

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different
than previously
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of

IL

(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

THOMAS CONWAY

Signature of Treasurer

Electronically Filed by THOMAS CONWAY

Date

1 0

1 9

2 0 1 0

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 70

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	1495220.03
(b) Cash on Hand at Beginning of Reporting Period	1504667.26	
(c) Total Receipts (from Line 19)	40418.00	1143706.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1545085.26	2638926.94
7. Total Disbursements (from Line 31)	53600.00	1147441.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1491485.26	1491485.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	33835.00	960776.00
(ii) Unitemized	6583.00	182767.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40418.00	1143543.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40418.00	1143543.51
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	163.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40418.00	1143706.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40418.00	1143706.91

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	5623.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	5623.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	934010.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	1100.00	207807.74	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53600.00	1147441.68	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53600.00	1147441.68	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	40418.00	1143543.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40418.00	1143543.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5623.94
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	5623.94

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

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

FOR LINE NUMBER: PAGE 6 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BASEM ABDELMALAK

Mailing Address 9500 EUCLID AVE
DEPT OF ANES E-31

City State Zip Code
CLEVELAND OH 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FOUNDATI-
ON

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92628

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS MEDIC-
AL BRANCH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

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

Transaction ID: SA11AI.92497

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS MEDIC-
AL BRANCH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

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

Transaction ID: SA11AI.92637

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

123.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MOSES ALBERT

Mailing Address 10800 MIDLOTHIAN TURNPIKE
SUITE 265City State Zip Code
RICHMOND VA 23235FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH ANESTHESIA
ASSOCIATESOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92582

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

THOMAS ANDREWS

Mailing Address 1821 ALAQUA DR.

City State Zip Code
LONGWOOD FL 32779FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP, MAITLA-
ND, FLORIDAOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92651

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

MAGDALENA ANITESCU

Mailing Address DEPARTMENT ANESTHESIA AND CRITICAL
5841 S. MARYLAND AVE., MC 4028City State Zip Code
CHICAGO IL 60637FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO MED-
ICAL CENTEROccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.92775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY APFELBAUM

Mailing Address 2560 GREENVIEW RD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.92737

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LEE ARTHUR

Mailing Address 504 MEDICAL CENTER BLVD

City

CONROE

State

TX

Zip Code

77304

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH HOUSTON ANESTHESIOLOGISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92603

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER AUNSPAUGH

Mailing Address CHILDRENS WAY, SLOT 203
DEPT OF ANES

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARKANSAS CHILDRENS HOSPITAL

Occupation
ASSISTANT PROFESSOR PEDIATRIC ANESTHES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92569

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARNA BANERJEE

Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL
1211 21ST AVENUE SOUTH SUITE 52

City State Zip Code
NASHVILLE TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY MED-
ICAL CENTER

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92605

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

SHAWN BANKS

Mailing Address 601 NE 36TH ST APT 3407

City State Zip Code
MIAMI FL 33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92575

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN BANNISTER

Mailing Address 5102 CHASTLETON DRIVE

City State Zip Code
STONE MOUNTAIN GA 30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY UNIVERSITY SCHOOL
OF MEDICINE

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92612

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCOTT BARTUSCH

Mailing Address 82 WOOD GROVE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN ANESTHESIA
ALLIANCE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.92771

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ANDREW BAUDO

Mailing Address 627 W BUCKINGHAM PLACE UNIT 1

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMFF

Occupation

ATTENDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92615

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

EILEEN BEGIN

Mailing Address 110 IRVING ST. NW #G-226

City

WASHINGTON

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer
WASHINGTON HOSPITAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

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

Transaction ID: SA11AI.92571

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EILEEN BEGIN

Mailing Address 110 IRVING ST. NW #G-226

City

WASHINGTON

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON HOSPITAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92708

Amount of Each Receipt this Period

8.00

B.

Full Name (Last, First, Middle Initial)

FRANK BEMIS

Mailing Address 700 REYNOLDS PLACE

City

VESTAVIA HILLS

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92665

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL BERRIGAN

Mailing Address 900 23RD ST NW, SUITE G-2092

City

WASHINGTON

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GEORGE WASHINGTON UNIVERS-
ITY MEDICAL C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92697

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

758.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID BIEL

Mailing Address 2216 MADISON AVE

City

CINCINNATI

State

OH

Zip Code

45212

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOC. OF CINC-
INNATI

Occupation

ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

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

Transaction ID: SA11AI.92544

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation

PHYSICAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: SA11AI.92646

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation

PHYSICAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92711

Amount of Each Receipt this Period

4.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT WHITE MEMORIAL HOS-
PITAL ANES. D

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92617

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JUAN BOTERO

Mailing Address 2950 CLEVELAND CLINIC BLVD
DEPT. OF ANES.

