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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Oct 20 (M10) Apr 20 (M4) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RICHARD BARWACZ Type or Print Name of Treasurer Electronically Filed by RICHARD BARWACZ 0 1 28 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE [®] D " D 1 2 0 1 2007 1.2 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 631987.13 January 1 (b) Cash on Hand at 1155454.31 Begining of Reporting Period 73245.49 1916446.48 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1228699.80 2548433.61 6(a) and 6(c) for Column B) 68494.76 1388228.57 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1160205.04 1160205.04 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

0 1 м м 1 2 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 875126.00 55500.00 (i) Itemized (use Schedule A) 13407.00 192137.00 (ii) Unitemized (iii) TOTAL (add 68907.00 1067263.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 68907.00 1067263.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 4338.49 849183.48 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 73245.49 1916446.48 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 73245.49 1916446.48 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	9000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	9000.00
2. Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	68000.00	736500.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	494.76	642728.57
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (**Comp Only of the US) **The Comp Only of the US)** **The		
(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))	68494.76	1388228.57
-, -,,,,,,,,, -		
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	68907.00	1067263.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	68907.00	1067263.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	9000.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	9000.00

FE6AN026

-	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC			
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 309 MALLARD ROAD			12 17 2007
	City	State	Zip Code	Transaction ID: SA11Al.57933
	WESTON	FL	33327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer CLEVELAND CLINIC FLORIDA		IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) SIRAJ ALSERI			Date of Receipt
	Mailing Address 3435 RIVERBEND DR			12 11 2007
	City	State	Zip Code	Transaction ID: SA11AI.57862
	ANN ARBOR FEC ID number of contributing	C	48105	Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer ANES ASSOC ANN ARBOR	Occupatio	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	!	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) CARLOS ARANCIBIA			Date of Receipt
	Mailing Address 5016 PARKCREST CT			12 07 YYYY 12007
	City	State	Zip Code	Transaction ID: SA11AI.57738
	GLEN ALLEN	VA	23059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VCU	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
Γ				

A.

В.

C.

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may a name and add	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may a name and add	for each category of the 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 NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso	13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso	
NAME OF COMMITTEE (In Full)		ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
` ′			
	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) BENJAMIN ATWATER			Date of Receipt
Mailing Address 200 W ARBOR DR			12 07 2007
City	State	Zip Code	Transaction ID: SA11AI.57710
SAN DIEGO	CA	92103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIV OF CALIFORNIA	Occupation PHYSICIA		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) RAMASWAMY BALAKRISHNAN			Date of Receipt
Mailing Address 13912 GREEN BRANC	CH DRIVE		12 21 2007
City	State	Zip Code	Transaction ID: SA11AI.58025
PHOENIX	MD	21131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CARDIAC ANESTHESIA ASSOCI- ATES,P.A.	Occupation PHYSICIA		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) GERARD BASSELL	1		Date of Receipt
Mailing Address 6505 E CENTRAL AVE			12 09 2007
City	State	Zip Code	Transaction ID: SA11AI.57770
WICHITA	KS	67206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer MID-CONTINENT ANESTHESIOL- OGY, CHARTERE	Occupation ANESTHE	ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee THESIOLOGISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NATHAN BAY Mailing Address 2656 GILBERT S City SALEM FEC ID number of contributing federal political committee.	T S State Zip Code OR 97302	Date of Receipt M M / D D / Y Y Y Y 1 2 0 0 7 Transaction ID: SA11AI.57799 Amount of Each Receipt this Period 500.00
Name of Employer OREGON ANES GRP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) DOUGLAS BEZ Mailing Address 3597 OTSEGO D	R State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
OKEMOS FEC ID number of contributing federal political committee.	MI 48864	Transaction ID: SA11AI.57627 Amount of Each Receipt this Period 250.00
Name of Employer LANSING ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) MICHAEL BLAKE Mailing Address 5639 WARNER F	PARK DRIVE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WESTERVILLE	State Zip Code OH 43081	Transaction ID: SA11AI.58037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CAI Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	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 9 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) CASEY BLITT Mailing Address 5700 E PIMA #E City TUCSON FEC ID number of contributing federal political committee. Name of Employer OLD PUEBLO ANESTH	State Zip Code AZ 85712 C Occupation ANESTHESIOLOGIST	Date of Receipt 1 2
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JUAN BOTERO Mailing Address 1268 MANOR DR S City	State Zip Code	Date of Receipt 1 2 1 7 2 0 0 7
WESTON FEC ID number of contributing federal political committee.	FL 33326	Transaction ID: SA11AI.57938 Amount of Each Receipt this Period 250.00
Name of Employer CLEVELAND CLINIC FLORIDA Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) PETER BOZEMAN Mailing Address 2776 ASPEN RD		Date of Receipt 1 2 1 9 2 0 0 7
City ANN ARBOR	State Zip Code MI 48108	Transaction ID: SA11AI.57996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARGARET BROCK		Date of Receipt
Mailing Address 1105 WETHERBU	JRN CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.57679
WINSTON-SALEM FEC ID number of contributing federal political committee.	NC 29104	Amount of Each Receipt this Period 250.00
Name of Employer WAKEFOREST UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MATTHEW BUCKON		Date of Receipt
Mailing Address 1945 NW 28TH P	L	12 30 YYYYY 12 30 2007
City PORTLAND	State Zip Code OR 97210	Transaction ID: SA11AI.58150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OREGON ANEST GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRIAN BURNBAUM		Date of Receipt
Mailing Address 1260 MANOR DR	IIVE, SOUTH	12 18 2007
City WESTON	State Zip Code FL 33326	Transaction ID: SA11AI.57942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 60 (check only one) X
NAME OF COM	MMITTEE (In Full)		y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MICHAEL CAHA	t, First, Middle Initial) LAN 30 N 1900 E RM 3C44	4		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SALT LAKE	∩ITV	State UT	Zip Code 84132	Transaction ID: SA11AI.57644
FEC ID number federal political	of contributing	C	84132	Amount of Each Receipt this Period 500.00
Name of Emplo UNIV OF UTAI	yer H	Occupatio PHYSIC		
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
STEPHEN CAM	t, First, Middle Initial) PBELL 5 545 BEVERLY DR			Date of Receipt
City		State	Zip Code	Transaction ID: SA11AI.57831
SUMMERVIL FEC ID number federal political	of contributing	SC C	29485	Amount of Each Receipt this Period 100.00
Name of Emplo ANES ASSOC	yer CHARLESTON	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary Other (sp	General	Aggregate	e Year-to-Date ▼ 800.00	
Full Name (Las	t, First, Middle Initial) NE			Date of Receipt
Mailing Address	3789 COUNTRY CLUE	PLACE		12 23 YYYY 12 23 2007
City CINCINNATI		State OH	Zip Code 45208	Transaction ID: SA11AI.58054 Amount of Each Receipt this Period
FEC ID number federal political	r of contributing committee.	С		500.00
Name of Emplo ASN, INC.	yer	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
OUDTOTAL (CD	eceipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRIS CARY Mailing Address 4 ALEXANDER DR City	State	Zip Code	Date of Receipt M
CAPE ELIZABETH FEC ID number of contributing federal political committee.	C	04107	Amount of Each Receipt this Period 500.00
Name of Employer SPECTRUM MED GRP Receipt For: Primary General Other (specify) ▼	- ' '	n IESIOLOGIST e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHAI JIE CHANG Mailing Address 4116 SPRING MOU	INTAIN CT		Date of Receipt 1 2 3 0 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.58140
MODESTO FEC ID number of contributing federal political committee.	CA	95356	Amount of Each Receipt this Period 250.00
Name of Employer SUTTER GOULD MEDICAL GROUP	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) IL-SUNG CHI			Date of Receipt
Mailing Address 3450 N ROCK RD #	208		M M / D D / Y Y Y Y Y Y 12 19 2007
City WICHITA	State KS	Zip Code 67226	Transaction ID: SA11AI.57989
FEC ID number of contributing federal political committee.	C	6/220	Amount of Each Receipt this Period 500.00
Name of Employer MCAC	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 60 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	tatements may not be sold or used by any personame and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SARA JEAN CHILDERS Mailing Address 840 N. LAKE SHORE I 1701 City CHICAGO FEC ID number of contributing federal political committee. Name of Employer NORTHWESTERN MEDICAL FACULTY FOUNDATIO Receipt For: Primary General Other (specify)	DRIVE State Zip Code IL 60611 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) DOMINIC COTTRELL Mailing Address 1200 55TH STREET City VIENNA FEC ID number of contributing federal political committee. Name of Employer PERIOPERATIVE SPECIALISTS, PLLC Receipt For: Primary General Other (specify)	State Zip Code WV 26105 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JAMES COTTRELL Mailing Address 17 VAN DAM City NEW YORK FEC ID number of contributing federal political committee. Name of Employer SUNY Receipt For: Primary General Other (specify)	State Zip Code NY 10013 C Occupation PROFESSOR Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	S)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ERIC COX			Date of Receipt
Mailing Address 1638 SAINT PETER	RSBURG ROAL	D	1 2 3 0 / Y Y Y Y Y Y
City KNOXVILLE	State TN	Zip Code 37922	Transaction ID: SA11AI.58154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIVERSITY ANESTHESIOLOGI- STS	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ALAN CROSTA Moiling Address			Date of Receipt
Mailing Address 4 ALLEN WAY			12 10 2007
City <u>RANDOL</u> PH	State NJ	Zip Code 07869	Transaction ID: SA11AI.57778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AAM	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOHN DALTON			Date of Receipt
Mailing Address 2033 FRANSWORT	H DR		1 2 1 9 2 0 0 7
City NASHVILLE	State TN	Zip Code 37205	Transaction ID: SA11AI.57993
FEC ID number of contributing federal political committee.	C	37205	Amount of Each Receipt this Period 250.00
Name of Employer ANES MEDICAL GRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	`		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) COLLEEN DARGIE Mailing Address 22043 HARSDALE	DR.		Date of Receipt 1 2 2 7 2 0 0 7
City FARMINGTON HILLS FEC ID number of contributing	State MI	Zip Code 48335	Transaction ID: SA11AI.58107 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JAMES DEBOARD Mailing Address 1364 STILL HOUSE	E CRK		Date of Receipt 1 2 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.57683
CHESTERFIELD FEC ID number of contributing federal political committee.	C	63017	Amount of Each Receipt this Period 250.00
Name of Employer ST LOUIS UNIV	Occupation PHYSICI.	AN	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) MARTIN DE RUYTER			Date of Receipt
Mailing Address DEPT ANESTHESI 3901 RAINBOW BL		ED CTR	12 31 7 2007
City KANSAS CITY	State KS	Zip Code 66160	Transaction ID: SA11AI.58176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100	500.00
Name of Employer UNIV. OF KANSAS MED CTR	Occupation PHYSICI.		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 60 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GEORGE DEVELASCO Mailing Address 2100 S. OCEAN LA	ANE APT. 1609		Date of Receipt
City FORT LAUDERDALE FEC ID number of contributing	State FL	Zip Code 33316	Transaction ID: SA11AI.57940 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	- ' '	n ESIOLOGIST • Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) DANA DUREN Mailing Address 4008 SHOALS DR City	State	Zip Code	Date of Receipt M
OKEMOS FEC ID number of contributing federal political committee.	MI C	48864	Amount of Each Receipt this Period 250.00
Name of Employer LANSING ANESTH Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) HELENE FINEGOLD Mailing Address 6828 PENHAM PL			Date of Receipt
City WEST PENN HOSP FEC ID number of contributing	State PA	Zip Code 15208	Transaction ID: SA11AI.57696 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer WEST PENN HOSP	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	(l		750.00

