PHYSIC		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00]
- B.	Full Name (Last, First, Middle Initial) JULIE HUDSON			Date of Receipt
	Mailing Address 1066 WILSHIRE WAY			M M / D D / Y Y Y Y 12 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.82117
	BRENTWOOD	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VANDERBILT CHILDRENS HOSP- ITAL DEPT. OF	Occupation PHYSIC		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00]
- C.	Full Name (Last, First, Middle Initial) PAUL HUMMEL			Date of Receipt
	Mailing Address 79 PANORAMA CRES	T AVE		1 2 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82079
	LAS VEGAS	NV	89135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTH CONSULT	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
ŀ				
	TOTAL This Period (last page this line number of	ייייי) אווע		

ę	SCHEDULE A (FEC Form 3X)	Use separate	schedule(s)	FOR LINE NUMBER: PAGE 32 / 86	
I	TEMIZED RECEIPTS		for each categ	ory of the	(check only one)
•			Detailed Sumr	nary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or us dress of any politic	ed by any persor al committee to s	n for the purpose of soliciting contributions
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL A		NITTEE
∠ A.	Full Name (Last, First, Middle Initial) BARBARA IRVING				Date of Receipt
	Mailing Address 1255 HILYARD ST.				12 / D D / Y Y Y Y 12 03 / 2009
	City	State	Zip Code		Transaction ID: SA11AI.81966
	EUGENE	OR	97401		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		U	250.00
	Name of Employer NW ANESTH PHYS	Occupatio ANESTH	n IESIOLOGIST		
	Receipt For:		e Year-to-Date V		1
	Primary General			250.00	
_	Other (specify) v	0 0	0 0 0 0	230.00	
В.	Full Name (Last, First, Middle Initial) SHELLEY JACKS				Date of Receipt
	Mailing Address 421 SUMMIT RIDGE R	D			12 / D D / Y Y Y Y 12 01 / 2009
	City	State	Zip Code		Transaction ID: SA11AI.81737
	BOISE	ID	83702		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1	41.00
	Name of Employer BOISE ANESTHESIA, PA	Occupation ANESTH	n IESIOLOGIST		-
	Receipt For:	Aggregate	e Year-to-Date 🔻		_
	Other (specify)			213.00	
- C.	Full Name (Last, First, Middle Initial) JEFFREY JEKOT				Date of Receipt
-	Mailing Address 3804 WOODCUTTER'S	SWAY			M M / D D / Y Y Y Y 12 08 2009
	City	State	Zip Code		Transaction ID: SA11AI.82138
	AUSTIN	TX	78746		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer AUSTIN ANES GRP	Occupation ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼			1000.00	
Γ					1291.00
Ļ	SUBTOTAL of Receipts This Page (optional)			····· •	
	TOTAL This Period (last page this line number of	only)		►	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 86 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷. ۲	Full Name (Last, First, Middle Initial) SONAL JOG			Date of Receipt
	Mailing Address 1200 E MICHIGAN A	VE STE 370		1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81917
	LANSING	MI	48854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) BRAD JOHNSON			Date of Receipt
	Mailing Address 303 W. SPRING MEA	1 2 / D D / Y Y Y Y 1 2 0 0 9		
	City	State MI	Zip Code	Transaction ID: SA11AI.81831
	DEWITT FEC ID number of contributing federal political committee.	C	48820	Amount of Each Receipt this Period 500.00
	Name of Employer LANSING ANESTHESIOLOGIST, P.C.	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 500.00	
-	Full Name (Last, First, Middle Initial) SHARON JOHNSTON			Date of Receipt
	Mailing Address 8401 N. ELMARO CIF	۶.		1 2 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82082
	PARADISE VALLEY	AZ	85253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer VALLEY ANES CONSUL	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
	SUBTOTAL of Receipts This Page (optional) .	•		1500.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 86 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
. ∠	Full Name (Last, First, Middle Initial) BROUGHTON JOLLEY			Date of Receipt
	Mailing Address 5633 JOHN GAINES	BLVD.		12 ^{//} 02 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.81863
	KINGSPORT	TN	37664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HOLSTON ANES ASSOC	Occupation ANESTHE	ESIOLOGIST	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) CARMEN KEITH			Date of Receipt
	Mailing Address 945 MORNING GLO	RY CIR		M M / D D / Y Y Y Y 12 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.82069
	TUPELO	MS	38801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TUPELO ANES GRP	Occupation ANESTHE	ESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE			Date of Receipt
	Mailing Address MAIL CODE 7838 7703 FLOYD CURL I	DRIVE		M M / D D / Y Y Y Y 12 01 2009
		State	Zip Code	Transaction ID: SA11AI.81774
	SAN ANTONIO FEC ID number of contributing	TX	78229	Amount of Each Receipt this Period
	federal political committee.	C		125.00
	Name of Employer UTHSCSA	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			875.00

	OULE A (FEC Form 3X) ED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 16
Any inform or for comr	ation copied from such Reports and nercial purposes, other than using th	Statements mane and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) ICAN SOCIETY OF ANESTHE	ESIOLOGIST	5 POLITICAL ACTION COM	MITTEE
RUBIN	me (Last, First, Middle Initial) KESNER			Date of Receipt
Mailing	Address 35 HEARTHSTONE	DRIVE		1 2 0 1 Y Y Y Y 1 2 0 1
City	51/0.057	State	Zip Code	Transaction ID: SA11AI.81726
FEC ID	EVOORT number of contributing political committee.	NY C	12831	Amount of Each Receipt this Period 83.00
Name o ANEST	f Employer HESIA GROUP OF ALBANY	Occupatio ANESTH	n IESIOLOGIST	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date V 503.00]
KATHR	ne (Last, First, Middle Initial) YN KILLMAN Address 110 29TH AVE. N.	_		Date of Receipt
City		State TN	Zip Code	Transaction ID: SA11AI.81978
	number of contributing political committee.	C	37203	Amount of Each Receipt this Period
Name o AMG	f Employer	Occupatio ANESTH	n IESIOLOGIST	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	ne (Last, First, Middle Initial) E KLAFTA			Date of Receipt
	Address 4123 HARVEY AVE.			12 03 2009
City WEST	ERN SPRINGS	State IL	Zip Code 60558	Transaction ID: SA11AI.82007 Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o UNIVE	f Employer RSITY OF CHICAGO	Occupatio ANESTH	n IESIOLOGIST	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date 1000.00]
SUBTOT	AL of Receipts This Page (optional)			833.00

Any			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1'
	r information copied from such Reports and or commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) KEVIN KLIMEK			Date of Receipt
-	Mailing Address 45850 TOURNAMEN	IT DR		M M / D D / Y Y Y Y 12 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.82151
	NORTHVILLE FEC ID number of contributing federal political committee.	C	48168	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA ASSOC. OF ANN ARBOR	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) JOSEPH KOCHAN Mailing Address 1200 E. MICHIGAN A	AVE., #370		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81904
	LANSING FEC ID number of contributing federal political committee.	C	48912	Amount of Each Receipt this Period 250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICE, P.C.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) SCOTT KOOPERMAN			Date of Receipt
	Mailing Address 1522 YORKSHIRE D	R.		M M / D D / Y Y Y Y 12 04 2009
		State KY	Zip Code 42701	Transaction ID: SA11AI.82027 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
-	Name of Employer HEARTLAND ANESTH	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 500.00]
SL	IBTOTAL of Receipts This Page (optional)		·····	1000.00

	. [FOR LINE NUMBER: PAGE 37 / 86			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person f or for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION CON	IMITTEE			
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address 1200 E. MICHIGAN A	AVE., #370		M M / D D / Y Y Y Y 12 03 2009			
City	State	Zip Code	Transaction ID: SA11AI.81905			
LANSING FEC ID number of contributing federal political committee.		48912	Amount of Each Receipt this Period 250.00			
Name of Employer PHYSICIAN ANESTHESIA SERV-	Occupation					
ICE Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00]			
Full Name (Last, First, Middle Initial) GREGORY KRONBERG			Date of Receipt			
Mailing Address CAPITOL ANES. ASS 3705 MEDICAL PKW	'Y., #570		M M / D D / Y Y Y Y 12 01 2009			
City AUSTIN	State TX	Zip Code 78705	Transaction ID: SA11AI.81837 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer CAPITOL ANESTHESIOLOGY AS- SOCIATION	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]			
Full Name (Last, First, Middle Initial) HUNG-CHI KWOK			Date of Receipt			
Mailing Address 2732 MUIR WOODS	DR., SE		12 D D / Y Y Y Y 12 24 2009			
City HAMPTON COVE	State AL	Zip Code 35763	Transaction ID: SA11AI.82280 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		150.00			
Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 7 00.00]			
SUBTOTAL of Receipts This Page (optional)			900.00			
TOTAL This Period (last page this line numbe	er only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 86 (check only one) (check 11a X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person to r for commercial purposes, other than using the name and address of any political committee to so					
	AMERICAN SOCIETY OF ANESTHES						
۷ ۹.	Full Name (Last, First, Middle Initial) ALICE LANDRUM			Date of Receipt			
	Mailing Address 1121 S HICKORY GR	M M / D D / Y Y Y Y 12 04 2009					
	City	State	Zip Code	Transaction ID: SA11AI.82090			
	ROCHEPORT FEC ID number of contributing federal political committee.	MO	65279	Amount of Each Receipt this Period 350.00			
	Name of Employer UNIVERSITY OF MISSOURI	Occupatio	n IESIOLOGIST	_			
	Receipt For: Primary General Other (specify) ▼	1 I	e Year-to-Date ▼ 350.00]			
- 3.	Full Name (Last, First, Middle Initial) MARK LAURNEN Mailing Address 29483 FIRETHORNE	CT.		Date of Receipt			
	City	State	Zip Code	Transaction ID: SA11AI.81849			
	EVERGREEN FEC ID number of contributing federal political committee.	<u>co</u>	80439	Amount of Each Receipt this Period 250.00			
	Name of Employer PHYS ANES SERV	Occupatio	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date V 500.00]			
-	Full Name (Last, First, Middle Initial) REET LAWHON			Date of Receipt			
	Mailing Address 5238 CAINTUCK RD.			12 02 2009			
	City <u>KINGSPORT</u>	State TN	Zip Code 37664	Transaction ID: SA11AI.81871 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer HOLSTON ANESTHESIA	Occupation	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			1100.00			
$\left \right $	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 86 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person f for commercial purposes, other than using the name and address of any political committee to so					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES						
۷ ۹.	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY			Date of Receipt			
	Mailing Address 3900 WALNUT CLAY	DR.		1 2 / D D / Y Y Y Y 1 2 0 0 9			
	City	State	Zip Code	Transaction ID: SA11AI.81801			
	AUSTIN FEC ID number of contributing federal political committee.	TX C	78731	Amount of Each Receipt this Period 41.00			
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupatio PHYSIC		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 590.00]			
- 3.	Full Name (Last, First, Middle Initial) ROBERT LINK Mailing Address 639 N. MULBERRY	1		Date of Receipt			
	City	State	Zip Code	1 2 0 4 2 0 0 9 Transaction ID: SA11AI.82029			
	ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer HEARTLAND ANESTH	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]			
-	Full Name (Last, First, Middle Initial) WENSHU LIU			Date of Receipt			
-	Mailing Address 1783 ELK LN.			1 2 0 3 2 0 0 9			
	City OKEMOS	State MI	Zip Code 48864	Transaction ID: SA11AI.81907 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]			
Γ	SUBTOTAL of Receipts This Page (optional)	1		791.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 86 (check only one)
A or	ny information copied from such Reports and r for commercial purposes, other than using th	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) CARLOS LOPEZ			Date of Receipt
	Mailing Address 8529 WOODBOX R	M M / D D / Y Y Y Y Y 12 03 2009		
	City	State	Zip Code	Transaction ID: SA11AI.82009
	MANLIUS	NY	13104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPSTATE MED UNIV	Occupation ANESTH	n ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date 🔻	-
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) MICHAEL LOPEZ	_1		Date of Receipt
	Mailing Address 2810 N SWAN RD S	M M / D D / Y Y Y Y 12 03 2009		
	City	State	Zip Code	Transaction ID: SA11AI.81953
	TUCSON FEC ID number of contributing	AZ	85712	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer OLD PUEBLO ANESTHESIA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
	Full Name (Last, First, Middle Initial) GARY LOYD			Date of Receipt
	Mailing Address 301 MOCKINGBIRD	GARDENS D	R	1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82010
	LOUISVILLE	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY OF LOUISVILLE	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1000.00]
	SUBTOTAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 12				
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	for commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM						
Α.	Full Name (Last, First, Middle Initial) PENNY LYNCH Mailing Address 449 MELLEN AVE	Date of Receipt						
	City	State	Zip Code	1 2 0 4 2 0 0 9 Transaction ID: SA11AI.82088				
	KNOXVILLE		37919	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer AMAET	Occupation	on HESIOLOGIST					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]				
В.	Full Name (Last, First, Middle Initial) ANDREW MAKRIDES			Date of Receipt				
	Mailing Address 7 EMMET WAY			1 2 / D D / Y Y Y Y 1 2 0 9				
	City	State	Zip Code	Transaction ID: SA11AI.82159				
	STONY BROOK	NY	11790	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		600.00				
	Name of Employer SUFFOLK ANESTHESIOLOGY	Occupation MEDICA						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)	0 0	600.00]				
С.	Full Name (Last, First, Middle Initial) DAVID MANCINI			Date of Receipt				
	Mailing Address 1423 CHAPEL STREE	ΞT		1 2 0 1 Y Y Y Y 1 2 0 1 2 0 0 9				
	City	State	Zip Code	Transaction ID: SA11AI.81788				
	NEW HAVEN FEC ID number of contributing	CT	06511	Amount of Each Receipt this Period				
	federal political committee.							
	Name of Employer ANESTHESIA ASSOCIATES OF NEW HAVEN		HESIOLOGIST	_				
	Receipt For:	Aggregate	e Year-to-Date 🔻	1				
	Other (specify)	0 0	300.00					
	SUBTOTAL of Receipts This Page (optional)		······	1125.00				
	TOTAL This Period (last page this line number	r only)						