City

WESTON

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC, FLORIDA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID: SA11AI.92518

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City

OWENS CROSS ROADS

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE ANESTHESIA
SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1917.00

Date of Receipt

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

Transaction ID: SA11AI.92527

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK BRADY

Mailing Address 9403 W. 146TH PL.

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST ANESTHESIA ASSOCI-
ATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92609

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

CLAUDE BRUNSON

Mailing Address 2500 N STATE ST

City

JACKSON

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF MISSISSIPPI MED
CTR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: SA11AI.92647

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

JOHN BYRNE

Mailing Address 105 N DEVEREUX CT NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN SPECIALISTS IN
ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES CARLSEN

Mailing Address 1958 COMMON WAY RD

City

ORLANDO

State

FL

Zip Code

32814

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92586

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

JOHN CARNEY

Mailing Address 1333 RIDDLE AVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST VIRGINIA UNIVERSITY
DEPT OF ANEST

Occupation

RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

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

Transaction ID: SA11AI.92546

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ANTONIO CASSARA

Mailing Address 1236 MURRAY HILL AVE.

City

PITTSBURGH

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC CHILDRENS

Occupation

RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92590

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARTYN CAVALLO

Mailing Address 110-29TH AVE. NORTH, #201

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92611

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

DEAN CHASSAY

Mailing Address 571 LARUE CIRCLE

City

GUNTERSVILLE

State

AL

Zip Code

35976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARSHALL COUNTY ANESTHESIOLOGY AND PAI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92692

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOHN CHATELAIN

Mailing Address 1319 S.9TH ST.

City

FARGO

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERITCARE MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92634

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

582.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIRMINGHAM VA MEDICAL CEN-
TER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.92652

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM CLAY

Mailing Address DEPT. ANESTHESIA
468 CADIEUX RD.

City

GROSSE POINTE

State

MI

Zip Code

48230

FEC ID number of contributing
federal political committee.

C

Name of Employer
BON SECOURS HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92793

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GERARD COSTELLO

Mailing Address 7404 N. LANDINGS TRAIL

City

MUNCIE

State

IN

Zip Code

47303

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92794

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS CUTTER

Mailing Address 5841 S MARYLAND AVE # MC4028
ANESTHESIA AND CRITICAL CARE

City State Zip Code
CHICAGO IL 60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF CHICAGO PRITZKER
SCH OF MED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92690

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

VINCENT DEGENHART

Mailing Address 415 HARDEN ST.

City State Zip Code
COLUMBIA SC 29205

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRITICAL HEALTH SYSTEMS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92633

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

MARK DENTZ

Mailing Address 1422 WILLOWBROOKE CIR.

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP,
P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92762

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1541.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTIAN DIEZ

Mailing Address 7915 SW 55 AVENUE

City

MIAMI

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI MEDIC-
AL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92561

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JANE EASDOWN

Mailing Address 5106 CORNWALL DR

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY

Occupation

MD ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92707

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHARLES ELLIOTT

Mailing Address PO BOX 1584

City

DECATUR

State

AL

Zip Code

35602

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES OF DE-
CATUR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92720

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH ELMASIAN

Mailing Address 2399 PINE HOLLOW DR.

City

EAST LANSING

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
INGHAM REGIONAL MEDICAL
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92632

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

GREGORY ENDERS

Mailing Address 206 WINDLAKE DR.