;	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/60
			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 Stor 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) ANDREW FISCHER			Date of Receipt
	Mailing Address 5026 LAUDERDALE AV	/E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.58098
	VIRGINIA BEACH	VA	23455	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer ATLANTIC ANESTHESIA	Occupation	n HESIOLOGIST	
	Receipt For:		e Year-to-Date ▼	
	Primary General	riggrogati		1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
В.	CHERIE FISHER			Date of Receipt
	Mailing Address 11058 CANARY ISLAN	D COURT		12 17 2007
	City	State	Zip Code	Transaction ID: SA11AI.57937
	PLANTATION	<u>FL</u>	33324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregat	e Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	250.00	J
- С.	Full Name (Last, First, Middle Initial) ANTHONY FISTER			Date of Receipt
U .	Mailing Address 1010 LONSDALE CT			M M / D D / Y Y Y Y
	City	State	Zip Code	12 28 2007
	ALPHARETTA	GA	30022	Transaction ID: SA11AI.58112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NORTHSIDE ANESTHESIOLOGY	Occupation PHYSIC		
	Receipt For:		e Year-to-Date	
	Primary General	33 3		1
	Other (specify) ▼		500.00	1
Γ				
	SUBTOTAL of Receipts This Page (optional)			1000.00
-				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 60 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TERRY FLETCHER Mailing Address 800 MARSHALL ST City LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer ARKANSAS CHILD HOSP Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 7 Transaction ID: SA11AI.57985 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) LAWRENCE FRANK Mailing Address POB 9779 City CORAL SPRINGS FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify)	State Zip Code FL 33075 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) RICHARD GALLO Mailing Address 1521 RAINBOW DR City GADSDEN FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC OF NE AL Receipt For: Primary General Other (specify)	State Zip Code AL 35901 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) GREGORY GEORGE			Date of Receipt
Mailing Address 1906 N. GLEN WO			12 23 2007
City	State	Zip Code	Transaction ID: SA11AI.58058
WICHITA	KS	67230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MCAC	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) GENE GORDON	<u> </u>		Date of Receipt
Mailing Address 17 ASHTON LN			M M / D D / Y Y Y Y Y 1 1 2 1 0 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.57786
SYLACAUGA	AL	35150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SYLACAUGA ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES HARDING			Date of Receipt
Mailing Address 163 COMINO ALTO)		12 07 2007
City	State	Zip Code	Transaction ID: SA11AI.57677
CORRALES	NM	87048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIV OF NEW MEXICO	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optiona	D		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 20 / 60 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COMP	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C ALVIN HEAD Mailing Address 8 INDIAN COVE	RD	Date of Receipt 1 2 0 7 2 0 0 7
City AUGUSTA	State Zip Code GA 30909	Transaction ID: SA11AI.57719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MEDICAL COLL GA Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial)	500.00	
B. LINDSEY HENSON Mailing Address 5017 DUNVEGAL	N RD	Date of Receipt 1 2 0 5 2 0 0 7
City LOUISVILLE	State Zip Code KY 40222	Transaction ID: SA11AI.57577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIV OF LOUISVILLE Receipt For:	Occupation PROFESSOR Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) THOMAS HENTHORN		Date of Receipt
Mailing Address 10691 E CRESTL		12 07 2007
City ENGLEWOOD	State Zip Code CO 80111	Transaction ID: SA11AI.57690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIV OF COLORADO	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	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 21 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	solicit contributions from such committee.
	HESIOLOGISTS POLITICAL ACTION COM	MIIIEE
Full Name (Last, First, Middle Initial) ANDREW HERLICH		Date of Receipt
Mailing Address 116 HAVERFORD	CIR	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.57689
<u>PITTSBURGH</u>	PA 15228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PAA	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM HETRICK		Date of Receipt
Mailing Address 8258 BRITTANY P	LACE	M M / D D / Y Y Y Y Y Y Y 12 27 2007
City	State Zip Code	Transaction ID: SA11Al.58101
PITTSBURGH	PA 15237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RETIRED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ROBERTA HINES		Date of Receipt
Mailing Address 105 BURR ST		M M / D D / Y Y Y Y Y Y 12 0 0 7
City	State Zip Code	Transaction ID: SA11AI.57645
FAIRFIELD	CT 06430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer YALE UNIV	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 22 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES HOOVER Mailing Address 134 CYPRESS PT		Date of Receipt M
City	State Zip Code	Transaction ID: SA11AI.58062
SAINT SIMONS ISLAN FEC ID number of contributing federal political committee.	GA 31522	Amount of Each Receipt this Period 250.00
Name of Employer ALTA ANESTHESIA ASSOCIATES OF GA Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JAY HORROW Mailing Address 925 HONEYSUCKLE	LN	Date of Receipt
City WYNNEWOOD	State Zip Code PA 19096	Transaction ID: SA11AI.57576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer TENET	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) YUNZHONG HUANG		Date of Receipt
Mailing Address 2453 DOGWOOD DF	RIVE	12 31 2007
City WEXFORD	State Zip Code PA 15090	Transaction ID: SA11AI.58178 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ALLEGHENY GENERAL HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 60 (check only one)
ny information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) WILLIAM ISAACS			Date of Receipt
Mailing Address 10659 CHILLINGHAN	/I DR		12 31 YYYYY 12 31 2007
City	State	Zip Code	Transaction ID: SA11AI.58174
LAS VEGAS	NV	89183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIOLOGY CONSULTANTS INC.	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		500.00	7
☐ Other (specify) ▼			
Full Name (Last, First, Middle Initial) W SCOTT JELLISH			Date of Receipt
Mailing Address 2160 S FIRST AVE			12 07 YYYY 12007
City	State	Zip Code	Transaction ID: SA11AI.57642
MAYWOOD	IL	60150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer LOYOLA UNIV	Occupation	n ESIOLOGIST	
Receipt For:	- 	Year-to-Date ▼	
Primary General	33 5		1
Other (specify) ▼	0 0	500.00	_
Full Name (Last, First, Middle Initial) SHARON JOHNSTON			Date of Receipt
Mailing Address 8401 N ELMARO CIF	?		12 05 2007
City	State	Zip Code	Transaction ID: SA11AI.57559
PARADISE VALLEY	AZ	85253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer VALLEY ANES CONSULT	Occupation ANESTH	n ESIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		1000.00	7
☐ Other (specify) ▼			1
			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 24 / 60 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be s the name and address of a	sold or used by any person any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLIT	FICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) SCOTT KERCHEVILLE			Date of Receipt
Mailing Address 14 ETON GREEN (City		Code	1 2 3 0 2 0 0 7 Transaction ID: SA11Al.58146
SAN ANTONIO	TX 782		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UTHSCSA	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KEITH KITTELBERGER			Date of Receipt
Mailing Address 441 SWANS MILL	CROSSING		12 30 2007
City	•	Code	Transaction ID: SA11AI.58130
RALEIGH	NC 276	514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CRITICAL HEALTH SYSTEMS	Occupation PHYSICIAN/ANI	ESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BETTYLOU KOFFEL			Date of Receipt
Mailing Address PMB 432 25 NW 23	BRD PL#6		12 05 / Y Y Y Y Y Y
City	•	Code	Transaction ID: SA11AI.57586
PORTLAND FEC ID number of contributing federal political committee.	OR 972	210	Amount of Each Receipt this Period 250.00
Name of Employer NW PERMANENTE	Occupation ANESTHESIOLO	DGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-		
SUBTOTAL of Receipts This Page (optional	l)		750.00
TOTAL This Period (last page this line num		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) PHONG LE			Date of Receipt
Mailing Address 3361 HOLLOWSPF	RING DR		12 07 2007
City DEWITT	State MI	Zip Code 48820	Transaction ID: SA11AI.57632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer LAPC	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRIAN LEE			Date of Receipt
Mailing Address 2750 HOLLYVIEW	СТ		12 10 2007
City	State CA	Zip Code	Transaction ID: SA11AI.57804
LOS ANGELES FEC ID number of contributing federal political committee.	C	90068	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARC LEIB			Date of Receipt
Mailing Address PO BOX 44527			1 2 2 6 2 0 0 7
City PHOENIX	State AZ	Zip Code 85064	Transaction ID: SA11AI.58076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03004	250.00
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		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 26 / 60 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) JOHN LINK			Date of Receipt
	Mailing Address 800 E CARPENTER			12 10 2007
	City SPRINGFIELD	State IL	Zip Code 62769	Transaction ID: SA11AI.57788 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OL700	500.00
	Name of Employer SANGAMON ASSOC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) DAVID LUBARSKY			Date of Receipt
	Mailing Address 4910 SW 74 TERRA	CE		12 07 2007
	City	State	Zip Code	Transaction ID: SA11AI.57730
	MIAMI	<u>FL</u>	33143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIV OF MIAMI	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) MARK MANDABACH			Date of Receipt
	Mailing Address 1408 BUCKHEAD RO	DAD		12 31 YYYYY 12007
	City	State	Zip Code	Transaction ID: SA11AI.58168
	BIRMINGHAM FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 100.00
	Name of Employer UAB DEPARTMENT OF ANESTHE- SIOLOGY	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
1 \	THESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DEVANAND MANGAR	_	Date of Receipt
Mailing Address 360 BLANCA AV		12 07 2007
City TAMPA	State Zip Code FL 33606	Transaction ID: SA11AI.57743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer FGTBA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) TIMOTHY MARTIN		Date of Receipt
Mailing Address 1400 HILLSBOR	OUGH LN	12 07 2007
City LITTLE ROCK	State Zip Code AR 72212	Transaction ID: SA11AI.57717
FEC ID number of contributing federal political committee.	C 72212	Amount of Each Receipt this Period 500.00
Name of Employer UNIV ARK FOR MED SCI	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DARLENE MASHMAN		Date of Receipt
Mailing Address 926 LULLWATE	R RD NE	12 11 YYYY 12 11 2007
City ATLANTA	State Zip Code GA 30307	Transaction ID: SA11AI.57865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30307	250.00
Name of Employer EMORY HEALTHCARE	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	3250.00
	umber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	he name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM MCDADE Mailing Address 5401 S. INGLESIDE City CHICAGO FEC ID number of contributing federal political committee. Name of Employer THE UNIVERSITY OF CHICAGO	State IL C Occupation PHYSICI	AN-SCIENTIST	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 500.00	
Milling Address 2701 CULVERT ST Note City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer CHILDRENS Receipt For: Primary General Other (specify) ▼	State DC C Occupation ANESTH	Zip Code 20008 n ESIOLOGIST e Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) KATHRYN MCGOLDRICK Mailing Address 186 FAIRWAY DR City STAMFORD FEC ID number of contributing federal political committee. Name of Employer NEW YORK MED COLL Receipt For: Primary General Other (specify)	State CT C Occupation PHYSICI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 7 Transaction ID: SA11AI.57575 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 60 (check only one) X 11a
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any personsing the name and address of any political committee to STHESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT MCKAY		Date of Receipt
Mailing Address 5 N SAGEBRUS	SH	12 07 2007
City	State Zip Code	Transaction ID: SA11AI.57732
WICHITA	KS 67230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MCAZ	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) BEREND METS		Date of Receipt
Mailing Address 1505 LANDVAT	ER RD	M M / D D / Y Y Y Y Y 1 1 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.57692
HUMMELSTOWN	PA 17036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PENN STATE UNIV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) JOHN MIGLIORI		Date of Receipt
Mailing Address PO BOX 418		12 31 Y Y Y Y Y Y
City BOISE	State Zip Code ID 83701	Transaction ID: SA11AI.58181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF	Occupation ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 60 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL MILLER Mailing Address 15936 OAK PARK C City WESTFIELD FEC ID number of contributing federal political committee. Name of Employer ACI,LLC	State Zip Code IN 46074 C Occupation	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: SA11AI.58074 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WYN MORTIMER Mailing Address 982 HOOD RD		Date of Receipt 1 2 0 5 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.57562
FAYETTEVILLE	GA 30214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GEORGIA PERIOP CONSUL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TREVOR MYERS		Date of Receipt
Mailing Address 7621 DWIGHT DRI	VE	1 2 2 2 2 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.58032
BETHESDA FEC ID number of contributing federal political committee.	MD 20817	Amount of Each Receipt this Period 500.00
Name of Employer DOMINION ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