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42/86
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	TI EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) MARK MANDABACH			Date of Receipt
	Mailing Address DEPT. OF ANESTHES 619 S. 19TH ST., JT8			1 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.81742
	BIRMINGHAM	AL	35249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer UNIV. OF ALABAMA - BIRMIN- GHAM	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	753.00	
в.	Full Name (Last, First, Middle Initial) EDWARD MARATEA			Date of Receipt
	Mailing Address 1504 BAY RD APT 16	07		M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81732
	MIAMI BEACH	FL	33139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer UNIVERSITY OF MIAMI	Occupation ANESTH	m IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		625.00	
с.	Full Name (Last, First, Middle Initial) TIMOTHY MARTIN	1		Date of Receipt
0.	Mailing Address 1400 HILLSBOROUG	H LN		
	City	State	Zip Code	Transaction ID: SA11AI.82144
		AR	72212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupatio PHYSIC	IAN	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)		•	1208.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 86 (check only one)
	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
. Z	Full Name (Last, First, Middle Initial) BENJAMIN MARTINEZ			Date of Receipt
	Mailing Address 220 SEMINOLE RD.			12 04 YYY 12 04
	City	State	Zip Code	Transaction ID: SA11AI.82031
	ELIZABETHTOWN	KY	42701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEARTLAND ANESTH	Occupatio ANESTH	ו ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V 500.00	
	Full Name (Last, First, Middle Initial) PAUL MAZZONI			Date of Receipt
	Mailing Address 6432 EDINBURGH DF	7		1 2 0 3 Y Y Y Y 1 2 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81992
	NASHVILLE FEC ID number of contributing	TN	37221	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer CARDIO ANESTH	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) STACEY MCCLARTY			Date of Receipt
	Mailing Address 8505 RAMBLING ROS	SE DR		12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81730
	OOLTEWAH	TN	37363	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL	Occupatio ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 919.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		833.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 86 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	MITTEE	
۷ A.	Full Name (Last, First, Middle Initial) AARON MEDLEY	Date of Receipt	
	Mailing Address 639 N MULBERRY ST	Г	12 04 YYYY 12 04
		State Zip Code KY 42701	Transaction ID: SA11AI.82032
	ELIZABETHTOWN FEC ID number of contributing federal political committee.	KY 42701	Amount of Each Receipt this Period
	Name of Employer HEARTLAND ANESTHESIA CONS- ULTANTS, P.S.	Occupation ANESTHESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) DAVID MERCIER		Date of Receipt
	Mailing Address 7433 VILLANOVA ST	1 2 / 2 0 / Y Y Y Y 1 2 / 2 0 / 2 0 9	
	City	State Zip Code	Transaction ID: SA11AI.82261
	DALLAS FEC ID number of contributing federal political committee.	TX 75225	Amount of Each Receipt this Period
	Name of Employer UT SOUTHWESTERN	Occupation ANESTHESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) DOUGLAS MERRILL	1	Date of Receipt
	Mailing Address #1 MEDICAL CENTER	RWAY	M M / D D / Y Y Y Y 12 07 2009
	City	State Zip Code	Transaction ID: SA11AI.82123
	LEBANON FEC ID number of contributing federal political committee.	NH 03756	Amount of Each Receipt this Period 500.00
	Name of Employer DARMOUTH-HITCHCOCK MEDICAL CENTER - DE	Occupation PHYSICIAN	_
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1500.00
F	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 45 / 86 (check only one) 11a X 11a 13 14 15 16 17 on for the purpose of soliciting contributions			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	or for commercial purposes, other than using the name and address of any political committee to so					
A .	Full Name (Last, First, Middle Initial) RAFAEL MIGUEL Mailing Address 25 S TREASURE DR			Date of Receipt			
	01	01-11-	7' - 0 - 4	12 06 2009			
	City TAMPA	State FL	Zip Code 33609	Transaction ID: SA11AI.82110 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer SELF	Occupatio ANFSTH	n IESIOLOGIST PAIN PHYSIO				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]			
- B.	Full Name (Last, First, Middle Initial) KEVIN MILLER Mailing Address 22223 CASS AVE.			Date of Receipt			
				12 01 2009			
	City WOODLAND HILLS	State CA	Zip Code	Transaction ID: SA11AI.81734			
	FEC ID number of contributing federal political committee.	C	91364	Amount of Each Receipt this Period 41.00			
	Name of Employer ST. JOHN HEALTH CENTER	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 213.00]			
- C.	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 12 03 2009			
	City	State	Zip Code	Transaction ID: SA11AI.81934			
	SPOKANE FEC ID number of contributing federal political committee.	C	99223	Amount of Each Receipt this Period			
	Name of Employer PHYS ANESTH GRP	Occupatio ANESTH	n IESIOLOGIST				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 800.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			1141.00			
	TOTAL This Period (last page this line number	only)					

	E A (FEC Form 3X) RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 46 / 86 (check only one)
Any information	copied from such Reports and	Statements may	Detailed Summary Page y not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions
or for commercia	OMMITTEE (In Full)	ne name and add	dress of any political committee to	o solicit contributions from such committee.
	· ,	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
MITCHELL M				Date of Receipt
	ess 1306 E WELDEN DF	{		1 2 / D D / Y Y Y Y 1 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.82208
<u>SPOKANE</u>		WA	99223	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		100.00
Name of Emp PHYS ANES	blover TH GRP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	General	Aggregate	e Year-to-Date 🔻	_
	y General specify) ▼	0.0	900.00	
Full Name (La PARTHA MOO	ast, First, Middle Initial) OKERJEE			Date of Receipt
Mailing Addre	ess 1200 E MICHIGAN A	M M / D D / Y Y Y Y 12 / 03 / 2009		
City		State	Zip Code	Transaction ID: SA11AI.81919
LANSING		MI	48912	Amount of Each Receipt this Period
federal politic	per of contributing al committee.	C		250.00
ICE, PC	oloyer ANESTHESIA SERV-		IESIOLOGIST	
Receipt For: Primary	General	Aggregate	e Year-to-Date 🔻	_
	specify) 🔻	0 0	250.00	
Full Name (La THOMAS MO	ast, First, Middle Initial) ORE			Date of Receipt
Mailing Addre	ess 1748 VESTWOOD H	IILLS DR.		M M / D D / Y Y Y Y 12 01 2009
City VESTAVIA		State	Zip Code	Transaction ID: SA11AI.81811
FEC ID numb	per of contributing	AL C	35216	Amount of Each Receipt this Period
federal politic				
OOL OF ME	bloyer Y OF ALABAMA SCH- DICI		IESIOLOGIST	
Receipt For: Primary	General	Aggregate	e Year-to-Date	-
	specify) 🔻	0 0	750.00	
SUBTOTAL of	Receipts This Page (optional)			475.00
	eriod (last page this line number		•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 86 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the	rson for the purpose of soliciting contributions	
	AME OF COMMITTEE (In Full)	MMITTEE	
۷ A.	Full Name (Last, First, Middle Initial) THOMAS MOORE	Date of Receipt	
	Mailing Address 415 N CENTER ST.,	#201	1 2 0 5 Y Y Y Y 1 2 0 5
	City	State Zip Code	Transaction ID: SA11AI.82097
	HICKORY	NC 28601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer UNIFOUR ANESTHESIA ASSOCI- ATES, PA	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
- B.	Full Name (Last, First, Middle Initial) MATTHEW MYERS		Date of Receipt
	Mailing Address P. O. BOX 3294		12 04 YYYY 12009
	City	State Zip Code	Transaction ID: SA11AI.82065
	TUPELO	MS 38803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer TUPELO ANESTHESIA GROUP, P.A.	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) DAVE NANAN		Date of Receipt
	Mailing Address 755 N. 11TH ST., ST	E P3600	1 2 1 5 2 0 0 9
		State Zip Code	Transaction ID: SA11AI.82196
	BEAUMONT FEC ID number of contributing federal political committee.	TX 77702	Amount of Each Receipt this Period 225.00
	Name of Employer ANESTHESIA ASSOCIATES		
	Receipt For:	ANESTHESIOLOGIST Aggregate Year-to-Date	
	Primary General Other (specify) ▼	225.00	
ſ			975.00
ŀ	SUBTOTAL of Receipts This Page (optional)		
- 1	TOTAL This Period (last page this line number	er oniy)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person f r for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address 2469 N BERRYS CH	HAPEL RD		M M / D D / Y Y Y Y 12 01 2009			
City	State	Zip Code	Transaction ID: SA11AI.81759			
BRENTWOOD	TN	37027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		125.00			
Name of Employer CARDIOVASCULAR ANESTHESIO- LOGISTS PC	Occupation PHYSICI					
Receipt For:	Aggregate	e Year-to-Date 🔻				
Primary General Other (specify) ▼	0 0	250.00]			
Full Name (Last, First, Middle Initial) MICHAEL NICHOLS			Date of Receipt			
Mailing Address 1090 DEVINE CIRC	LE		M M / D D / Y Y Y Y 12 01 2009			
City	State	Zip Code	Transaction ID: SA11AI.81757			
ATLANTA	GA	30319	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.00			
Name of Employer NOVA SOUTHEASTERN UNIVERS- ITY ANESTHESI	Occupation ANESTH	n IESIOLOGIST ASSISTANT				
Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
Other (specify) v	0 0	670.00				
Full Name (Last, First, Middle Initial) NANCY NUSSMEIER			Date of Receipt			
Mailing Address 750 E ADAMS ST R	RM 4143		M M / D D / Y Y Y Y 12 03 2009			
City	State	Zip Code	Transaction ID: SA11AI.81957			
<u>SYRACUSE</u>	NY	13210	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer SUNY UPSTATE MED U	Occupation ANESTH	n IESIOLOGIST				
Receipt For: Primary General		e Year-to-Date 🔻				
Other (specify) ▼	0 0	1000.00				
SUBTOTAL of Receipts This Page (optional)	······	1208.00			
TOTAL This Period (last page this line numb	por only)					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 49 / 86 (check only one)					
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usin	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s						
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE					
Full Name (Last, First, Middle Initial) DALE OSTRANDER		Date of Receipt					
Mailing Address 2300 N. EDWARD) ST.	1 2 0 0 4 2 0 0 9					
	State Zip Code IL 62526	Transaction ID: SA11AI.82086					
DECATUR FEC ID number of contributing federal political committee.	IL 62526	Amount of Each Receipt this Period					
Name of Employer ASSOC. ANES. OF DECATUR, LTD	Occupation ANESTHESIOLOGIST	-					
Receipt For: Primary General	Aggregate Year-to-Date						
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) CARMELITA PABLO		Date of Receipt					
Mailing Address 1701 WELLINGTC	ON WDS DR	M M / D D / Y Y Y Y 12 15 2009					
City LITTLE ROCK	State Zip Code AR 72211	Transaction ID: SA11AI.82217					
FEC ID number of contributing federal political committee.	AR 72211	Amount of Each Receipt this Period					
Name of Employer U OF AR MED SCI	Occupation ANESTHESIOLOGIST	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt					
Mailing Address 1211 21ST AVE S	BUILDING SUITE 526	$\begin{array}{c c} M & M \\ 1 & 2 \end{array} \begin{pmatrix} D & D \\ 0 & 1 \\ \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 9 \\ \end{array}$					
City NASHVILLE	State Zip Code TN 37212	Transaction ID: SA11AI.81763 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		125.00					
Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICIAN	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00						
SUBTOTAL of Receipts This Page (ontion	nal)	625.00					
	nber only)						