City

SENECA

State

SC

Zip Code

29672

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF THE UPST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

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

Transaction ID: SA11AI.92649

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

MICHELLE ENGLISH

Mailing Address 12 STRAWBERRY LANE

City

SAVANNAH

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.92774

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

374.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSE EPPS

Mailing Address 2341 MCCALLIE AVE., #402

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGISTS ASSOCIA-
TED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: SA11AI.92650

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JOHN ERICKSON

Mailing Address 1008 FAIR OAKS AVE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF CHICAGO

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.92736

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RITCHIE FEVRIER

Mailing Address 9837 GLADIOLUS BULB LOOP

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL ANESTHESIA AND PA-
IN MANAGEMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92616

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

374.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR

City

FALMOUTH

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92594

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM FRAME

Mailing Address 2300 N EDWARD ST
DEPT. OF ANESTHESIA

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS OF DECATU

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92599

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

PRASAD GADIRAJU

Mailing Address 8 SWAN ISLE BLVD

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREATER HOUSTON ANESTHESI-
OLOGY

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92760

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN GALDUN

Mailing Address 5332 BENT RIVER BLVD.

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL ALLIAN-
CE OF E. TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92742

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RAVI GANGAVALLI

Mailing Address 212 SIMONSON CT

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACNJ

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92722

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DHANESH GUPTA

Mailing Address 303 E CHICAGO AVE
WARD BUILDING, ROOM 13-179

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN UNIVERSITY
FEINBERG SCHOO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92744

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AARON HAMMOND

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

City

TUCSON

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHES-
IA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

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

Transaction ID: SA11AI.92535

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

STEVEN HATTAMER

Mailing Address 8 PROSPECT STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

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

Transaction ID: SA11AI.92623

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

PETER HAYNAL

Mailing Address 1711 RIVER RIDGE DR

City

SPRING VALLEY

State

OH

Zip Code

45370

FEC ID number of contributing
federal political committee.

C

Name of Employer

KETTERING ANESTHESIA ASSO-
CIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92629

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

207.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL HECHT

Mailing Address 10675 N. SUMMER MOON PL.

City

TUCSON

State

AZ

Zip Code

85737

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHES-
IA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	1	0

Transaction ID: SA11AI.92752

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER HENDRICKS

Mailing Address 1590 PANORAMA DR

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92630

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

ANDREW HERLICH

Mailing Address 116 HAVERFORD CIRCLE

City

PITTSBURGH

State

PA

Zip Code

15228

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC MERCY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92642

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT HORVATH

Mailing Address 5201 N. FORT YUMA TRL

City

TUCSON

State

AZ

Zip Code

85750

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLD PUEBLO ANES. P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92573

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY HOUSEMAN

Mailing Address PO BOX 1025

City

FAIRHOPE

State

AL

Zip Code

36533

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTERN SHORE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92551

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM HURFORD

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
231 ALBERT SABIN WAY

City

CINCINNATI

State

OH

Zip Code

45267

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CINCINNATI
MEDICAL CENTE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92595

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY JACOBS

Mailing Address 11041 PINE LODGE TRAIL

City

DAVIE

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

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

Transaction ID: SA11AI.92486

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY JACOBS

Mailing Address 11041 PINE LODGE TRAIL

City

DAVIE

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

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

Transaction ID: SA11AI.92625

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ALIRAZA JAFFER

Mailing Address 5070 BROOKDALE ROAD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92606

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL JANIK

Mailing Address 15605 E PRENTICE DR

City

CENTENNIAL

State

CO

Zip Code

80015

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF COLORADO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

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

Transaction ID: SA11AI.92641

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

BASIA JENKINS

Mailing Address 3933 TOPSIDE RD.

City

KNOXVILLE

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL ALLIAN-
CE OF E. TN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92557

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DENISE JOFFE

Mailing Address 2222 78TH AVE. SE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEATTLE CHILDRENS HOSPITAL

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.92766

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRIPTI KATARIA

Mailing Address 130 S CANAL ST APT 419

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92614

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

SCOTT KERCHEVILLE

Mailing Address MAIL CODE 7838
7703 FLOYD CURL DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTHSCSA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.92644

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

LAURA KIHLSROM

Mailing Address 915 LARCHMONT CRES.

City

NORFOLK

State

VA

Zip Code

23508

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTHESIA, INC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92576

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

233.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN KINKEAD

Mailing Address 1776 MCCONNELL DR.

City

WILLIAMSPORT

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
WILLIAMSPORT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

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

Transaction ID: SA11AI.92553

Amount of Each Receipt this Period

166.00

B.

Full Name (Last, First, Middle Initial)

RUSSELL KLEIN

Mailing Address 15133 W 32ND DR

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROFESSIONAL ANESTHESIA
SERVICES, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.92822

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ALLAN KLOCK

Mailing Address 613 PARK AVE.