;	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 31 / 60
ITEMIZED RECEIPTS		for each category of the		(check only one)
	TEMIZED RECEIT 13	Detailed Summary Page		X 11a 11b 11c 12
Г	Anninformation assist from such Departs and Chate			13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar	me and addres	of be sold or used by any persons of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF ANESTHESIO	LOGISTS P	OLITICAL ACTION COM	MITTEE
А.	Full Name (Last, First, Middle Initial) DAVID NAKATA			Date of Receipt
	Mailing Address 7440 NORMANDY			12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.57721
	INDIANPOLIS	IN	46278	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	IIIDIII ' '	Occupation ANESTHES	UOLOGIST	
		Aggregate Ye		-
	Primary General	Aggregate 16	1 1 1 1 1 1	1
	Other (specify) ▼	l	500.00	
				'
- В.	Full Name (Last, First, Middle Initial) HOWARD NEARMAN			Date of Receipt
	Mailing Address 32430 PINEBROOK LN			M M / D D / Y Y Y Y
				12 07 2007
	City	State	Zip Code	Transaction ID: SA11AI.57694
	PEPPER PIKE	OH	44124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		Occupation PHYSICIAN	I	
	Receipt For:	Aggregate Ye	ear-to-Date V	7
	Primary General		1 1 1 1 1 1	1
	Other (specify)	0 0 0	250.00	
с.	Full Name (Last, First, Middle Initial) LUCAS NJO			Date of Receipt
О.	Mailing Address PO BOX 631745			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	IRVING	TX	75063	Transaction ID: SA11AI.57916 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	D T ANESTHESIA	Occupation ANESTHES	SIOLOGIST	
	_ _ _		ear-to-Date ▼	1
	Primary General	00 0	1 1 1 1 1 1	1
	Other (specify) ▼		500.00	
_				
	SUBTOTAL of Receipts This Page (optional)			1250.00
-	,			