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 86
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS			X 11a 11b 11c 12
			Detailed Summary Page	
[Any information copied from such Reports and S	itatements ma	av not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and ac	dress of any political committee to	solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES			MITTEE
		JOLOGIOI		
	Full Name (Last, First, Middle Initial)			
Α.	RONALD PEARL			Date of Receipt
	Mailing Address 580 MATADERO AVE			
				12 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.82147
	PALO ALTO	CA	94306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer STANFORD UNIVERSITY SCHOOL	Occupatio	on	
	OF MEDICINE	PHYSIC	IAN	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General	33.594		1
	Other (specify) v		500.00	
				-
-	Full Name (Last, First, Middle Initial)			
В.	SONYA PEASE			Date of Receipt
	Mailing Address 8 YACHT CLUB PLAC	E		M M / D D / Y Y Y Y
				12 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.82012
	JUPITER	FL	33469	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer ANESTHETIX MANAGEMENT, LLC	Occupatio	on	
	ANESTTE TIX MANAGEMENT, LEC	ANESTH	HESIOLOGIST	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General		1500.00	
	Other (specify) 🔻		1500.00	
•	Full Name (Last, First, Middle Initial)			
C.	WILLIAM PEKARSKE			Date of Receipt
	Mailing Address 1281 E. CALLE DE LA	CABRA		
				12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81813
	TUCSON	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing	0		83.00
	federal political committee.	С		63.00
				_
	Name of Employer SOUTHERN ARIZONA ANESTHES-	Occupation PHYSIC		
	IA SERVICES			
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Other (creatify)		270.00	
	Other (specify)			1
r				
				833.00
	SUBTOTAL of Receipts This Page (optional)		····· •	
	TOTAL This Period (last page this line number	only)	J	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 86 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	/ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE			
۷. ۲	Full Name (Last, First, Middle Initial) DAVID PENNINGTON			Date of Receipt
	Mailing Address 10015 W. WESLEY P	LACE		1 2 0 2 Y Y Y Y 1 2 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81851
	LAKEWOOD FEC ID number of contributing federal political committee.	CO	80227	Amount of Each Receipt this Period 250.00
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n ESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) THOMAS PETROU Mailing Address 5105 MADISON AVE	APT B2		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81913
	OKEMOS FEC ID number of contributing federal political committee.	C	48864	Amount of Each Receipt this Period
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n ESIOLOGIST	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
_	Full Name (Last, First, Middle Initial) EDGAR PIERRE			Date of Receipt
	Mailing Address 1800 NW 10TH AVE.,	T244		1 2 0 1 2 0 0 9
	City MIAMI	State FL	Zip Code 33137	Transaction ID: SA11AI.81724 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer RYDER TRAUMA CENTER	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 996.00]
Γ	SUBTOTAL of Receipts This Page (optional)			583.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 86 (check only one) 11a X 11a 13 14 15 16
	Any information copied from such Reports and S r for commercial purposes, other than using the	statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) HARI PONNURU			Date of Receipt
	Mailing Address 755 N. 11TH STREET	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.82198
	BEAUMONT FEC ID number of contributing		77726	Amount of Each Receipt this Period 225.00
	federal political committee.	C		
	Name of Employer ANESTHESIA ASSOCIATES	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) DONALD PORTELL		100	Date of Receipt
	Mailing Address 1555 INDIAN RIVER E	SLVDSIEB	120	1 2 / D D / Y Y Y Y 1 5 / 2 0 0 9
		State FL	Zip Code	Transaction ID: SA11AI.82212
	VERO BEACH FEC ID number of contributing federal political committee.		32960	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTHESIA OF INDIAN RIVER	Occupatio	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) RODNEY POSEY			Date of Receipt
	Mailing Address 2716 COLUMBINE PL			1 2 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82067
	TUPELO FEC ID number of contributing federal political committee.	MS C	38801	Amount of Each Receipt this Period 500.00
	Name of Employer TUPELO ANESTHESIA GROUP, P.A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	1 '	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		975.00

SCHEDULE A (FEC Form	fo	e separate schedule(s) each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 53 / 86 (check only one) 7 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than	orts and Statements may not t using the name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF AN	ESTHESIOLOGISTS PO	LITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) A. DAVID POWELL Meiling Address			Date of Receipt
Mailing Address 4250 BROWN	STONE DR		1 2 / D D / Y Y Y Y 1 2 1 5 2 0 0 9
City		Zip Code	Transaction ID: SA11AI.82199
BEAUMONT FEC ID number of contributing federal political committee.	C	77706	Amount of Each Receipt this Period 250.00
Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BERNARD PYGON Mailing Address 969 S. HILLSI			Date of Receipt
			12 17 2009
City ELMHURST		Zip Code 60126	Transaction ID: SA11AI.82246
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer UNIVERSITY OF ILLINOIS	Occupation ANESTHESIC	DLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) SRIPAD RAO			Date of Receipt
Mailing Address 1504 BAY RD	APT 3307		M M / D D / Y Y Y Y Y 12009
		Zip Code	Transaction ID: SA11AI.81746
MIAMI BEACH FEC ID number of contributing federal political committee.	C	33139	Amount of Each Receipt this Period 83.00
Name of Employer RYDER TRAUMA CENTER ANES HESIOLOGY	PHYSICIAN	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ♥ 336.00]
SUBTOTAL of Receipts This Page (o	otional)		1333.00
TOTAL This Period (last page this line	e number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 86 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
		SIOLOGISTS POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN REISINGER Mailing Address 3502 12TH AVE SE		Date of Receipt
			1 2 1 5 2 0 0 9
	City SAINT CLOUD	State Zip Code MN 56304	Transaction ID: SA11AI.82210
	FEC ID number of contributing federal political committee.	MN 56304	Amount of Each Receipt this Period
	Name of Employer CENTRAL MN ANESTH	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) ROBERT RIEDEL Mailing Address 5 VALHALLA		Date of Receipt
			12 31 2009
	City NASHVILLE	State Zip Code TN 37215	Transaction ID: SA11AI.82316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer AMG NASHVILLE	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
– C.	Full Name (Last, First, Middle Initial) JEFFREY ROBERTS Mailing Address 1700 KENSINGTON E	DR.	Date of Receipt
	City KNOXVILLE	State Zip Code TN 37922	12 02 2009 Transaction ID: SA11AI.81881
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	·	750.00
F	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
× ۸.	Full Name (Last, First, Middle Initial) BRIAN ROBINSON			Date of Receipt
	Mailing Address 4434 SUMMER DRIVE	Ξ		12 31 YYYY 12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.82318
	ZIONSVILLE FEC ID number of contributing federal political committee.		46077	Amount of Each Receipt this Period 250.00
	Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) MELANIE ROBINSON-WOODARD Mailing Address 12800 WINSTON	J		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.81915
	REDFORD FEC ID number of contributing federal political committee.	C	48239	Amount of Each Receipt this Period
	Name of Employer PHYS ANES SERV	Occupatio ANESTH	n IESIOLOGIST	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) ANNE ROGERS			Date of Receipt
	Mailing Address 6005 RIVER RD			1 2 0 2 2 0 0 9
	City NORFOLK	State VA	Zip Code 23505	Transaction ID: SA11AI.81866 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ATLANTIC ANESTHESIA INC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	IOLOGISTS POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
	Mailing Address 6005 RIVER RD		1 2 0 4 Y Y Y Y 1 2 0 4 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82077
	NORFOLK	VA 23505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer ATLANTIC ANESTHESIA INC	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	600.00	
- B.	Full Name (Last, First, Middle Initial) JOHN ROGOSKI		Date of Receipt
	Mailing Address 410 W 10TH AVE DOA	AN HALL N411	12 0 0 9 Y Y Y Y 12 31 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82315
	COLUMBUS	OH 43210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer THE OH STATE UNIV ANES DE- PT	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
- C.	Full Name (Last, First, Middle Initial) RAMON ROSALES		Date of Receipt
	Mailing Address 102 GELNAW LANE		12 15 Y Y Y Y 12 15 2009
	City	State Zip Code	Transaction ID: SA11AI.82223
	MONTVALE	NJ 07645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer NJ ANESTH GROUP	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	••••••	1100.00
Ī	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)		Use separate sch		FOR LINE NUMBER: PAGE 57 / 86 (check only one)
I	TEMIZED RECEIPTS		for each category Detailed Summar		$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used dress of any political of	by any person committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACT	ION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) SCOTT SAFFRAN				Date of Receipt
	Mailing Address 34 KILMER DR.				M M / D D / Y Y Y Y 12 15 2009
	City	State	Zip Code		Transaction ID: SA11AI.82227
	SHORT HILLS	NJ	07078		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer NJ ANESTH GROUP	Occupation ANESTH	n ESIOLOGIST		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼		Ę	500.00	
- В.	Full Name (Last, First, Middle Initial) STEPHEN SCHANGE				Date of Receipt
	Mailing Address 755 N 11ST #P3600				M M / D D / Y
	City	State	Zip Code		Transaction ID: SA11AI.82201
	BEAUMONT	TX	77702		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			225.00
	Name of Employer ANESTHESIA ASSOC	Occupation ANESTH	n ESIOLOGIST		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	2	225.00	
- C.	Full Name (Last, First, Middle Initial) JOSEPH SCHIANODICOLA				Date of Receipt
	Mailing Address 218 CENTER ST				M M / D D / Y Y Y Y 12 22 2009
	City	State	Zip Code		Transaction ID: SA11AI.82273
	STATEN ISLAND	NY	10306		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer NEW YORK METHODIST HOSPIT- AL	Occupation PHYSICI			
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		
	Other (specify)	0 0	Ę	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			►	1225.00
ŀ	TOTAL This Period (last page this line number				

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 86 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
4. <u></u>	Full Name (Last, First, Middle Initial) KENNETH SEARS Mailing Address 110 29TH AVENUE NC		-E 201	Date of Receipt
_		State	Zip Code	1 2 0 3 2 0 0 9 Transaction ID: SA11AI.81926
	NASHVILLE	TN	37203	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		1000.00
N A	Name of Employer ANESTHESIA MEDICAL GRP	Occupatio ANESTH	n IESIOLOGIST	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
	Full Name (Last, First, Middle Initial) 3. SCOTT SEGAL			Date of Receipt
N	Mailing Address DEPARTMENT OF AN 75 FRANCIS STREET,		, PERIOPER	M M / D D / Y Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81731
-	BOSTON	MA	02115	Amount of Each Receipt this Period
f	EC ID number of contributing ederal political committee.	C		41.00
N E	Name of Employer BWPO	Occupatio PROFES	n SSOR OF ANESTHESIOLOC	λ.Υ
F	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	213.00]
	Full Name (Last, First, Middle Initial) SEAN SERELL			Date of Receipt
N	Mailing Address 1236 EAST ELIZABET	H, STE. 3		M M / D D / Y Y Y Y Y 12 05 2009
	City FORT COLLINS	State CO	Zip Code 80524	Transaction ID: SA11AI.82099 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
	Name of Employer NORTHERN COLORADO ANESTHE- SIA	Occupatio PHYSICI		
F	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
SU	BTOTAL of Receipts This Page (optional)			1541.00

TOTAL This Period (last page this line number only)

	ULE A (FEC Form 3X) ED 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 11
or for comm	nercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) ICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
	ne (Last, First, Middle Initial) RD SHICH			Date of Receipt
Mailing	Address 11717 LONGLEAF LAN	NE		12 / D D / Y Y Y Y 12 01 2009
City		State	Zip Code	Transaction ID: SA11AI.81736
	TON number of contributing political committee.	TX C	77024	Amount of Each Receipt this Period 41.00
OLOGY Receipt Pi		Occupation PHYSICI Aggregate		
MARC S	ne (Last, First, Middle Initial) SIEGEL Address 1249 SADDLE SPRINC	GS DR		Date of Receipt
City		State	Zip Code	1 2 0 6 2 0 0 9 Transaction ID: SA11AI.82112
	PSONS STATION	TN	37179	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Receipt Pi	f Employer HESIA MEDICAL GROUP For: rimary General ther (specify) ▼		n ESIOLOGIST Year-to-Date 250.00]
	ne (Last, First, Middle Initial) SILVASI			Date of Receipt
	Address 2655 AMBERLY			12 24 2009
City BLOO	MFIELD HILLS	State MI	Zip Code 48301	Transaction ID: SA11AI.82279 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		250.00
ASSOC		-	ESIOLOGIST	
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
				541.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any perso ng the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MARK SINGLETON		Date of Receipt
Mailing Address 1805 GREENCR	EEK DR.	1 2 / D D / Y Y Y Y 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.81955
SAN JOSE FEC ID number of contributing federal political committee.	CA 95124	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) GAIL SMITH		Date of Receipt
Mailing Address 6875 ANN ARBC	R SALINE RD.	M M / D D / Y Y Y Y 12 03 2009
City	State Zip Code	Transaction ID: SA11AI.81908
SALINE FEC ID number of contributing federal political committee.	MI 48176	Amount of Each Receipt this Period
Name of Employer PHYSICIAN ANESTHESIA SERV- ICES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) GARY SMITH		Date of Receipt
Mailing Address 3040 LAUREL Co	DVE LN.	M M / D D / Y Y Y Y 12 03 2009
City SIGNAL MOUNTAIN	State Zip Code TN 37377	Transaction ID: SA11AI.81980 Amount of Each Receipt this Period
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 (optic	nal)	1250.00
TOTAL This Period (last page this line n	umber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 11
An or i	y information copied from such Reports and s or commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) P. GREG ST. CLAIRE			Date of Receipt
	Mailing Address 3049 SUMMERGATE	LANE		12 / D D / Y Y Y Y 12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.81909
	OKEMOS FEC ID number of contributing federal political committee.	C	48864	Amount of Each Receipt this Period 250.00
	Name of Employer PHYSICIAN ANESTHESIA SERV- ICES Receipt For: Primary General Other (specify)		n IESIOLOGIST e Year-to-Date 250.00]
•	Full Name (Last, First, Middle Initial) ROBERT STEIN Mailing Address 2626 STONEMILLE D			Date of Receipt
				1 2 0 4 2 0 0 9
	City ELIZABETHTOWN	State KY	Zip Code 42701	Transaction ID: SA11AI.82034 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEARTLAND ANESTH Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST 9 Year-to-Date 500.00]
	Full Name (Last, First, Middle Initial) RICHARD STERN			Date of Receipt
	Mailing Address 46 SPRINGBROOK L	N.		1 2 0 1 2 0 0 9
	City NEWARK	State DE	Zip Code 19711	Transaction ID: SA11AI.81728 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 375.00]
	JBTOTAL of Receipts This Page (optional) .	1		775.00