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92740

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

916.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RAINER KOHRS

Mailing Address 6819 E 116TH ST

City

BIXBY

State

OK

Zip Code

74008

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92483

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL CONSUL-
TANTS PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92568

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

SCOTT KUHNERT

Mailing Address 4640 HAWK HOLLOW DR. E.

City

BATH

State

MI

Zip Code

48808

FEC ID number of contributing
federal political committee.

C

Name of Employer
LANSING ANESTHESIOLOGISTS,
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92524

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

666.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 70

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD LAYMAN

Mailing Address 6431 FANNIN ST STE 5.196
DEPT OF ANESTHESIOLOGY

City State Zip Code
HOUSTON TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS MED
SCHOOL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92578

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

SCOTT LEIGHTY

Mailing Address 3900 WALNUT CLAY DR.

City State Zip Code
AUSTIN TX 78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92626

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

NORMAN LEVIN

Mailing Address 10190 BAYWOOD CT.

City State Zip Code
LOS ANGELES CA 90077

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.92776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL LEWIS

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
1611 NW 12TH AVE

City State Zip Code
MIAMI FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer
JACKSON MEMORIAL HOSPITAL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

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

Transaction ID: SA11AI.92610

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

TAK LIU

Mailing Address 101 COUNTRY CENTER LN.

City State Zip Code
HOCKESSIN DE 19707

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92705

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ASA LOCKHART

Mailing Address 2106 KENNEBUNK LN.

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAST TEXAS ANESTHESIOLOGY
ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92564

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

666.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NANCY LOEFFLER

Mailing Address 3726 LAKEVIEW DR.

City

TALLAHASSEE

State

FL

Zip Code

32310

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY ASSOC. OF
TALLAHASSEE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92699

Amount of Each Receipt this Period

1050.00

B.

Full Name (Last, First, Middle Initial)

JOSHUA LUMBLEY

Mailing Address 410 W 10TH AVE
N411 DOAN HALL

City

COLUMBUS

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE OHIO STATE UNIVERSITY
MEDICAL CENT

Occupation

ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92583

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ROBERT LYON

Mailing Address 4144 N CENTRAL EXPY STE 360

City

DALLAS

State

TX

Zip Code

75204

FEC ID number of contributing
federal political committee.

C

Name of Employer
DALLAS ANESTHESIOLOGY ASS-
OCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92746

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2091.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TARIQ MALIK

Mailing Address 1776 ROGERS AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF ALABAMA - BIRMIN-
GHAM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

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

Transaction ID: SA11AI.92521

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

KURT MARKGRAF

Mailing Address 3663 MCKINLEY AVE

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92601

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 6 MONTEVALLO TER

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN PERIOPERATIVE SE-
RVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92725

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SAM MAYEDA

Mailing Address 15804 W. 63RD AVE.

City

GOLDEN

State

CO

Zip Code

80403

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAS

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.92739

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD MCNEER

Mailing Address 18340 SW 122 ST.

City

MIAMI

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI DEPT
OF ANESTHESIO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

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

Transaction ID: SA11AI.92580

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES MESROBIAN

Mailing Address 827 E BIRCH AVE

City

MILWAUKEE

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
AURORA MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.92816

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ROBERT MICHAELS

Mailing Address 291 SOUTHHALL LN

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92604

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL MILLER

Mailing Address 15936 OAK PARK CT

City

WESTFIELD

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACI, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92584

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

1082.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER MILLSON

Mailing Address 2400 WIMBLEDON DR

City

LAS VEGAS

State

NV

Zip Code

89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92591

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

MOHAMMED MINHAJ

Mailing Address 5841 S MARYLAND AVE # MC-4028

City

CHICAGO

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF CHICAGO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92588

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MOORE

Mailing Address 1748 VESTWOOD HILLS DR.

City

VESTAVIA HILLS

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA SCH-
OOL OF MEDICI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.92624

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

708.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City

SPRINGFIELD

State

VT

Zip Code

05156

FEC ID number of contributing
federal political committee.

C

Name of Employer
V A MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92631

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

MARK MURRAY

Mailing Address 1924 ALCOA HIGHWAY, BOX U-109
DEPARTMENT OF ANESTHESIA

City

KNOXVILLE

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY ANESTHESIOLOGI-
STS

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

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

Transaction ID: SA11AI.92545

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

ROBERT MURRAY III

Mailing Address 19 ELM PARK BLVD.