ITEN	EDULE A (FEC Form 3X) IIZED RECEIPTS ormation copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAI	ommercial purposes, other than using the r ME OF COMMITTEE (In Full) IERICAN SOCIETY OF ANESTHES			on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
A. <u>NA</u>	Name (Last, First, Middle Initial) NCY NUSSMEIER ling Address 750 E ADAMS ST			Date of Receipt
				12 07 2007
City	RACUSE	State NY	Zip Code 13210	Transaction ID: SA11AI.57687
FE	C ID number of contributing eral political committee.	C	13210	Amount of Each Receipt this Period 250.00
Nar SU	ne of Employer NY UPSTATE MED U	Occupation ANESTH	n IESIOLOGIST	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) RMELITA PABLO			Date of Receipt
Mai	ling Address 1701 WELLINGTON W	'DS DR		12 07 2007
City LIT	TLE ROCK	State AR	Zip Code 72211	Transaction ID: SA11AI.57726 Amount of Each Receipt this Period
FE	C ID number of contributing peral political committee.	C		500.00
Nar UA	ne of Employer MS	Occupation ANESTH	n IESIOLOGIST	
Rec	eeipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) SAN PALMER			Date of Receipt
Mai	ling Address 120 DANIEL DR			12 05 YYYYY 12 05 2007
City FU	, GENE	State OR	Zip Code 97404	Transaction ID: SA11AI.57579 Amount of Each Receipt this Period
FE	C ID number of contributing peral political committee.	C		250.00
Nar OR	ne of Employer EGON ANES GRP	Occupation ANESTH	n IESIOLOGIST	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)		_	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT PEARCE		Date of Receipt
Mailing Address 910 SAUK RIDGE	TRL	1 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.57739
MADISON	WI 53717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIV WISCONSIN	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RONALD PEARL	I	Date of Receipt
Mailing Address 580 MATADERO	AVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.57744
PALO ALTO	CA 94306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer STANFORD UNIV	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) APARNA PHADKE		Date of Receipt
Mailing Address 3705 FIFTH AVEI DEPT OF ANEST		1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.58138
PITTSBURGH FEC ID number of contributing federal political committee.	PA 15213	Amount of Each Receipt this Period 250.00
Name of Employer UPP	Occupation	_
	PEDIATRIC ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEITH PHILLIPPI Mailing Address 109 SHORELINE DR	R		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MACON FEC ID number of contributing federal political committee.	State GA	Zip Code 31211	Transaction ID: SA11AI.57581 Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC MACON Receipt For: Primary General Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ALAN PLONA Mailing Address 87 GUNTHER CT			Date of Receipt 1 2 1 0 2 0 0 7
City SALINE FEC ID number of contributing	State MI	Zip Code 48176	Transaction ID: SA11AI.57820 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	_ , '	ESIOLOGIST Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) REX PONNUDURAI Mailing Address 12 BOVENSIEPEN (COURT		Date of Receipt
City ROSELAND	State NJ	Zip Code 07068	Transaction ID: SA11AI.57966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer NEW JERSEY MEDICAL SCHOOL,	Occupation	n SOR IN ANESTHESIOLOG	500.00
NEWARK, NJ Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		1000.00