Any information copied from such Reports and Stor or for commercial purposes, other than using the in NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) DOUGLAS STERNBERG Mailing Address 3230 SHADYDALE CT. City WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For: Primary General	name and address of any political committee to	Date of Receipt Date of Receipt Transaction ID: SA11AI.82072 Amount of Each Receipt this Period 250.00
AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) DOUGLAS STERNBERG Mailing Address 3230 SHADYDALE CT. City WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For:	State Zip Code MI 48323 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt
DOUGLAS STERNBERG Mailing Address 3230 SHADYDALE CT. City WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For:	State Zip Code MI 48323 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	M M M / D / Y
City WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For:	State Zip Code MI 48323 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	12 04 2009 Transaction ID: SA11AI.82072 Amount of Each Receipt this Period 250.00
WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For:	MI 48323 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. Name of Employer S OAKLAND ANES ASSOC Receipt For:	C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	250.00
Receipt For:	ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Other (specify)		Deles (Desciel
Full Name (Last, First, Middle Initial) SCOTT STEVENSON		Date of Receipt
Mailing Address 1505 BRISTOL CT.		M M / D D / Y Y Y Y 12 / 04 / 2009
City ELIZABETHTOWN	State Zip Code KY 42701	Transaction ID: SA11AI.82015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer HEARTLAND ANESTHESIA CONS- ULTANTS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) GLEN STRANGE		Date of Receipt
Mailing Address 5166 COLLETON WAY	/	
City BRENTWOOD	StateZip CodeTN37027	Transaction ID: SA11AI.81938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AMG	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	······	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso name and address of any political committee to	FOR LINE NUMBER: PAGE 63 / 86 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 10 10 17
	/	BIOLOGISTS POLITICAL ACTION COM	MITTEE
Α.	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 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81944
	NASHUA	NH 03060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer GRANITE STATE ANES.	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) WILLIAM SWAGMAN		Date of Receipt
	Mailing Address 3333 EVERGREEN DR	RIVE, NE	12 03 Y Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81986
	GRAND RAPIDS	MI 49525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ANES MED CONSULT	Occupation ANESTHESIOLOGIST	_
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	500.00	
с.	Full Name (Last, First, Middle Initial) SCOTT SWITZER		Date of Receipt
	Mailing Address 26 FARM HILL RD.		12 01 YYYYY 12009
	City	State Zip Code	Transaction ID: SA11AI.81729
	WEST HARTFORD	CT 06107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.00
	Name of Employer MILFORD ANESTHESIA, PC	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 419.00	
	SUBTOTAL of Receipts This Page (optional)	•	833.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 86 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1'
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
. ×	Full Name (Last, First, Middle Initial) DAMON TEMPLETON			Date of Receipt
	Mailing Address 3507 LAKESTONE C	CT.		12 ¹ 20 ² 2009
	City	State	Zip Code	Transaction ID: SA11AI.82267
	MARTINEZ	GA	30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA, LLC	Occupation ANESTH	ESIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
. –	Full Name (Last, First, Middle Initial) ROBERT THOMPSON			Date of Receipt
	Mailing Address PO BOX 3294			12 04 YYYY 12009
	City	State	Zip Code	Transaction ID: SA11AI.82059
	TUPELO	MS	38803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TUPELO ANES GRP	Occupation ANESTH	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
-	Full Name (Last, First, Middle Initial) SCOTT THOMPSON			Date of Receipt
	Mailing Address 1215 PLEASANT ST.	., #400		1 2 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.82105
	DES MOINES	IA	50309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC	Occupation ANESTH	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 65 / 86 (check only one)
			Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements main name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) TODD TRITCH			Date of Receipt
	Mailing Address SACRED HEART MED 3333 RIVER BEND DR		FER AT RIV	1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.81839
	SPRINGFIELD	OR	97477	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NORTHWEST ANESTHESIA PHYS- ICIANS PC	Occupatio PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) ANDREW TROBRIDGE			Date of Receipt
	Mailing Address 13909 WATERWAY BL	_VD.		M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81752
	FORTVILLE	IN	46040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer INTERVENTIONAL PAIN CARE	Occupatio PAIN PH	n IYSICIAN	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	336.00	
C.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS			Date of Receipt
	Mailing Address 427 HEIGHTS DR			M M / D D / Y Y Y Y 12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.81780
	GIBSONIA	PA	15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	917.00	
	SUBTOTAL of Receipts This Page (optional)		•••••	416.00
	TOTAL This Period (last page this line number of	only)		

A. Ju F C M F C M C C C C C C C C C C C C C	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) MERICAN SOCIETY OF ANESTHES ull Name (Last, First, Middle Initial) D TU ailing Address 4503 HABERSHAM CO ity <u>IISSOURI CITY</u> EC ID number of contributing deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY ecceipt For: Primary General Other (specify) ▼	name and address of any political	l committee to so	licit contributions from such committee.
A. J.	MERICAN SOCIETY OF ANESTHES	DURT State Zip Code TX 77459 C Occupation ANESTHESIOLOGIST		Date of Receipt 1 2 0 3 2 0 0 9 Transaction ID: SA11AI.81960 Amount of Each Receipt this Period
A. JI M C F fe	ailing Address 4503 HABERSHAM Co ity <u>IISSOURI CITY</u> EC ID number of contributing deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY eccipt For: Primary General Other (specify) ▼	State Zip Code TX 77459 C Occupation ANESTHESIOLOGIST	500.00	M M
C M fe Q Q	ity IISSOURI CITY EC ID number of contributing deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY eccipt For: Primary General Other (specify) ▼	State Zip Code TX 77459 C Occupation ANESTHESIOLOGIST	500.00	1 20 32 0 0 9Transaction ID:SA11AI.81960Amount of Each Receipt this Period
<u>N</u> F G C	IISSOURI CITY EC ID number of contributing deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY eccipt For: Primary General Other (specify) ▼	TX 77459 C Occupation ANESTHESIOLOGIST	500.00	Amount of Each Receipt this Period
F fe N G	EC ID number of contributing deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY eccipt For: Primary General Other (specify) ▼	C Occupation ANESTHESIOLOGIST	500.00	
fe N C	deral political committee. ame of Employer REATER HOUSTON ANESTHESI- LOGY eccipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST	500.00	250.00
<u>C</u>	LOGY eccipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST	500.00	
R	Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
	Other (specify) ▼		500.00	
	ull Name (Last, First, Middle Initial)			
	EBECCATWERSKY			Date of Receipt
_	ailing Address 450 CLARKSON AVEN BOX 6			M M / D D Y
	ity ROOKLYN	State Zip Code NY 11203	-	Transaction ID: SA11AI.82155
F	EC ID number of contributing deral political committee.	C		Amount of Each Receipt this Period 500.00
	ame of Employer UNY DOWNSTATE MEDICAL CE- TER	Occupation PHYSICIAN		
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
	ull Name (Last, First, Middle Initial) AVID VARLOTTA			Date of Receipt
N	ailing Address 1303 BAYSHORE BLV	D.		M M / D D / Y Y Y Y 12 01 2009
C	ity	State Zip Code		Transaction ID: SA11AI.81782
Ţ	AMPA	FL 33606		Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		83.00
<u> </u>	ame of Employer NICOM ANESTHESIA ASSOCIA- ES	Occupation ANESTHESIOLOGIST		
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 🔻	751.00	
SUE	BTOTAL of Receipts This Page (optional)			833.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 86 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	SIOLOGISTS POLITICAL ACTION COM	MITTEE
∠ A.	Full Name (Last, First, Middle Initial) BRIANBRIAN VAUGHAN		Date of Receipt
	Mailing Address 2139 AUBURN AVE		1 2 / 1 6 / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.82241
	CINCINNATI	OH 45219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
– В.	Full Name (Last, First, Middle Initial) HECTOR VILA		Date of Receipt
	Mailing Address 4304 W AZEELE ST		1 2 0 1 Y Y Y Y 1 2 0 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.81750
	TAMPA	FL 33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer HV PA	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	336.00	
– c.	Full Name (Last, First, Middle Initial) ROBERT VILLARREAL	1	Date of Receipt
	Mailing Address 5400 SUNCREST DR.	, SUITE #B-3	12 03 YYYY 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.81948
	EL PASO	TX 79912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer ANESTHESIA CONSULT ASSOC	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	· ······	833.00
F	TOTAL This Period (last page this line number	only)	

EDULE A (FEC Form 3X) IZED RECEIPTS IT A Content of the second se	e name and add SIOLOGISTS IE CT State CO C	Zip Code 80547	FOR LINE NUMBER: PAGE 68 / 86 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE Date of Receipt 0 3 2 0 0 9 Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES Name (Last, First, Middle Initial) ETTE VIZENA ING Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	e name and add SIOLOGISTS IE CT State CO C	Detailed Summary Page not be sold or used by any perso ress of any political committee to B POLITICAL ACTION COM Zip Code 80547	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE Date of Receipt M_12 03 2009 Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES Name (Last, First, Middle Initial) ETTE VIZENA Ing Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	e name and add SIOLOGISTS IE CT State CO C	zinot be sold or used by any person press of any political committee to B POLITICAL ACTION COM Zip Code 80547	Date of Receipt MITTEE Date of Receipt M2 MITTEE Date of Receipt MITTEE Date of Receipt MITTEE Model MITTEE Mathematical MITTEE Mathematical Mathematical <tr< th=""></tr<>
mmercial purposes, other than using the E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES Name (Last, First, Middle Initial) ETTE VIZENA Ing Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	e name and add SIOLOGISTS IE CT State CO C	Zip Code 80547	Solicit contributions from such committee. MITTEE Date of Receipt 12 03 2009 Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
E OF COMMITTEE (In Full) ERICAN SOCIETY OF ANESTHES Name (Last, First, Middle Initial) ETTE VIZENA ng Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	SIOLOGISTS	Zip Code 80547	MITTEE Date of Receipt 12 0 3 2 0 0 9 Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
Name (Last, First, Middle Initial) ETTE VIZENA ng Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	IE CT State CO C	Zip Code 80547	Date of Receipt M M / D D / Y Y Y Y 1 2 0 0 9 Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
ETTE VIZENA ng Address 919 SKIPPING STON NATH ID number of contributing ral political committee. e of Employer THERN CO ANESTH. PROF. ISULTANTS	State CO C	80547	M M / D D Y
NATH ID number of contributing al political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	State CO C	80547	M M / D D Y
ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	CO C	80547	Transaction ID: SA11AI.81959 Amount of Each Receipt this Period
ID number of contributing ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	C		Amount of Each Receipt this Period
ral political committee. e of Employer ITHERN CO ANESTH. PROF. ISULTANTS	Occupation		40.00
ISULTANTS			
ISULTANTS	IANESTH		7
, pr. 1 oi .		ESIOLOGIST	-
Primary General	Aggregate		1
Other (specify)	0 0	220.00	
			Date of Receipt
	IE CT		M M / D D / Y Y Y Y 12 15 2009
	State	Zip Code	Transaction ID: SA11AI.82215
NATH	CO	80547	Amount of Each Receipt this Period
	C		40.00
e of Employer ITHERN CO ANESTH. PROF. ISULTANTS			
eipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)	0 0	260.00	
			Date of Receipt
	R		1 2 1 5 2 0 0 9
	State	Zip Code	Transaction ID: SA11AI.82229
IAFLY	NJ	07670	Amount of Each Receipt this Period
	C		500.00
e of Employer NESTH GROUP	· · ·		-
	Aggregate	Year-to-Date V	
Other (specify) v		500.00	
DTAL of Receipte This Page (ontional)	1		580.00
	Primary General Other (specify) ▼ Name (Last, First, Middle Initial) ETTE VIZENA ng Address 919 SKIPPING STON INATH ID number of contributing ral political committee. e of Employer RTHERN CO ANESTH. PROF. NSULTANTS eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) WACHTEL ng Address 121 STONEHURST D NAFLY ID number of contributing ral political committee. NAFLY ID number of contributing ral political committee. Primary General Other (specify) ▼ Contal of Receipts This Page (optional) .	Primary General Other (specify) Image: Constraint of the system Name (Last, First, Middle Initial) ETTE VIZENA ng Address 919 SKIPPING STONE CT INATH CO ID number of contributing ral political committee. C et of Employer Occupation RTHERN CO ANESTH. PROF. Occupation NSULTANTS Aggregate Primary General Other (specify) Image: Constraint of the system Name (Last, First, Middle Initial) Machtrel WACHTEL NJ ng Address 121 STONEHURST DR ID number of contributing ral political committee. C ID number of contributing ral political committee. Occupation NAFLY NJ ID number of contributing ral political committee. Occupation Primary General Occupation NESTH GROUP Aggregate Image: Constraint of the system Primary General Occupation Other (specify) Image: Constraint of the system Aggregate Primary General Other (specify) Image: Const	Primary General Other (specify) Primary Querta (Last, First, Middle Initial) ETTE VIZENA ng Address 919 SKIPPING STONE CT State Zip Code INATH C 80547 ID number of contributing ral political committee. C 00ccupation ID number of contributing ral political committee. C 00ccupation ANESTHESIOLOGIST Aggregate Year-to-Date V Primary General 00ccupation 260.00 Name (Last, First, Middle Initial) WACHTEL NJ 07670 Name (Last, First, Middle Initial) State Zip Code NJ 07670 Name (Last, First, Middle Initial) WACHTEL NJ 07670 0 NAFLY NJ 07670 0 0 0 0 ID number of contributing ral political committee. C 0 0 0 Ee of