Full Name VITO POTE Mailing Add City ROCHES FEC ID nul federal poli Name of EWESTSID JATES OF Receipt Fo Prima Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nul	COMMITTEE (In Full) AN SOCIETY OF ANESTHE (Last, First, Middle Initial) ENZA dress 712 HELENDALE RO STER mber of contributing tical committee. mployer E ANESTHESIA ASSOC- ROCH r: ary	SIOLOGISTS AD State NY C Occupation PHYSICI	Zip Code 14609	n for the purpose of soliciting contributions solicit contributions from such committee. MITTEE Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name VITO POTE Mailing Add City ROCHES FEC ID nur federal poli Name of E WESTSID JATES OF Receipt Fo Prima Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nur	AN SOCIETY OF ANESTHE (Last, First, Middle Initial) ENZA dress 712 HELENDALE RO STER mber of contributing tical committee. mployer E ANESTHESIA ASSOC- ROCH r: ary	State NY C Occupation PHYSICI	Zip Code 14609 n AN Year-to-Date ▼	Date of Receipt 1 2 0 9 2 0 0 7 Transaction ID: SA11AI.57776 Amount of Each Receipt this Period
VITO POTE Mailing Add City ROCHES FEC ID nur federal poli Name of Er WESTSID IATES OF Receipt Foo Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nur	CNZA Circless 712 HELENDALE RO Contributing tical committee. Comployer E ANESTHESIA ASSOCROCH Contributing tical committee. Contributing tical committee.	State NY C Occupatio PHYSICI	14609 n AN Year-to-Date ▼	Transaction ID: SA11AI.57776 Amount of Each Receipt this Period
City ROCHES FEC ID nur federal polifederal	mber of contributing tical committee. mployer E'ANESTHESIA ASSOC- ROCH r: ary General r (specify) (Last, First, Middle Initial)	State NY C Occupatio PHYSICI	14609 n AN Year-to-Date ▼	Transaction ID: SA11AI.57776 Amount of Each Receipt this Period
ROCHES FEC ID nui federal poli Name of Et WESTSID IATES OF Receipt Fo Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nui	mber of contributing tical committee. mployer E ANESTHESIA ASSOC- ROCH r: ary General r (specify) (Last, First, Middle Initial)	Occupation PHYSICI	14609 n AN Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID nur federal poli Name of E WESTSID IATES OF Receipt Fo Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nur	mber of contributing tical committee. mployer E ANESTHESIA ASSOC- ROCH r: ary General r (specify) (Last, First, Middle Initial)	Occupation PHYSICI	n AN Year-to-Date ▼	
Receipt Fo Prima Othe Full Name ASHOK RA Mailing Add City SHREVE FEC ID nui	mployer E ANESTHESIA ASSOC- ROCH r: ary General r (specify) (Last, First, Middle Initial)	Occupation PHYSICI	AN Year-to-Date ▼	500.00
Full Name ASHOK RA Mailing Add City SHREVE FEC ID nui	ROCH r: ary General r (specify) ▼ (Last, First, Middle Initial)	PHYSICI	AN Year-to-Date ▼	
Full Name ASHOK RA Mailing Add City SHREVE FEC ID nui	r: ary General r (specify) (Last, First, Middle Initial)	Aggregate		
Full Name ASHOK RA Mailing Add City SHREVE FEC ID nui	r (specify) ▼ (Last, First, Middle Initial)	0 0	500.00	
ASHOK RA Mailing Add City SHREVE	Ö			
City SHREVE				Date of Receipt
SHREVE FEC ID nu	5410 BHI/WIOLIN I OI	R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID nu		State	Zip Code	Transaction ID: SA11AI.57706
	PORT	LA	71109	Amount of Each Receipt this Period
federal poli	mber of contributing tical committee.	C		500.00
Name of E	mployer	Occupation ANESTH	n ESIOLOGIST	
Receipt Fo Prima		Aggregate	Year-to-Date ▼ 500.00	
Full Name DEELLA RA	(Last, First, Middle Initial)			Date of Receipt
Mailing Add	dress 127 BAY RIDGE LOC)P		12 27 7 2007
City		State	Zip Code	Transaction ID: SA11AI.58096
HOT SPE		AR	71901	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		250.00
PA	mployer E MEDICAL SERVICES,	Occupation PHYSICI		
Receipt Fo		Aggregate	Year-to-Date ▼	
Prima Othe	ary	0 0	250.00	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 60 (check only one) X
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
A	MERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE
	ull Name (Last, First, Middle Initial) COTT REEVES			Date of Receipt
M	lailing Address 3857 COL VANDERHU	RST CIR		1 2 0 7 2 0 0 7
	ity //T PLEASANT	State SC	Zip Code 29466	Transaction ID: SA11AI.57734 Amount of Each Receipt this Period
FI	EC ID number of contributing ederal political committee.	C	20100	500.00
N N	ame of Employer IED UNIV OF SC	Occupation ANESTH	n ESIOLOGIST	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) IARC REICHEL			Date of Receipt
_	lailing Address 131 SUNSET BLVD		-	12 28 2007
	ity BEAUFORT	State SC	Zip Code 29907	Transaction ID: SA11AI.58120 Amount of Each Receipt this Period
FI	EC ID number of contributing ederal political committee.	C		1000.00
N L	ame of Employer OWCOUNTRY ANESTHESIA	Occupation STAFF A	n NESTHESIOLOGIST	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) EORGE RICH			Date of Receipt
М	lailing Address 195 WALNUT LN			1 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity CHARLOTTESVILLE	State VA	Zip Code 22911	Transaction ID: SA11AI.57700
FI	EC ID number of contributing ederal political committee.	C	22311	Amount of Each Receipt this Period 250.00
N U	ame of Employer NIV OF VIRGINIA	Occupation ANESTH	n ESIOLOGIST	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)		·····	1750.00
тот	FAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GARY ROBELEN Mailing Address 61 SUNSET RD		Date of Receipt
		12 07 2007
City WESTON	State Zip Code MA 02493	Transaction ID: SA11AI.57741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CAP ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JAMES ROBOTHAM		Date of Receipt
Mailing Address 60 HAWTHORNE	ST	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.57698
ROCHESTER FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF ROCHESTER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PETER ROCK		Date of Receipt
Mailing Address 1205 LIMEKILN RI	D	12 07 2007
City TOWSON	State Zip Code MD 21286	Transaction ID: SA11AI.57736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UNIV OF MARYLAND	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MIIIEE
Full Name (Last, First, Middle Initial) ROBERT ROETTGER			Date of Receipt
Mailing Address 9051 ITASCA TRAIL	N.		12 10 7 2007
City	State	Zip Code	Transaction ID: SA11AI.57835
STILLWATER	MN	55082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.A.	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) ANDREW ROSENBERG			Date of Receipt
Mailing Address 5103 POLO FIELDS	DR		1 2 1 3 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.57906
ANN ARBOR	MI	48103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF MICHIGAN DE- PT ANESTHESIA	Occupatio CRITICA	n L CARE ANESTHESIOLOG	Y
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) RAYMOND ROY			Date of Receipt
Mailing Address DEPARTMENT OF A MEDICAL CENTER B		LOGY	12 27 2007
City	State	Zip Code	Transaction ID: SA11AI.58092
WINSTON-SALEM	NC	27157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WAKE FOREST UNIVERSITY SC- HOOL OF MEDIC	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 60 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) STEPHEN RUPP Mailing Address (2145 F. LANDELLING	OT DD NE		Date of Receipt
	Mailing Address 3145 E LAURELHUF	IST DRINE		12 07 2007
	City	State	Zip Code	Transaction ID: SA11AI.57708
	SEATTLE	WA	98105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VIRGINIA MASON MED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) ALBERT SAUBERMANN			Date of Receipt
	Mailing Address 230 E 73RD ST 5E			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.57685
	NEW YORK	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer MONTEFIORE MED CTR	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
с. -	Full Name (Last, First, Middle Initial) CLIFFORD SCHOER			Date of Receipt
	Mailing Address 2023 N. MILLER AVE	Ξ.		12 24 2007
	City	State	Zip Code	Transaction ID: SA11AI.58060
	MARION FEO. ID a contract of a contribution	IN	46952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer MARION ANESTHESIOLOGY, PC	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 60 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEVEN SCHWALBE Mailing Address 79-01 BROADWAY City	Y	Zip Code	Date of Receipt M
NEW YORK FEC ID number of contributing federal political committee.	C	11373	Amount of Each Receipt this Period 500.00
Name of Employer MOUNT SINAI MEDICAL SERVI- CES Receipt For: Primary General Other (specify) ▼	 	ESIOLOGY Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) JEFFREY SCHWARTZ Mailing Address 381 LAMBERT RD	·		Date of Receipt 1 2 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.57681
ORANGE FEC ID number of contributing federal political committee.	CT	06477	Amount of Each Receipt this Period 250.00
Name of Employer YALE UNIV	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEBRA SCHWINN			Date of Receipt
Mailing Address 1506 SHENANDO	AH DR E		1 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.57728
SEATTLE FEC ID number of contributing federal political committee.	C	98112	Amount of Each Receipt this Period 500.00
Name of Employer UNIV WA	Occupation ASSOCIA	n ATE EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER SHADID Mailing Address 2525 NW 26TH ST		Date of Receipt
City	State Zip Code	1 2 0 7 2 0 0 7 Transaction ID: SA11AI.57748
OKLAHOMA CITY FEC ID number of contributing federal political committee.	OK 73107	Amount of Each Receipt this Period 250.00
Name of Employer NORTHWEST ANESTH	Occupation ANESTHESIOLOGIST	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH SHERBAN Mailing Address 104 OAKMONT CO	URT	Date of Receipt
City LYNCHBURG	State Zip Code VA 24503	Transaction ID: SA11AI.58049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LYNCHBURG ANESTHESIA ASSO- CIATES, INC. Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) DAVID SHORES		Date of Receipt
Mailing Address 202 MUIRFIELD CO	DURT	12 23 7 2007
City DUBLIN	State Zip Code GA 31021	Transaction ID: SA11AI.58056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MIDDLE GEORGIA ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l) >	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may r the name and addre	not be sold or used by any person sess of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) MARK SHULKOSKY Mailing Address 6229 COBBLESTOR	NE DT		Date of Receipt
City ERIE	State PA	Zip Code 16509	Transaction ID: SA11AI.58066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10009	250.00
Name of Employer ANESTHESIOLOGISTS OF ERIE	Occupation ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARK SHULMAN			Date of Receipt
Mailing Address 736 CAMBRIDGE S	ST		12 07 2007
City	State	Zip Code	Transaction ID: SA11AI.57704
BOSTON	MA	02135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CAP ANESTHESIA	Occupation ANESTHE	SIOLOGIST	
Receipt For:		ear-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) TEJBIR SIDHU			Date of Receipt
Mailing Address 7361 DAISYS WOC	DD LN		12 07 2007
City	State	Zip Code	Transaction ID: SA11AI.57724
GATES MILLS	ОН	44040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer METROHEALTH MED CTR	- '	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00]
	•		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 60 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST!	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DOUGLAS SILLART Mailing Address 6800 LAKE SHORI	E RD		Date of Receipt 1 2 1 3 2 0 0 7
City DERBY FEC ID number of contributing	State NY	Zip Code 14047	Transaction ID: SA11AI.57914 Amount of Each Receipt this Period 250.00
Name of Employer MAPLE GATE ANESTHESIOLOGI- STS, PC. Receipt For: Primary Other (specify) ▼	Occupation PHYSICI]
Full Name (Last, First, Middle Initial) DANA SIMON Mailing Address 2320 ASHWORTH	ROAD		Date of Receipt 1 2 3 0 2 0 0 7
City WEST DES MOINES	State IA	Zip Code	Transaction ID: SA11AI.58155
FEC ID number of contributing federal political committee.	C	50265	Amount of Each Receipt this Period 250.00
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS, PC Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate]
Full Name (Last, First, Middle Initial) DARYL SMITH			Date of Receipt
Mailing Address 4615 PIONEER TF	RL		12 05 2007
City	State MI	Zip Code	Transaction ID: SA11AI.57567
OKEMOS FEC ID number of contributing federal political committee.	C	48864	Amount of Each Receipt this Period 150.00
Name of Employer LANSING ANESTH	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)		650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY STIER Mailing Address 706 ALVARADO S		Date of Receipt 1 2 0 7 2 0 0 7
City REDLANDS FEC ID number of contributing federal political committee.	State Zip Code CA 92373	Transaction ID: SA11AI.57702 Amount of Each Receipt this Period 250.00
Name of Employer LLUAMGI Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	1
Full Name (Last, First, Middle Initial) M CHRISTINE STOCK Mailing Address 735 PRAIRIE AVE		Date of Receipt 1 2 0 7 2 0 0 7
City WILMETTE FEC ID number of contributing	State Zip Code IL 60091	Transaction ID: SA11AI.57646 Amount of Each Receipt this Period
rederal political committee. Name of Employer NORTHWESTERN UNIV Receipt For: Primary General	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	500.00
Other (specify) Full Name (Last, First, Middle Initial) DENNIS STONE	500.00	Date of Receipt
Mailing Address 3408 STATE ROAI City	State Zip Code	1 2 3 1 2 0 0 7 Transaction ID: SA11AI.58172
ST. JOHNS FEC ID number of contributing federal political committee.	FL 32259	Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PEDIATRIC ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	(IE	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 45 / 60 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ A.	Full Name (Last, First, Middle Initial) MAYA SURESH			Date of Receipt
	Mailing Address 2007 GREENWOOD	OAKS		12 07 YYYY 12007
	City	State	Zip Code	Transaction ID: SA11AI.57746
	HOUSTON	TX	77062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer BAYLOR COL OF MED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00]
- В.	Full Name (Last, First, Middle Initial) RAMARAO TAKKALLAPALLI			Date of Receipt
	Mailing Address 304 FEATHER GLEN	I		12 05 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.57563
	RIDGELAND	MS	39157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIV OF MISSISSIPPI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
_ C.	Full Name (Last, First, Middle Initial) JEFFREYTHUE			Date of Receipt
	Mailing Address 2519 MANHATTAN A	AVENUE		12 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.58094
	MANHATTAN BEACH	CA	90266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AMBULATORY ANESTHESIA ASS- OCIATES, INC	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
ſ	SUPTOTAL of Possinte This Page (entional)			1400.00
-	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only)		