or for commercial purposes, other NAME OF COMMITTEE (In F AMERICAN SOCIETY OF Full Name (Last, First, Middle HENRY WALTHER Mailing Address 6845 RAN City GRANITE BAY FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) GOLDEN FEC ID number of contributing federal political committee. Receipt For: Primary GOLDEN FEC ID number of contributing federal political committee. Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA SICES Receipt For: Primary Gener Other (specify) Gener Other (specify) HUI Name (Last, First, Middle CHRISTOPHER WASSINK	r than using the name and Full) F ANESTHESIOLOGIS Initial) NCHO LOS PAVOS LN State CA g C Occupa ANES ral Initial) ADOW RUN State	address of any political committee STS POLITICAL ACTION CO N Zip Code 95746 ation THESIOLOGIST gate Year-to-Date 220.00	Date of Receipt Transaction ID: SA11AI.82035 Amount of Each Receipt this Period Date of Receipt Date of
AMERICAN SOCIETY OF Full Name (Last, First, Middle HENRY WALTHER Mailing Address 6845 RAN City GRANITE BAY FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 MEA City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGY City	F ANESTHESIOLOGIS Initial) NCHO LOS PAVOS LN State CA g C Occupa ANES al Initial) ADOW RUN State	N Zip Code 95746 ation THESIOLOGIST gate Year-to-Date ▼ 220.00	Date of Receipt Transaction ID: SA11AI.82035 Amount of Each Receipt this Period Date of Receipt Date of
A. HENRY WALTHER Mailing Address 6845 RAN City GRANITE BAY FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 MEA City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	NCHO LOS PAVOS LN State CA g C Occupa ANES ral Initial) ADOW RUN	Zip Code 95746 ation THESIOLOGIST gate Year-to-Date ▼ 220.00	M M M / D D / 2009 Transaction ID: SA11AI.82035 Amount of Each Receipt this Period 20.00 Date of Receipt M M M / D D / Y Y Y Y 1 2 0 4 20.00
City GRANITE BAY FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA SICES Receipt For: Primary Gener Other (specify) Gother (specify) Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	State CA C C C C Occupa ANES a ANES a Al C Occupa ANES C C ANES C C C C C C C C C C C C C C C C C C C	Zip Code 95746 ation THESIOLOGIST gate Year-to-Date ▼ 220.00	12 04 2009 Transaction ID: SA11AI.82035 Amount of Each Receipt this Period 20.00
GRANITE BAY FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	CA C C C C C C C ANES ANES al Aggreg C ANES Aggreg C ANES Aggreg C ANES State	95746 ation THESIOLOGIST gate Year-to-Date ▼ 220.00	Amount of Each Receipt this Period 20.00 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer CASE MEDICAL GROUP Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	g C Occupa ANES al Aggreg Initial) ADOW RUN	ation THESIOLOGIST gate Year-to-Date ▼ 220.00	20.00 20.00 Date of Receipt 12 / 02 / 2009
Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	ANES Aggreg Initial) ADOW RUN State	THESIOLOGIST gate Year-to-Date ▼ 220.00	M M / D D / Y Y Y Y 12 / 02 / 2009
City City Coher (specify) Full Name (Last, First, Middle MICHAEL WALTZ Mailing Address 1201 ME/ City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	al Initial) ADOW RUN State	220.00	M M / D D / Y Y Y Y 12 / 02 / 2009
B. MICHAEL WALTZ Mailing Address 1201 MEA City GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	ADOW RUN State	Zin Code	M M / D D / Y Y Y Y 12 / 02 / 2009
City <u>GOLDEN</u> FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	State	Zin Code	12 02 2009
GOLDEN FEC ID number of contributing federal political committee. Name of Employer PHYSICIAN ANESTHESIA S ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGY City		Zin Code	
FEC ID number of contributing federal political committee.			Transaction ID: SA11AI.81854
ICES Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle CHRISTOPHER WASSINK Mailing Address 3300 EGN City	g C	80403	Amount of Each Receipt this Period 300.00
CHRISTOPHER WASSINK Mailing Address 3300 EG	ANES	ation THESIOLOGIST gate Year-to-Date ▼ 300.00	
City	Initial)		Date of Receipt
-	YPT VALLEY NE		M M / D D / Y Y Y Y 12 01 2009
<u>NBR</u>	State MI	Zip Code 49301	Transaction ID: SA11AI.81807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			41.00
Name of Employer ANESTHESIA MEDICAL CO TANTS PC	NSUL- Occupa ANES	ation THESIOLOGIST	
Receipt For: Primary Gener Other (specify) ▼	Aggrea	gate Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Pa			•]

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 86 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements main name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION CON	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ERIC WERNER			Date of Receipt
	Mailing Address 3804 ROYAL FOX DR			1 2 / D D / Y Y Y Y 1 2 0 3 2 0 0 9
	City SAINT CHARLES	State IL	Zip Code 60174	Transaction ID: SA11AI.81998 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WEST CENTRAL ANESTHESIOLO- GY GROUP, LTD	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
в.	Full Name (Last, First, Middle Initial) BRIAN WEST			Date of Receipt
	Mailing Address 407 W. SPRINGS MEA	ADOWS LA	NE	1 2 D D / Y Y Y Y 1 2 D 0 3 2 0 0 9
	City	State MI	Zip Code	Transaction ID: SA11AI.81911
	DEWITT FEC ID number of contributing federal political committee.	C	48820	Amount of Each Receipt this Period
	Name of Employer PHYS ANES SERV	_	IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
с.	Full Name (Last, First, Middle Initial) IHN WHANG			Date of Receipt
	Mailing Address 9 CHADWICK CT.			M M / D D / Y Y Y Y 12 15 2009
	City DARK DIDCE	State	Zip Code	Transaction ID: SA11AI.82225
	PARK RIDGE FEC ID number of contributing federal political committee.	NJ C	07656	Amount of Each Receipt this Period
	Name of Employer NJ ANESTH GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number of	only)		

			FOR LINE NUMBER: PAGE 71 / 86
SCHEDULE A (FEC	TS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from s or for commercial purposes, o	uch Reports and Statements may ther than using the name and add	not be sold or used by any pers	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (AMERICAN SOCIETY	In Full) OF ANESTHESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Mid KEVIN JAMES WHITAKER	dle Initial)		Date of Receipt
Mailing Address 1791 k	ERR GULCH ROAD		12 02 2009
City	State	Zip Code	Transaction ID: SA11AI.81852
EVERGREEN FEC ID number of contributive federal political committee.	uting CO	80439	Amount of Each Receipt this Period 500.00
Name of Employer PHYSICIAN ANESTHESI		1	
ICES Receipt For:	ANESTH		
	neral Aggregate	Year-to-Date 500.00]
Full Name (Last, First, Mid ANA WHITTEN	dle Initial)		Date of Receipt
	DEVONSHIRE WAY		M M / D D / Y Y Y Y 12 03 2009
City GERMANTOWN	State TN	Zip Code	Transaction ID: SA11AI.81951
FEC ID number of contributed federal political committee.		38139	Amount of Each Receipt this Period 500.00
Name of Employer METROPOLITAN ANES	ALLIANCE Occupation	ESIOLOGIST	_
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date V 500.00]
Full Name (Last, First, Mid ANA WHITTEN	dle Initial)		Date of Receipt
Mailing Address 3070 [EVONSHIRE WAY		12 20 YYYY 12 20 2009
City GERMANTOWN	State TN	Zip Code 38139	Transaction ID: SA11AI.82260 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting C		500.00
Name of Employer METROPOLITAN ANEST ALLIANCE		ESIOLOGIST	
Receipt For: Primary Ge Other (specify) ♥	neral Aggregate	Year-to-Date 500.00]
SUBTOTAL of Receipts This	s Page (optional)		1500.00
TOTAL This Period (last page	ge this line number only)		

ercial purposes, other than using the r F COMMITTEE (In Full) CAN SOCIETY OF ANESTHESI e (Last, First, Middle Initial) ICKHAM ddress 819 RABBIT RUN DR. SN number of contributing olitical committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) WILLIS	for each category of the Detailed Summary Page atements may not be sold or used by any personame and address of any political committee to OLOGISTS POLITICAL ACTION COMM State Zip Code C 80401 Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	solicit contributions from such committee.
ercial purposes, other than using the r F COMMITTEE (In Full) CAN SOCIETY OF ANESTHESI e (Last, First, Middle Initial) ICKHAM ddress 819 RABBIT RUN DR. SN number of contributing olitical committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) WILLIS	name and address of any political committee to OLOGISTS POLITICAL ACTION COMM State Zip Code C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Solicit contributions from such committee. MITTEE Date of Receipt 12 02 2009 Transaction ID: SA11AI.81846 Amount of Each Receipt this Period
CAN SOCIETY OF ANESTHESI e (Last, First, Middle Initial) ICKHAM ddress 819 RABBIT RUN DR. EM number of contributing olitical committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) WILLIS	State Zip Code C 0 Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt 1 2 0 0 2 2 0 0 9 Transaction ID: SA11AI.81846 Amount of Each Receipt this Period
ICKHAM ddress 819 RABBIT RUN DR. SN number of contributing political committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) WILLIS	CO 80401 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	M M M / D D Y Y Y Y 1 2 0 2 2 0 0 9 Transaction ID: SA11AI.81846 Amount of Each Receipt this Period
EN humber of contributing political committee. Employer AN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) 'WILLIS	CO 80401 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	1 2 0 2 2 0 0 9 Transaction ID: SA11AI.81846 Amount of Each Receipt this Period
aumber of contributing olitical committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) ' WILLIS	CO 80401 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Amount of Each Receipt this Period
aumber of contributing olitical committee. Employer IAN ANESTHESIA SERV- C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) ' WILLIS	C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	
C. AN For: mary General her (specify) ▼ e (Last, First, Middle Initial) ' WILLIS	ANESTHESIOLOGIST Aggregate Year-to-Date	
mary General her (specify) ▼ e (Last, First, Middle Initial) ' WILLIS		
WILLIS		
		Date of Receipt
ddress 12963 W. HARVARD A	VE.	12 D D / Y Y Y Y 12 02 2009
	State Zip Code CO 80228	Transaction ID: SA11AI.81855
OOD number of contributing plitical committee.	CO 80228	Amount of Each Receipt this Period
Employer NES SERV	Occupation ANESTHESIOLOGIST	
For: mary General ner (specify) ▼	Aggregate Year-to-Date 800.00	
e (Last, First, Middle Initial) ILSON		Date of Receipt
ddress 230 STERLING SPRING	GS DR.	1 2 0 3 2 0 0 9
	State Zip Code	Transaction ID: SA11AI.81984
UN CITY number of contributing plitical committee.	C	Amount of Each Receipt this Period 500.00
Employer IESIA & PAIN CONSULT- C	Occupation ANESTHESIOLOGIST	
For: mary General ner (specify) v	Aggregate Year-to-Date ▼ 500.00	
		1250.00
	For: mary General her (specify) ♥ e (Last, First, Middle Initial) LSON ddress 230 STERLING SPRING ON CITY number of contributing political committee. Employer HESIA & PAIN CONSULT- C For: mary General her (specify) ♥	For: Aggregate Year-to-Date mary General her (specify) Image: State e (Last, First, Middle Initial) State LSON State ddress 230 STERLING SPRINGS DR. ON CITY TN approximation State Zip Code TN ON CITY TN approximation C Image: State C C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date For: Aggregate Year-to-Date mary General

		1											
ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 86										
I		for each category of the	(check only one)										
		Detailed Summary Page	X 11a 11b 11c 12										
Г			13 14 15 16 17										
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.										
		SIOLOGISTS POLITICAL ACTION COM											
	AMERICAN SOCIETT OF ANESTHE												
Α.	Full Name (Last, First, Middle Initial) BRADLEY WOMACK		Date of Receipt										
	Mailing Address PO BOX 3294		12 04 YYYY 12009										
	City	State Zip Code	Transaction ID: SA11AI.82063										
	TUPELO	MS 38803	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		500.00										
	Name of Employer TUPELO ANES GROUP												
	Receipt For:	ANESTHESIOLOGIST	4										
	Primary General												
	Other (specify)	500.00											
- В.	Full Name (Last, First, Middle Initial) HAK WONG	·	Date of Receipt										
	Mailing Address 3500 N LAKE SHOR	E DR APT 3B	M M / D D / Y Y Y Y										
			12 29 2009										
	City	State Zip Code	Transaction ID: SA11AI.82294										
	CHICAGO	IL 60657	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C	500.00										
	Name of Employer NORTHWESTERN UNIVERSITY	Occupation											
	FEINBERG SCHOO	PHYSICIAN	_										
	Receipt For:	Aggregate Year-to-Date											
	Primary General	500.00											
	Other (specify) v												
- c.	Full Name (Last, First, Middle Initial) JASON WORKMAN		Date of Receipt										
	Mailing Address 7575 W WASHINGTO	ON AVE STE 127-374											
			12 01 2009										
	City	State Zip Code	Transaction ID: SA11AI.81725										
	LAS VEGAS	NV 89128	Amount of Each Receipt this Period										
	FEC ID number of contributing		82.00										
	federal political committee.		83.00										
	Name of Employer ANESTHESIOLOGY CONSULTANT-		7										
	<u>S, INC.</u>	ANESTHESIOLOGIST	-										
	Receipt For:	Aggregate Year-to-Date ▼											
	Primary General	253.00											
	Other (specify)												
Г		1											
	SUBTOTAL of Receipts This Page (optional)	····· •	1083.00										
ľ													
	TOTAL This Period (last page this line number	er only)											

Primary

Other (specify)

General

	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) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	IOLOGIST	S POLITICAL ACTION CC	MMITTEE
Α.	Full Name (Last, First, Middle Initial) CHAHINE YAMINE			Date of Receipt
	Mailing Address 1227 EARNESTINE ST	REET		12 01 Y Y Y Y 12009
	City	State	Zip Code	Transaction ID: 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	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date 🔻	

996.00

SUBTOTAL of Receipts This Page (optional)	►	83.00
TOTAL 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) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the second secon			
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTH	ESIOLOGIST	5 POLITICAL ACTION COM	MITTEE
Α.	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 12 31 2009
	City	State	Zip Code	Transaction ID: SA17.82383
	CHICAGO	IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 3067.28	

SUBTOTAL of Receipts This Page (optional)	►	12.96
TOTAL This Period (last page this line number only)	•	12.96

50	CHEDULE B (FEC Form 3X)			PR LINE NUMBER: PAGE 76 / 86											
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		check o 21b	only o		X 23		24	Γ	25		26		
				27	\vdash	28a	28b		28c		29		30		
or fo	r Information copied from such Reports and Staten or commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)														
>	AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION	СОМ	МΙΤ	TEE									
	Full Name (Last, First, Middle Initial) BARNETT FOR CONGRESS					Date	action I of Disbu	sem	ent			X			
	Mailing Address PO BOX 1937					^M 2	M / C	2 2 2		Y 2	ž o ò	9			
	City EMPORIA	StateZip CodeKS66801				Amou	nt of Ead	ch Di	sburse			-	od		
	Purpose of Disbursement					<u> </u>				2	500.0	0			
	Candidate Name			egory/ /pe											
		ement For: 2010 Primary General Other (specify) ▼													
	Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS					Date	action I	sem	ent	-					
	Mailing Address 610 S BOULEVARD					[™] 2	M / C	09	/	Ŷ	žo ò	9 [×]			
	City TAMPA	State Zip Code FL 33606				Amou	nt of Ead	ch Di	sburse		-	-	od		
	Purpose of Disbursement									1(000.0	0			
	Candidate Name			egory/ /pe											
	5 <u>x</u>	ement For: 2010 Primary General Other (specify) ▼													
	Full Name (Last, First, Middle Initial) BLUE DOG PAC					Date	action I	sem	ent	.82	342				
	Mailing Address 236 MASSACHUSETTS	AVE NW #603				[™] 2	M / C	09	/ `	Ŷ	²0Ŏ	9 [°]			
	City WASHINGTON	StateZip CodeDC20002				Amou	nt of Ead	ch Di	sburse			-	od		
	Purpose of Disbursement 2009 CONTRIBUTION					L.				2	500.0	0			
	Candidate Name			egory/ /pe											
	Senate	ement For: 2009 Primary General Other (specify) ▼													
รเ	JBTOTAL of Disbursements This Page (optional)			. 🕨	•					60	000.0	0			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	DR LINE NUMBER: PAGE 77 / 86											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	rone) 22 X 23 24 25 26 28a 28b 28c 29 30b											
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na		/ any person fo	or the purpose of soliciting contributions											
AME OF COMMITTEE (In Full)	DLOGISTS POLITICAL ACTI	ON COMMI ⁻	ITEE											
Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS			Transaction ID: SB23.82368 Date of Disbursement											
Mailing Address PO BOX 250			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} $											
City NEWBURGH	State Zip Code IN 47629		Amount of Each Disbursement this Period											
Purpose of Disbursement			2500.00											
Candidate Name		Category/ Type												
Office Sought: X House Disbu Senate President State: IN District: 08	rsement For: 2010 X Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS			Transaction ID: SB23.82356 Date of Disbursement											
Mailing Address 501 CAPITOL CT NE,	SUITE 100		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \prime \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} 0 \\ \prime \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \begin{array}{c} V \\ 0 \\ 9 \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \begin{array}{c} V \\ V \\ 0 \\ 0 \\ 9 \end{array} $											
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period											
Purpose of Disbursement	Γ		1000.00											
Candidate Name	(Category/ Type												
Office Sought: X House Disbu Senate President State: CT District: 02	rsement For: 2010 X Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI			Transaction ID: SB23.82340 Date of Disbursement											
Mailing Address PO BOX 74			12 ^M / 09 / 2009 ^Y											
City SYRACUSE	State Zip Code NY 13214		Amount of Each Disbursement this Period											
Purpose of Disbursement			1500.00											
Candidate Name		Category/ Type												
Office Sought: X House Disbu Senate President State: NY District: 25	rsement For: 2010 Primary X General Other (specify) ▼													
SUBTOTAL of Disbursements This Page (optiona	الا	►	5000.00											
TOTAL This Period (last page this line number or	ly)	►												
E6AN026			FEC Schedule B (Form 3X) (Revised 02											

CHEDULE B (FEC Form	1 3X)		FORU	NE NUMBER:	PAGE 78 / 86
	Use separa	te schedule(s) egory of the	(check	only one)	
		mmary Page	21b	22 X 23	
ny Information copied from such Repor	ts and Statements may not b	be sold or used b			
r for commercial purposes, other than u	sing the name and address	of any political co	ommittee to	solicit contributions	s from such committee
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF ANE	STHESIOLOGISTS PO	LITICAL ACT	ION CON	IMITTEE	
Full Name (Last, First, Middle Initial)				Transaction	ID: SB23.82358
FRIENDS OF GLENN NYE				Date of Disbu	
Mailing Address 499 S CAPIT	OL ST SW, #404			1 ² /	^D 1 6 / ^Y 2 0 0 9 ^Y
City WASHINGTON		Zip Code 20003		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement		_0003			1000.00
Candidate Name			Category/ Type	-	
Office Sought: X House	Disbursement For:	2010	i yhe		
Senate	X Primary	General			
State: VA District: 02	Other (specif	y) 🔻			
Full Name (Last, First, Middle Initial)				Troncetion	
FRIENDS OF JOE HECK				Date of Disbu	ID: SB23.82328 ursement
Mailing Address PO BOX 750	114			1 [°] 2 [°]	^D 0 2 / Y 2 0 0 9
City	State Z	Zip Code		Amount of Fa	ach Disbursement this Perior
LAS VEGAS		39136			
Purpose of Disbursement					2500.00
Candidate Name		I.	Category/ Type	1	
Office Sought: X House	Disbursement For:	2010		-	
Senate	X Primary	General			
State: NV District: 03	Other (specif	y) 🔻			
Full Name (Last, First, Middle Initial)	1			Transaction	ID: SB23.82376
FRIENDS OF JOE HECK				Date of Disbu	ursement
Mailing Address PO BOX 750	114			1 [°] 2 [°]	^D 22 / Y Y Y Y Y Y
City LAS VEGAS		Zip Code 89136		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement	INV 8	00100	v v		1000.00
Candidate Name			Catagory!		
			Category/ Type		
Office Sought: X House	Disbursement For:	2010			
Senate President	X Primary Other (specif	General			
State: NV District: 03		y) V			
	1				
	ge (optional)			·	4500.00

SCHEDULE B (FEC Form	Use sepa	rate schedule(s)		OR LINE	IE NUMBER: PAGE 79 / 86									
	Detailed S	ategory of the Summary Page	È	21b 27	22 28a	Х	23 28b	2	24 28c		25 29			
Any Information copied from such Repor or for commercial purposes, other than u												;		
AME OF COMMITTEE (In Full)	STHESIOLOGISTS P	POLITICAL ACT	ΓION	COMMI	TTEE									
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS					Trans Date o		sburse	ement		323	34			
Mailing Address 700 12TH ST	NW, SUITE 700				^M 2	M	^D 0	9 9	Y	ž	o ò s	Y		
City WASHINGTON	State DC	Zip Code 20005			Amou	nt of	Each	Disbu	urser	-				
Purpose of Disbursement										10	00.00			
Candidate Name				egory/ /pe										
Office Sought: X House Senate President State: GA District: 11	Disbursement For: X Primary Other (spec	2010 General cify) ▼												
Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS					Trans Date o	of Di	sburse	ement			-	X		
Mailing Address PO BOX 2916			[™] 2	M	□2	2	Y	ž	o ò s) ^Y				
City HUNTSVILLE	State AL	Zip Code 35804			Amou	nt of	Each	Disbu	urser	nen	t this F	Period		
Purpose of Disbursement										10	00.00			
Candidate Name				egory/ /pe										
Office Sought: X House Senate President State: AL District: 05	Disbursement For: X Primary Other (spec	2010 General cify) ▼												
Full Name (Last, First, Middle Initial) HOUSE CONSERVATIVES FU	ND				Trans Date of		-			323	54			
Mailing Address 2111 WILSOI	N BLVD, SUITE 700				[™] 2	M	^D 1	6 /	Y	ž	o ò s	Y		
City ARLINGTON	State VA	Zip Code 22201			Amou	nt of	Each	Disbu	urser	nen	t this F	Period		
Purpose of Disbursement 2009 CONTRIBUTION					L.					40	00.00			
Candidate Name				egory/ /pe										
Office Sought: House Senate President State: District:	Disbursement For: Primary X Other (spec	2009 General cify) ▼												
SUBTOTAL of Disbursements This Pa				. 🕨						600	00.00	,		
TOTAL This Period (last page this line						-	•		-			•		
				•					-					

	(FEC Form		Use sepa			E NUMBER: PAGE 80 / 86											
TEMIZED DIS			Detailed	category of the Summary Pag	Э		21b 27	\square	22 28a	Х	28b		24 28c		25 29		26 301
ny Information copies r for commercial purp NAME OF COMM AMERICAN SO	ooses, other than usi	ng the name	and addre	ss of any politi	cal co	mmi	tee to s	solici	t contr								
Full Name (Last, F	irst, Middle Initial) ARTMENT OF RE	VENUE									t ion IE Disburs			.823	25		
Mailing Address	P.O. BOX 1900	08							[™] 2	М	/ D	0 ^D 2	/	ź	0 ò	9 [×]	
City SPRINGFIELD			tate L	Zip Code 62794-900	8				Amou	unt o	of Eac	h Dis	burse		-	-	od
Purpose of Disbur TAX PAYMENT	sement								L.					5	80.0	0	
Candidate Name		Diahumaan				Cateo Typ	gory/ be										
Office Sought: State:	House Senate President District:		nent For: Primary Other (spe	Genera ecify) V	l												
Full Name (Last, F JOHN CAMPBE	irst, Middle Initial) ELL FOR CONGF	RESS							Date		tion IE	seme				V	
Mailing Address	4590 MACART	HUR BLVD	, #500						[™] 2	IVI		09		2	0 Ŏ	9 '	
City NEWPORT BE	ACH		tate CA	Zip Code 92660					Amou	unt o	of Eac	h Dis	burse			-	od
Purpose of Disbursement Candidate Name									L.					10	00.0	0	
			. =			Typ	gory/ De										
Office Sought: State: CA	X House Senate President District: 48		nent For: Primary Other (spe	2010 Genera ecify) ▼	d												
Full Name (Last, F KIRKPATRICK		1							Date	of D	t ion IE Disburs	seme	ent				
Mailing Address	PO BOX 993								^M 2	М	/ D	1 ^D	/	ź	0 Ò	9 [°]	
City PRESCOTT			tate AZ	Zip Code 86302	_				Amou	unt o	of Eac	h Dis	burse				od
Purpose of Disbur]	L.					10	00.0	0				
Candidate Name		Cateo Typ	gory/ be														
Office Sought: State: AZ	X House Senate President District: 01		nent For: Primary Other (spe	2010 Genera ecify) ▼	l												
		1										*		0.5	80.0	0	-