				· · · · · · · · · · · · · · · · · · ·		
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 60		
	•		for each category of the	(check only one)		
ı	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			2 ctanea canina y i ago	13 14 15 16 17		
	Any information copied from such Reports and Sta	tements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions		
0	or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
$ \ \ \ \ \ \ \ \ \ \ \ \ \ $	NAME OF COMMITTEE (In Full)					
	AMERICAN SOCIETY OF ANESTHESIG	OLOGISTS	S POLITICAL ACTION COM	MITTEE		
	, / WILL WO / W G G G E T T G T / W E G T T E G K	ologion	or other to how oom	WII 1 122		
~	Full Name (Last, First, Middle Initial)					
Α.	THOMAS TOMASELLI			Date of Receipt		
	Mailing Address 121 NORWOOD AVE			M M / D D / Y Y Y Y		
	9 121110111100007112			12 23 2007		
	City	State	Zip Code	Transaction ID: SA11AI.58048		
	NORTHPORT	NY	11768	Amount of Each Receipt this Period		
			11700	Amount of Each receipt this rende		
	FEC ID number of contributing	C		2000.00		
	federal political committee.					
	Name of Employer	Occupatio	n			
	Name of Employer SELF		 ESIOLOGIST			
	Receipt For:					
	Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)	' '	2000.00			
	Other (specify)					
_						
_	Full Name (Last, First, Middle Initial)			Data of Descipt		
В.	CHRISTOPHER TROIANOS			Date of Receipt		
	Mailing Address 427 HEIGHTS DR			12 07 2007		
	City	State	Zip Code	Transaction ID: SA11AI.57723		
	GIBSONIA	PA	15044	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	Name of Employer WEST PENN HOSPITAL	Occupatio				
		ANESTH	IESIOLOGIST			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	500.00	1		
	Other (specify) ▼		500.00			
				•		
_	Full Name (Last, First, Middle Initial)					
C.	ROBERT TUBBEN			Date of Receipt		
	Mailing Address 1984 BELWOOD DR			M M / D D / Y Y Y Y		
				12 07 2007		
	City	State	Zip Code	Transaction ID: SA11AI.57630		
	OKEMOS	MI	48864	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer LAPC	Occupatio	n			
	LAPU	PHYSICI	AN			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	33. 23		1		
	Other (specify)		500.00			
			0 0 0 0 0 0	4		
Г						
	OURTOTAL (B. 11 THE TOTAL)			3000.00		
	SUBTOTAL of Receipts This Page (optional)		······	3333.33		

Any information of	copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial	I purposes, other than using the in DMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
A. JOHN ULATO	sst, First, Middle Initial) WSKI ss 7 STONE SPRING CT			Date of Receipt 1 2 0 5 2 0 0 7
City	_	State	Zip Code	Transaction ID: SA11AI.57569
BALTIMOR FEC ID numb federal politica	er of contributing	C	21228	Amount of Each Receipt this Period 500.00
Name of Emp JOHNS HOP Receipt For:	loyer KINS		on HESIOLOGIST e Year-to-Date ▼	
Primary	General pecify) ▼	riggiogali	500.00	
Full Name (La	ast, First, Middle Initial)			Date of Receipt
	ss 355 POND			M M / D D / Y Y Y Y Y 1 1 2 0 7 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.57640
<u>UXBRIDGE</u> FEC ID numb federal politica	er of contributing	C	01569	Amount of Each Receipt this Period 500.00
Name of Emp BWH	loyer	Occupation ANESTH	on HESIOLOGIST	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (La FRANCIS VER	ast, First, Middle Initial) RFURTH			Date of Receipt
Mailing Addre	ss 1304 PENGUIN CIRCL	E		1 2 1 3 2 0 0 7
City VIRGINIA E	BEACH	State VA	Zip Code 23451	Transaction ID: SA11AI.57910 Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		250.00
Name of Emp ATLANTIC A	loyer NESTHESIA	Occupation ANESTH	n HESIOLOGIST	
Receipt For: Primary Other (s	General gpecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of I	Leceipts This Page (optional))	1250.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 60 (check only one) X
NAMI	E OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AME	RICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
BREN	lame (Last, First, Middle Initial) IT WALKER			Date of Receipt
	ng Address 4 SOLOGNE CIR			12 10 2007
City	LE ROCK	State AR	Zip Code 72223	Transaction ID: SA11AI.57794 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	1222	250.00
Name LITTI	e of Employer LE ROCK ANES SVC	Occupatio	n IESIOLOGIST	
	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial)			Date of Receipt
Mailin	ng Address 860 5TH AVE #6F			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.57711
	V YORK	NY	10021	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
Name SLR	e of Employer ANESTH	Occupatio ANESTH	n IESIOLOGIST	
	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00]
	Jame (Last, First, Middle Initial)			Date of Receipt
Mailin	ng Address 260 N 1480 E			1 2 1 1 2 0 0 7
City LOG	ian	State UT	Zip Code 84321	Transaction ID: SA11AI.57869 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C		500.00
Name	e of Employer	Occupatio ANESTH	n IESIOLOGIST	
Recei	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
CURTO	TAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 60 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	IMITTEE		
Α.	Full Name (Last, First, Middle Initial) JOHN WILLS Mailing Address 35 CAMINO A LAS E	Date of Receipt		
	Walling Address 35 CAMINO A LAS E	SINELLAS		12 07 2007
	City	State	Zip Code	Transaction ID: SA11AI.57715
	PLACITAS	NM	87043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIV OF NM	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) HAK WONG	Date of Receipt		
	Mailing Address 3500 N LAKE SHORE	E DR		12 19 2007
	City	State	Zip Code	Transaction ID: SA11AI.57983
	CHICAGO	IL	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NORTHWESTERN MED	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_ С.	Full Name (Last, First, Middle Initial) CHRISTOPHER YARBER			Date of Receipt
	Mailing Address 2020 E PINEHILL LA	NE		12 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.58105
	<u>SPOKANE</u>	WA	99224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
F	TOTAL This Period (last page this line numbe			

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 50 / 60 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) BENJAMIN ZERNGAST Date of Receipt Mailing Address 8006 NE 169TH PL 12 07 2007 City State Zip Code Transaction ID: SA11AI.57623 **KENMORE** WA 98028 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PACIFIC ANESTH Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	55500.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 60 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any persor e name and address of any political committee to s	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COMM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE		Date of Receipt 1 2
City	State Zip Code	Transaction ID: SA17.57523
CHICAGO	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4338.49
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 849183.48	

SUBTOTAL of Receipts This Page (optional)	_	4338.49
TOTAL This Period (last page this line number only)	<u></u>	4338.49

SCHEDULE B (FEC Form 3X)

ΙT		Use separate schedule(s		R LINE N ck only d					0
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 28a	28b	24 28c	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	e and address of any politica	al committe	e to solic	cit contribu				
\mathbb{L}	Full Name (Last, First, Middle Initial)								
۱.	AMERIPAC Mailing Address 5304 MCKINLEY ST					Disbursem		08 Ž 0 Ď 7	Y
						-			
	City BETHESDA	State Zip Code MD 20814			Amount	of Each D	isburseme		-
	Purpose of Disbursement 2007 CONTRIBUTION				L			2500.00)
	Candidate Name		Catego Type						
	Senate	ement For: 2007 Primary General Other (specify)	•						
	Full Name (Last, First, Middle Initial) BILIRAKIS FOR CONGRESS				Date of D	Disbursem			
	Mailing Address 610 S BOULEVARD				12 M	0 6		ž 0 ŏ 7	Y
	City TAMPA	State Zip Code FL 33606			Amount	of Each D	isburseme		
	Purpose of Disbursement						-	500.00)
	Candidate Name		Catego Type	ry/					
	• 🗎 –	ement For: 2008 Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) CAMP FOR CONGRESS				Date of D	Disbursem	_		_
	Mailing Address 5915 EASTMAN AVE #1	00			1 2 M	0 3	/ 4	ž 0 ŏ 7	Y
	City MIDLAND	State Zip Code MI 48640			Amount	of Each D	isburseme	ent this P	eriod
					Amount	of Each D		ent this P 2000.00	
	MIDLAND Purpose of Disbursement Candidate Name	MI 48640	Catego Type		Amount	of Each D			
	MIDLAND Purpose of Disbursement Candidate Name Office Sought: House Disburs				Amount	of Each D			

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В.

C.

SCHEDULE B (FEC Form 3X)	Use sepa	FOR LINE NUMBER: (check only one)						PAGE 53 / 60						
TEMIZED DISBURSEMENTS	for each o	category of the Summary Page		heck o 21b	nly c	ne) 22 [X	23		24		1 25		26
	Detailed	Summary Fage		27		28a	$\widehat{}$	28b	П	28c		29		30b
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam													S	
NAME OF COMMITTEE (In Full)	ie and addres	ss or any political	COMMIN	itee to s	SOIIC	it Contri	buti	OHS II	OIII S	sucri c	OHI	millee		
AMERICAN SOCIETY OF ANESTHESION	OGISTS P	POLITICAL AC	TION	COM	ΛIT	TEE								
Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN						Transa Date o			_		748	86		
Mailing Address P.O. BOX 7183							M /	D (3	/ Y	Ž	2 o ŏ 7	7 ^Y	
City	State	Zip Code				Amour	nt of	Each	n Dis	burse	mer	nt this f	Perio	od
TUPELO Purpose of Dishurasment	MS	38802									1	500.0	00	
Purpose of Disbursement						-	-					555.5		
Candidate Name			Cate Typ	•										
	ement For: Primary Other (spec	2008 General												
Full Name (Last, First, Middle Initial) DEMOCRATIC NATIONAL COMMITTEE						Transa Date o			_		749)2		
Mailing Address 430 S CAPITOL ST SE						^M 2	M	D C	3	/ Y	Ž	2 0 ŏ 7	7 ^Y	
City WASHINGTON	State DC	Zip Code 20003				Amour	nt of	Each	n Dis	burse	mer	nt this f	Perio	od
Purpose of Disbursement 2007 CONTRIBUTION							_				15	0.000	0	
Candidate Name			Cate											
Office Sought: House Disburs	ement For: Primary Other (spec	General cify) ▼												
Full Name (Last, First, Middle Initial)						Transa	acti	on ID	·SB	23 5	751	6		
DEMOCRATS WIN PAC C/O J. O'MALLE	Υ					Date o	of Di	sburs					Y	
Mailing Address P.O. BOX 71147						1 2	_		06	L	. 2	2 o ŏ 7		
City WASHINGTON	State DC	Zip Code 20024				Amour	nt of	Each	n Dis	burse	-			od .
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Candidate Name			Cate											
Senate	ement For: Primary Other (spec	2007 General cify)												
UBTOTAL of Disbursements This Page (optional)				<u> </u>			_				190	0.00	0	
OTAL This Period (last page this line number only)			Þ										
6AN026						FEC	S	chedu	le B	(For	m 3	X) (Re	vise	d 02

SCHEDULE B (FEC Form 3X)