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	Τ	-		IE NUMBER: PAGE 81 / 86								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\overline{}$	21b 27	22 28a	X		8b		24 28c		25 29	26
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam													<u> </u>
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL													
Full Name (Last, First, Middle Initial) LEADERSHIP FOR TODAY & TOMORRO	W PAC				Tran Date					SB23 ent	.823	348	
Mailing Address 607 14TH ST NW SUITE	800				[™] 2		/	۵	9	/	ź	éoòs) [^]
City WASHINGTON	State Zip Code DC 20005				Amo	unt o	of E	Each	ı Di	sburse	-	nt this I	
Purpose of Disbursement 2009 CONTRIBUTION					L.						25	00.00)
Candidate Name			itego Type	,									
Senate X President X	ment For: 2009 Primary General Other (specify) ▼												
State: District: Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS					Tran Date			ourse	em		.823	330	
Mailing Address PO BOX 37					[™] 2	М	/	۵	9	/	ź	óoòs) ^Y
City ROSEVILLE	State Zip Code MI 48066				Amo	unt o	of E	Each	ı Di	sburse	0	nt this I	
Purpose of Disbursement					L.						10	00.00)
Candidate Name			itego Type										
Senate X President	ment For: 2010 Primary General Other (specify)												
State: MI District: 12 Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS					Tran Date					SB23 ent	.823	864	
Mailing Address PO BOX 2334					1 ^M 2	М	/	^D 1	^D 6	/	ź	óoòs) ^Y
City DENTON	State Zip Code TX 76202				Amo	unt o	of E	ach	ı Di	sburse	emer	nt this I	Period
Purpose of Disbursement					L.						25	00.00)
Candidate Name			itego Type										
Senate X President	ment For: 2010 Primary General Other (specify) ▼												
State: TX District: 26									_				
SUBTOTAL of Disbursements This Page (optional)				•							60	00.00)

FE6AN026

TEMIZED DISBURSEMENTS	ITEMIZED DISBORSEMENTS Ior each category of the Detailed Summary Page 21b 21b 21b 21c	IE NUMBER: PAGE 82 / 86								
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MKE ROSS FOR CONCRESS CMTE Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State Nation Address PO BOX 5577 City Category/ Category/ City Category/ Category/ Category/ Type Office Sought: Senate President Disbursement State: Disbursement Disbursement State: Disbursement State: Disbursement Category/ Type Office Sought: Senate President Disbursement State: Disbursement Category/ Type Office Sought: Senate President Disbursement For: Category/ Type Office Sought: Senate President Disbursement For: Category/ Type Office Sought: Senate Disbursement For: Category/ Type Office Sought: Disbursement For: Category/ Type Office Full Name For: Category/ Type Full Full Full For Full Name For Full For	or for commercial purposes, other than using the name and address of any political committee to solicit NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTI Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS CMTE Mailing Address PO BOX 360 City PRESCOTT AR 71857 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President State: District: 04 Disbursement For: 2010 American Society PO BOX 5577 City NATIONAL LEADERSHIP PAC Mailing Address PO BOX 5577 City NEW YORK NY 10027 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President State: District: Disbursement For: 2009 Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Disbursement For: 2009 Category/ Type Disbursement For: 2009 Category/ Type Dis	22 X 23 24 25 28 28a 28b 28c 29 1								
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS CMTE Mailing Address PO BOX 360 City State Zip Code PHESCOTT AR 71857 Purpose of Disbursement Category/ Type 1500.00 Office Sought: X House Disbursement For: 2010 State: AR District: 04 Other (specify) ▼ Transaction ID: SB23.82360 NATIONAL LEADERSHIP PAC Transaction ID: SB23.82360 Transaction ID: SB23.82360 Mailing Address PO BOX 5577 Other (specify) ▼ Transaction ID: SB23.82360 Chy NATIONAL LEADERSHIP PAC Transaction ID: SB23.82360 Date of Disbursement this Perioc Mailing Address PO BOX 5577 Other (specify) ▼ Amount of Each Disbursement this Perioc NEW YORK NY 10027 Transaction ID: SB23.82380 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Other (specify) ▼ Tr	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTI Full Name (Last, First, Middle Initial) MiKE ROSS FOR CONGRESS CMTE Mailing Address PO BOX 360 City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement Category/ Candidate Name Category/ Office Sought: X House President Disbursement For: 2010 Xate: AR District: 04 Full Name (Last, First, Middle Initial) V NATIONAL LEADERSHIP PAC Mailing Address Mailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement Category/ Zogo GONTRIBUTION Category/ Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Category/ Type									
MKE ROSS FOR CONGRESS CMTE Date of Disbursement Mailing Address PO BOX 360 City State Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Transaction ID: SE23.82360 Office Sought: X House President Disbursement For: State: Amount of Each Disbursement Candidate Name Transaction ID: SE23.82360 Office Sought: X House Office Sought: X House Office Sought: Senate President Disbursement For: 2010 X Primary General Other (specify) V 10027 Purpose of Disbursement 2500.00 City Senate President Disbursement For: 2009 CONTRIBUTION Category/ Type Office Sought: House President Disbursement For: State: Disbursement For: 2009 CONTRIBUTION Category/ Type Office Sought: House President State Disbursement Zip Code Amount of Each Disbursement Zip Code Transaction ID: SB23.82380 Districit: Y 0 0 9'	MIKE ROSS FOR CONGRESS CMTE Imailing Address PO BOX 360 City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement Category/ Candidate Name Disbursement For: 2010 Senate President Category/ Office Sought: X House Disbursement For: 2010 State: AR District: 04 Y Primary General Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC T Mailing Address PO BOX 5577 Image: Senate Zip Code NY 10027 Purpose of Disbursement Zodegory/ Z096 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Oure (congRESS PAC T Category/ T Mailing Address PO BOX 344 Image: Category/ T City State Zip Code AR 71857 Purpose of Disbursement Category/ T Category/ T	ΈΕ								
City State Zip Code PHESCOTT AR 71857 Purpose of Disbursement	City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement Category/ Candidate Name Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Other (specify) ✓ State: AR District: 04 Other (specify) ✓ Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC T Mailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement Category/ 2009 CONTRIBUTION Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type OUR CONGRESS PAC A <	Date of Disbursement								
PRESCOTT AR 71857 Purpose of Disbursement	PRESCOTT AR 71857 Purpose of Disbursement Category/ Type Candidate Name Category/ Type Office Sought: X House President Disbursement For: 2010 State: AR District: 04 Primary General Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC T Mailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Disbursement For: 2009 Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type T General City State: Disbursement For: 2009 Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Category	$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \text$								
Candidate Name Category/ Type Office Sought: X House Senate Disbursement For: 2010 Y Primary General Category/ Type Office Sought: X House Disbursement For: 2010 Y Primary General Category/ Category/ Y NATIONAL LEADERSHIP PAC X Y Y Mailing Address PO BOX 5577 Y X City NY 10027 X Purpose of Disbursement Z Z Y 20 0 0 Y Candidate Name Disbursement For: 2009 X Amount of Each Disbursement this Period Candidate Name Disbursement For: 2009 X Other (specify) V X Office Sought: House Disbursement For: 2009 X Other (specify) V Full Name (Last, First, Middle Initial) Outher (specify) V X Amount of Each Disbursement Y 20 0 0 Y Cardidate Name Disbursement For: 2009 X Other (specify) V X Amount of Each Disbursement Y 2 0 0 0 Y City President	Candidate Name Category/ Type Office Sought: X House Senate President Coher (specify) State: AR District: 04 Other (specify) Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC T Mailing Address PO BOX 5577 City State Zip Code NEW YORK State Zip Code A Number of Disbursement 2009 Contegory/ Type T Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Office Sought: District: Primary General Volter (specify) ✓ T Glip Congress PAC Mailing Address PO BOX 344 City State Zip Code A Mailing Address PO BOX 344 Category/ Type T Office Sought: House Disbursement For: 2009 Cardidate Name Category/ Type Category/ Type Category/ Type </td <td></td>									
Office Sought: X House Disbursement For: 2010 X Primary General Ceneral State: AR District: 04 Transaction ID: SB23.82360 NATIONAL LEADERSHIP PAC Transaction ID: SB23.82360 Mailing Address PO BOX 5577 Transaction ID: SB23.82360 City NY State Zip Code NY NEW YORK NY 10027 Amount of Each Disbursement 2500.00 Candidate Name Category/ Type Zip Code Amount of Each Disbursement this Period Candidate Name Disbursement For: 2009 Category/ Type Zip Code Office Sought: House Disbursement For: 2009 Category/ Type Zip Code Mailing Address PO BOX 344 Transaction ID: SB23.82380 Date of Disbursement City President State Zip Code Amount of Each Disbursement Purpose of Disbursement Amount of Each Disbursement Zig	Type Office Sought: X House Disbursement For: 2010 X Primary General President Other (specify) ✓ State: AR District: 04 ✓ Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC T Mailing Address PO BOX 5577 ✓ City State Zip Code NEW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 General Primary General ✓ State: District: Zip Code ////////////////////////////////////	1500.00								
State: AR District: 04 Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: SB23.82360 NATIONAL LEADERSHIP PAC Date of Disbursement Mailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Category/ Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Our CONGRESS PAC President X Other (specify) ▼ Transaction ID: SB23.82380 Mailing Address PO BOX 344 Transaction ID: SB23.82380 Date of Disbursement Gity President X Other (specify) ▼ Amount of Each Disbursement Mailing Address PO BOX 344 Image: State Zip Code Transaction ID: SB23.82380 Date of Disbursement Gity President State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Amount of Each Disbursement this Period Image: State Image:	President Other (specify) State: AR District: 04 Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC Mailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement 2009 ContralBUTION Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Office Sought: President X Other (specify) Image: Category/Type State: District: Primary General X Other (specify) Image: Category/Type Tother (specify) Image: Category/Type Office Sought: House Disbursement For: 2009 Mailing Address PO BOX 344 Image: Category/Type Image: Category/Type Our CONGRESS PAC Image: Category/Type Image: Category/Type Image: Category/Type Mailing Address PO BOX 344 Image: Category/Type Image: Category/Type Image: Category/Type Office Sought: House Disbursement For: 2009 Category/Type Of									
NATIONAL LEADERSHIP PAC In the second of the second o	NATIONAL LEADERSHIP PAC Imailing Address PO BOX 5577 City State Zip Code NEW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Category/ Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Senate President X Other (specify) ✓ State: District: T Condensate Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T Mailing Address PO BOX 344 T City State Zip Code A PRESCOTT AR 71857 A Purpose of Disbursement 2009 CONTRIBUTION Category/ T Category T Category/ T Outrose of Disbursement Disbursement For: 2009 Category/ Office Sought: House Disbursement For: 2009 Category/ Office Sought: House Disbursement For: 2009 Category/ T Office Sought: House Disbursement F									
City State Zip Code NY 10027 Purpose of Disbursement 2500.00 2009 CONTRIBUTION Category/ Type Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 President Senate Primary General Value Other (specify) Image: Code Transaction ID: SB23.82380 OUR CONGRESS PAC Disbursement Image: Code Transaction ID: SB23.82380 Mailing Address PO BOX 344 Image: Code Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period 2009 CONTRIBUTION Category/ Type Image: Code Amount of Each Disbursement this Period 2009 CONTRIBUTION Category/ Type Image: Code Amount of Each Disbursement this Period 2009 CONTRIBUTION Category/ Type Image: Code Amount of Each Disbursement this Period Candidate Name Disbursement For: 2009 Amount of Each Disbursement this Period Category/ Type Type Disbursement For: 2009 Amoun	City State Zip Code A NEW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Category/ Type Office Sought: House Disbursement For: 2009 Senate President X Other (specify) ▼ State: District: X Other (specify) ▼ Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T T Mailing Address PO BOX 344 T City State Zip Code PRESCOTT AR 71857 Category/ T Purpose of Disbursement Code Category/ T City State Zip Code A PRESCOTT AR 71857 Category/ Purpose of Disbursement Cocy Category/ T Candidate Name Disbursement For: 2009 Category/ Office Sought: House Disbursement For: 2009 Category/ Office Sought: House Disbursement For: 2009 <	Date of Disbursement								
NÉW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Category/ Type 2500.00 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 State: District: Attack Transaction ID: SB23.82380 OUR CONGRESS PAC Disbursement Mailing Address PO BOX 344 Tasaction ID: SB23.82380 City State Zip Code Are 71857 Amount of Each Disbursement this Period Purpose of Disbursement Category/ Type Category/ Type Y 2 0 0 9 Y Amount of Each Disbursement this Period Candidate Name Disbursement For: 2009 Category/ Type Tasection ID: SB23.82380 Office Sought: House Disbursement For: 200 0 9 Y Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2009 Amount of Each Disbursement this Period Category/ Type President X Other (specify) ▼ Each Primary General Senate President X Other (specify) ▼ Transec	NÉW YORK NY 10027 Purpose of Disbursement 2009 CONTRIBUTION Category/ Type Candidate Name Category/ Senate Primary General President Senate Primary General President X Other (specify) ▼ State: District: T Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T Mailing Address PO BOX 344 T City State Zip Code A PRESCOTT AR 71857 Purpose of Disbursement Category/ Type Category/ Type T Office Sought: House Disbursement For: 2009 Candidate Name Category/ Type T Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 State: District: X Other (specify) T									
Pulpose of Disbursement for: 2009 Office Sought: House President Primary General Y Your Construction President State: Disbursement For: Pull Name (Last, First, Middle Initial) President OUR CONGRESS PAC Transaction ID: Mailing Address PO BOX 344 City State PRESCOTT AR Purpose of Disbursement 12 ° ° 2 ′ ° 2 0 ŏ 9° Amount of Each Disbursement this Perior 2009 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 Goffice Sought: House Disbursement For: 2009 Category/ Type 1500.00	2009 CONTRIBUTION Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) State: District: T Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T Mailing Address PO BOX 344 T City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) State: District: X Other (specify)									
Type Office Sought: House Senate Primary President X State: District: Full Name (Last, First, Middle Initial) OUR CONGRESS PAC Mailing Address PO BOX 344 City State Purpose of Disbursement Zip Code PRESCOTT AR 71857 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Category/ Type Type Office Sought: House Disbursement For: 2009 Senate Primary President X X Other (specify) State: District:	Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) ▼ State: District: T Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T Mailing Address PO BOX 344 T City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 State: District: X Other (specify) ▼	2500.00								
Senate Primary General Yesident X Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB23.82380 OUR CONGRESS PAC Date of Disbursement Mailing Address PO BOX 344 City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement 2009 CONTRIBUTION Amount of Each Disbursement this Period Candidate Name Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 State: District: X Other (specify)	Senate Primary General President X Other (specify) ▼ State: District: T T Full Name (Last, First, Middle Initial) OUR CONGRESS PAC T Mailing Address PO BOX 344 T City State Zip Code AR PRESCOTT AR 71857 Purpose of Disbursement Category/ Type 2009 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 State: District: X Other (specify) ▼									
Full Name (Last, First, Middle Initial) OUR CONGRESS PAC Transaction ID: SB23.82380 Date of Disbursement Mailing Address PO BOX 344 City State Zip Code AR PRESCOTT AR Purpose of Disbursement 2009 CONTRIBUTION AR Candidate Name Disbursement For: Office Sought: House President State: Disbursement For: 2009 Senate President Y Y Y <td< td=""><td>Full Name (Last, First, Middle Initial) T OUR CONGRESS PAC III Mailing Address PO BOX 344 City State Zip Code AR PRESCOTT AR 71857 AR Purpose of Disbursement Category/ Type 2009 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) ▼</td><td></td></td<>	Full Name (Last, First, Middle Initial) T OUR CONGRESS PAC III Mailing Address PO BOX 344 City State Zip Code AR PRESCOTT AR 71857 AR Purpose of Disbursement Category/ Type 2009 CONTRIBUTION Category/ Type Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) ▼									
City State Zip Code PRESCOTT AR 71857 Purpose of Disbursement 2009 CONTRIBUTION 1500.00 Candidate Name Category/ Type 1500.00 Office Sought: House Disbursement For: 2009 Office Sought: House Disbursement For: 2009 Senate Primary General State: District: X Other (specify) ✓	City State Zip Code AR PRESCOTT AR 71857 AR Purpose of Disbursement 2009 CONTRIBUTION Category/ Category/ Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: 2009 Category/ Type Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) ▼ State: District: Senate Senate Senate Senate State: St	Date of Disbursement								
PRESCOTT AR 71857 Purpose of Disbursement 2009 CONTRIBUTION 1500.00 Candidate Name Category/ Type Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify) State: District:	PRESCOTT AR 71857 Purpose of Disbursement 2009 CONTRIBUTION									
2009 CONTRIBUTION Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: 2009 Senate Primary President X State: District:	2009 CONTRIBUTION Category/ Type Candidate Name Category/ Type Office Sought: House Senate Primary President X State: District:									
Office Sought: House Disbursement For: 2009 Senate Primary General President X Other (specify)	Office Sought: House Disbursement For: 2009 Senate President X Other (specify) State: District: V	1500.00								
Senate Primary General President X Other (specify) State: District:	Senate Primary General President X Other (specify)									
5500.00										
	SUBTOTAL of Disbursements This Page (optional)	5500.00								