TEMPER DISPURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 60 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	me and address of any political com	mittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) ESHOO FOR CONGRESS Mailing Address 555 CAPITOL MALL # City SACRAMENTO Purpose of Disbursement Candidate Name Office Sought: House Senate	State Zip Code CA 95814	Transaction ID: SB23.57520 Date of Disbursement M 2 M / D 2 D / Y 2 0 0 7 Y Amount of Each Disbursement this Period 1500.00
State: District: Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL Mailing Address 25 E MAIN ST #200	Other (specify) ▼	Transaction ID: SB23.57479 Date of Disbursement M2 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President		Amount of Each Disbursement this Period 2000.00 tegory/ Type
State: District: Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER Mailing Address P.O. BOX 1909 City CHARLESTON Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:		Transaction ID: SB23.57488 Date of Disbursement M2 M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period 1500.00
SUBTOTAL of Disbursements This Page (optional	l)	5000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s))	_		E NUMBER: PAGE 55 / 60						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	<u> </u>	lb [22 28a	X 23	3 Bb	24 28c		25 29	26
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL AC	CTIO	N CO	MMI	ГТЕЕ						
Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE					Transa Date of	of Disb	ursen		7510		
Mailing Address P.O. BOX 13300	Mailing Address P.O. BOX 13300						0 6	B / [ž	o ŏ 7	Y
	State Zip Code OK 73113				Amoui	nt of E	ach D	Disburse			
Purpose of Disbursement									25	00.00)
Candidate Name			itegory Type	/							
President	nent For: 2008 Primary General Other (specify)										
State: District: Full Name (Last, First, Middle Initial)					Transa	action	ID: §	SB23.5	7496		
FRIENDS OF MAX BAUCUS					Date of	of Disb		D / `	YYY	0 ŏ 7	Y
Mailing Address P.O. BOX 586											
HÉLENA I	State Zip Code MT 59624				Amoui	nt of E	ach L	Disburse			
Purpose of Disbursement									23	00.00	
Candidate Name		1	tegory Type	/							
Office Sought: House Senate X President State: District:	nent For: 2008 Primary General Other (specify)										
Full Name (Last, First, Middle Initial) LEGPAC					Date o	f Disb	ursen				
Mailing Address 38 IVY STREET, SE					12	M /	0 3	3 / [Ž	O Ď 7	Y
	State Zip Code DC 20003				Amoui	nt of E	ach D	Disburse	-		
Purpose of Disbursement 2007 CONTRIBUTION Candidate Name		Ca	ategory			0			25	00.00)
	nent For: 2007 Primary General Other (specify)		Гуре								
SUBTOTAL of Disbursements This Page (optional)				•					750	00.00)
TOTAL This Period (last page this line number only).				<u>-</u>					-	•	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) (check or	E NUMBER: PAGE 56 / 60
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL			
<u></u>	Full Name (Last, First, Middle Initial) MOORE CAPITO FOR CONGRESS			Transaction ID: SB23.57498 Date of Disbursement
	Mailing Address P.O. BOX 11519			$\begin{bmatrix} 1 & 2 & M & 7 & D & D & 7 & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City CHARLESTON	State Zip Code WV 25339		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate X President	ement For: 2008 Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.57502
	NORTHSTAR LEADERSHIP PAC			Date of Disbursement
	Mailing Address P.O. BOX 28754			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City ST PAUL	State Zip Code MN 55128		Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 CONTRIBUTION			2500.00
	Candidate Name		Category/ Type	
	Senate	ement For: 2007 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS			Transaction ID: SB23.57481 Date of Disbursement
	Mailing Address 30151 TOMAS ST			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City RANCHO STA MRGRITA	State Zip Code CA 92688		Amount of Each Disbursement this Perio
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
		ement For: 2008 Primary General Other (specify)		
	otate. District.			

SCHE	DULE B (FEC For	m 3X)	Use sep	arate schedule(s)				AGE 57 / 60
ITEMIZ	ZED DISBURSEM	ENTS	for each	category of the Summary Page	l۲	(check on 21b	ly one) 22 X 23 24	25
						27	28a 28b 28c	29
							for the purpose of soliciting onlicit contributions from such	
	OF COMMITTEE (In Full)							
AME	RICAN SOCIETY OF AN	IESTHESIOLO	OGISTS	POLITICAL AC	OIT	I COMM	IITTEE	
	ame (Last, First, Middle Initia	ા)					Transaction ID: SB23.5	57506
RED	ROOSTER PAC						Date of Disbursement	Y
Mailin	Mailing Address P.O. BOX 16021						12 03	^Y 2007 ^Y
City ALEX	KANDRIA		State VA	Zip Code 22302			Amount of Each Disburs	ement this Period
Purpo	se of Disbursement							2500.00
	CONTRIBUTION					/		
Candi	date Name					egory/ ype		
Office	Sought: House	Disburser		2007				
	Senate President		Primary Other (spe	General				
State:	<u></u>		CC. (Op.	July 4				
	ame (Last, First, Middle Initia	ા)					Transaction ID: SB23.5	57483
KEEL	D COMMITTEE						Date of Disbursement	Y . Y . Y . Y
Mailin	Mailing Address P.O. BOX 8628						12 03	Ý ŽOÕ7Ÿ
City CRAI	NSTON		State RI	Zip Code 02920			Amount of Each Disburs	ement this Perio
	se of Disbursement							1500.00
Candi	date Name					egory/ ype		
Office	e Sought: House	Disburser	ment For:	2008		уре	_	
	Senate		Primary	General				
State:	President District:		Other (spe	ecity) 🔻				
Full N	ame (Last, First, Middle Initia	•					Transaction ID: SB23.5	57490
REPU	UBLICAN NATIONAL CO	OMMITTEE					Date of Disbursement	v
Mailin	g Address 310 FIRST	STREET SE					12 03	Ý ŽOÕ7Ÿ
City WAS	SHINGTON		State DC	Zip Code 20003			Amount of Each Disburs	ement this Perio
Purpo	se of Disbursement							15000.00
	2007 CONTRIBUTION Candidate Name					egory/ ype		
O#:	e Sought: House	Disburser	ment For:	2007		, PC	-	
Office	Senate		Primary	General				
Office		X	Other (spe	ecify) 🔻				
	President District:							
State:								

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s	5)	_	eck only	ENUMBER: PAGE 58 / 60 ly one)							'
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	X	23 28b		24 28c		25 29	26 30
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	e and address of any politica	al com	mitte	ee to sol	icit contr							
\ <u>/</u> \.	Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY IN Mailing Address P.O. BOX 714	IC				Trans Date	of Di	sburs	_			ŏ7	
	City HACKENSACK Purpose of Disbursement	State Zip Code NJ 07602				Amou	int o	f Each	n Disb	urser		his Pe	eriod
	Candidate Name			atego Type									
	Senate X President State: District:	Primary 2008 Primary General Other (specify)											
3.	Full Name (Last, First, Middle Initial) SULLIVAN FOR CONGRESS Mailing Address P.O. BOX 651374					Trans Date		sburs				ŏ,7	
	City POTOMAC FALLS Purpose of Disbursement	State Zip Code VA 20165				Amou	int o	f Each	n Disb	ourser		his Pe	eriod
	Candidate Name Office Sought: House Senate President State: District:	ment For: 2008 Primary X General Other (specify)		itego Type	-								
	Full Name (Last, First, Middle Initial) TAC PAC					Trans Date		sburs	emen			V * V	
	Mailing Address P.O. BOX 29576	04-4-				1 2) 6 D: 1	L) 0 7 \	
	City WASHINGTON Purpose of Disbursement	State Zip Code DC 20017	Ι			Amou	int o	t Each	ı Disb	urser		his Pe 00.00	eriod
	2007 CONTRIBUTION Candidate Name		itego Type		-		•	•	•	•		•	
	Senate	ment For: 2007 Primary General Other (specify)	•										

ITE	HEDULE B (FEC Form 3 MIZED DISBURSEMENT	S for each cate Detailed Sun	nmary Page	(check only 21b 27	22 X 23 28a 28b	28c 2	25 26 29 30b
•	Information copied from such Reports ar r commercial purposes, other than using	•	•	, ,		•	
\	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS POI	LITICAL ACTIO	ON COMMI	TTEE		
-	Full Name (Last, First, Middle Initial) FIBERI FOR CONGRESS Mailing Address 2021 E DUBLIN	GRANVILLE RD #200	00		Transaction ID: SB Date of Disbursemen	nt) 0 7 ^Y
(City COLUMBUS Purpose of Disbursement		ip Code 3229		Amount of Each Dist		this Period
(Candidate Name		C	ategory/ Type			
	Office Sought: House Senate President State: District:	Disbursement For: X Primary Other (specify	2008 General				

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1500.00
TOTAL This Period (last page this line number only)	•	68000.00

		CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 60 / 60 y one) 22			
		y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE				Transaction ID: SB29.57524 Date of Disbursement M			
		,	State Zip Code IL 60675		Amount of Each Disbursement this Period			
		Purpose of Disbursement VISA BANK CHARGE			494.76			
		Candidate Name		Category/ Type				
		Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					

		404.70
SUBTOTAL of Disbursements This Page (optional)	>	494.76
TOTAL This Period (last page this line number only)	•	494.76