CHEDULE B (TEMIZED DISB ny Information copied fr for commercial purpose		S f		rate schedule(s)										83 / 8	
ny Information copied fr		J	U Each L	ategory of the		<u> </u>	eck only	_							_
			Detailed S	Summary Page			21b 27	22 28a	X	23 28b		24 28c	Н	25 29	H
Tor commercial purpos	rom such Reports ar ses, other than using					any p	erson f	or the pu		e of s		ting co		utions	<u> </u>
NAME OF COMMIT															
AMERICAN SOCI	ETY OF ANEST	HESIOLOG	AISTS P	OLITICAL AC	TIO	N C	OMMI	TTEE							
Full Name (Last, Firs PEAK PAC	t, Middle Initial)							Date	of Di	sburs	eme	SB23.a			
Mailing Address	122 C STREET N	NW, SUITE	505					1 ^M 2	M		I 6	/ Y	ž	o ò s) Y
City WASHINGTON		Stat DC		Zip Code 20001				Amou	unt of	Each	ı Dis	burse	Ū		-
Purpose of Disburser 2009 CONTRIBUTIO								L.					150	00.00	
Candidate Name	111	Dist				atego Type	-								
Office Sought:	House Senate President		nt For: imary ther (spec	2009 General cify) V											
	strict:														
Full Name (Last, Firs ROSKAM PAC	t, Middle Initial)							Date	of Di	sburs	eme	SB23.8 ent			V
Mailing Address	PO BOX 1011							1 ^M 2	M	D (9 0	/ Y	ž	o ò s) Y
City WHEATON		Stat IL	te	Zip Code 60187				Amou	unt of	Each	n Dis	burse	0		-
Purpose of Disburser 2009 CONTRIBUTIO								L.					200	00.00	
Candidate Name	¬ •					atego Type									
Office Sought: State: Di	House Senate President strict:		nt For: imary ther (spec	2009 General cify) V											
Full Name (Last, Firs										on ID sburs		SB23.8 ent	8232	26	
Mailing Address	PO BOX 3157							^M 2	М	D () ^D 2	/ Y	ž	o ò s) Y
City LONG BRANCH		Stat NJ		Zip Code 07740				Amou	unt of	Each	ı Dis	burse	-		-
Purpose of Disburser 2009 CONTRIBUTIC	ment DN							L.					500	00.00	
Candidate Name						atego Type									
Office Sought:	House Senate President		nt For: imary ther (spe	2009 General cify) V											
State: Di	strict:														
SUBTOTAL of Disburs	ements This Page (optional)					►						850	0.00	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: (one)		PA	GE	84 / 8	36
	Detailed Summary Page	21b 27		23 28b	24 28c		25 29	2 3
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
	OGISTS POLITICAL AC	TION COMMI	TTEE					
Full Name (Last, First, Middle Initial) SKIPAC			Transaction Date of Dis	sburse	ment			
Mailing Address PO BOX 83142			1 ²	^D 0	9 / Y	ź	o ò a	Ŷ
	State Zip Code MD 20883		Amount of	Each	Disburse	-		-
Purpose of Disbursement 2009 CONTRIBUTION			L			250	0.00	
Candidate Name		Category/ Type						
	nent For: 2009 Primary General Other (specify) V							
State: District:								
Full Name (Last, First, Middle Initial) SWPA PAC			Transaction Date of Dis	sburse	ment			_
Mailing Address 499 S CAPITOL ST, SW,		12	D 1	6 / Y	ž	0 ð 9	Y	
,	State Zip Code DC 20003		Amount of	Each	Disburse	-		Ū.
Purpose of Disbursement 2009 CONTRIBUTION			L			250	00.00	
Candidate Name		Category/ Type						
Office Sought: House Disburser Senate President X	nent For: 2009 Primary General Other (specify) V							
State: District:								
Full Name (Last, First, Middle Initial) TAC PAC			Transaction Date of Dis	sburse	ment			
Mailing Address 228 S WASHINGTON ST	, SUITE 115		1 ²	D 0	9 / Y	Ž	0 ð 9	Ŷ
ALEXANDRIA	State Zip Code /A 22314		Amount of	Each	Disburse	-		-
Purpose of Disbursement 2009 CONTRIBUTION			L		<u>a</u> a	200	0.00	
Candidate Name		Category/ Type						
President X	nent For: 2009 Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		►				700	0.00	
TOTAL This Period (last page this line number only)		►						

FE6AN026

		CHEDULE B (FEC Form 3			arate schedu			OR LINE			R:			PA	GE	85 / 8	6
	IT	EMIZED DISBURSEMEN	ſS		category of t Summary Pa			21b 27	ן ב	22 28a	Х	23 28b		24 28c		25 29	26 30b
		y Information copied from such Reports a for commercial purposes, other than usin															
		NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	THESIOLO	OGISTS F	POLITICAL		ON (СОММІ	ITT	EE							
Α.		Full Name (Last, First, Middle Initial) WOLVERINE PAC Mailing Address 607 14ST ST N	W, SUITE	800							of Di	sburse	-	B23.8 nt / Y		32 0 0 9	Y
		City WASHINGTON	-	State DC	Zip Code 20005				/	Amoui	nt of	Each	Dis	burser		this P	eriod
		Purpose of Disbursement 2009 CONTRIBUTION					v								100	00.00	
		Candidate Name				C	Cateo Typ										
		Office Sought: House Senate President		nent For: Primary Other (spe	2009 Gen cify) ▼	eral											
		State: District:															

	SUBTOTAL of Disbursements This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number only)	►	52080.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

S	SCHEDULE B (FEC F	orm 3X)			FOR LINE	
	•	-	Use sepa	arate schedule(s)	Check only	
	TEMIZED DISBURSE	MENTS		category of the Summary Page	21b	22 23 24 25 26
			Detaileu	Summary Fage		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
A	Any Information copied from such F	Reports and Staten	ients may n	ot be sold or used		or the purpose of soliciting contributions
						licit contributions from such committee
	NAME OF COMMITTEE (In Fu					
	AMERICAN SOCIETY OF	,				TTEE
	AMENIOAN SOOIETT OF	ANEOTHEOROE	0010101	OLIHOAL AC		
Ľ	Full Name (Last, First, Middle Ir	nitial)				Transaction ID: SB29.82374
Α.	FRIENDS OF HEATHER M	,				Date of Disbursement
	Mailing Address PO BOX	11290				$1^{M}2^{M} / 1^{D}1^{D}6 / 2^{Y}2^{Y}0^{Y}9^{Y}$
	City		State	Zip Code		Amount of Each Disbursement this Period
	TAKOMA PARK		MD	20913		4000.00
	Purpose of Disbursement					1000.00
	2009 NON-FEDERAL CONTR	BUTION				
	Candidate Name				Category/	
					Туре	
	Office Sought: House	Disburse	ment For:	2009		
	Senate		Primary	General		
	Presider	it X	Other (spe	ecify) 🔻		
	State: District:					
_	Full Name (Last, First, Middle Ir	nitial)				Transaction ID: SB29.82384
В.	NORTHERN TRUST CO					Date of Disbursement
						12 ^M /31 ^Y YYYYYYY
	Mailing Address 50 S LAS	SALLE				12 31 2009
	City		State	Zip Code		Amount of Each Disbursement this Period
	CHICAGO			60675		Amount of Each Disbursement this Period
	Purpose of Disbursement					1466.41
	BANK FEES					
	Candidate Name				Category/	
					Type	
	Office Sought: House	Disburse	ment For:			
	Senate		Primary	General		
	Presider	nt 📔 🕅	Other (spe	ecify) 🔻		
	State: District:					

TOTAL This Period (last page this line number only)	•	2466.41
SUBTOTAL of Disbursements This Page (optional)	►	2466.41

FE6AN026