City

PLEASANT RIDGE

State

MI

Zip Code

48069

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92618

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROSS MUSUMECI

Mailing Address 9 LINCOLN ST.

City

WESTON

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. ASSOC. OF MASSACHUSETTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92570

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL NEED

Mailing Address 7632 TIMBER SPRINGS DR.

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHEAST ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

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

Transaction ID: SA11AI.92581

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

THANH NGUYEN

Mailing Address 2200 CHILDRENS WAY STE 3115
DEPT OF ANES

City

NASHVILLE

State

TN

Zip Code

37232

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONROE CARELL CHILDRENS HOSPITAL

Occupation

RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.92685

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

374.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL NICHOLS

Mailing Address 1090 DEVINE CIRCLE

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NOVA SOUTHEASTERN UNIVERS-
ITY ANESTHESIOLOGIST

Occupation

ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92602

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

TERESA NOLEN

Mailing Address 2325 HIGHLAND CRES S

City

BIRMINGHAM

State

AL

Zip Code

35205

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIRMINGHAM VAMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92659

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARK NUNNALLY

Mailing Address 616 W FULTON ST APT 503

City

CHICAGO

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHLEEN OLEARY

Mailing Address 666 ELM AND CARLTON ST

City

BUFFALO

State

NY

Zip Code

14263

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSWELL PARK CANCER INSTI-
TUTE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92619

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

RONALD OSBORN

Mailing Address 14621 WHITE OAK DR.

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92663

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ANDREW OSBORNE

Mailing Address 8 HAMPTON WAY

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92538

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT OVERACRE

Mailing Address 23 MENDEN LANE

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHG ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92718

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

AUDREY OWARE

Mailing Address 1642 E. 56TH ST
APT 918

City

CHICAGO

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO MED-
ICAL CENTER A

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92749

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GLEN PARIS

Mailing Address 23 ROLLING HILL DR.

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT ANESTHESIA ASSOC.,
P.A.

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.92733

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

C. LEE PARMLEY

Mailing Address 1211 21ST AVE S

MEDICAL ARTS BUILDING SUITE 526

City

NASHVILLE

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY MED-
ICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.92620

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM PEKARSKE

Mailing Address 1281 E. CALLE DE LA CABRA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN ARIZONA ANESTHES-
IA SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92621

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

MARGARET PITTS

Mailing Address 25 BIRCHDALE RD

City

BOW

State

NH

Zip Code

03304

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.92543

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

291.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEAN POLCE

Mailing Address 2259 ARAGON CANYON ST

City

LAS VEGAS

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANT-
S, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.92529

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

TREVOR POLLARD

Mailing Address 4242 MEDICAL DR., SUITE #3100

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEJAS ANESTHESIA, P.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.92682

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SRIPAD RAO

Mailing Address 1504 BAY RD APT 3307

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer
RYDER TRAUMA CENTER ANEST-
HESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92525

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

666.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN READ

Mailing Address 102 WATERSTONE CV

City

GEORGETOWN

State

TX

Zip Code

78628

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSTAR ANESTHESIA DEPT.
OF ANESTHES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.92589

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

RICHARD RICHTER

Mailing Address 1621 HUNTMOOR DRIVE

City

ROCK HILL

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
ROCK HILL, P.

Occupation

PHYSICIAN AND ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.92694

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KEVIN ROBERTS

Mailing Address 240 WALNUT LN.

City

SLINGERLANDS

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBANY MEDICAL CENTER HOS-
PITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92574

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
STEVEN ROBICSEK

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
P.O. BOX 100254

City State Zip Code
GAINESVILLE FL 32610

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF FLORIDA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92572

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
LEOPOLDO RODRIGUEZ

Mailing Address 21050 POINT PLACE #305
ATLANTIC 3 AT THE POINT

City State Zip Code
AVENTURA FL 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCARE INC

Occupation
MEDICAL DIRECTOR OF THE SURGERY CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92562

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)
FRANK ROSEMEIER

Mailing Address 10004 CRYSTALLINE COURT

City State Zip Code
ORLANDO FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP

Occupation
STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.92585

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

149.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 48 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANK ROSINIA

Mailing Address 23 IDLEWOOD PL

City

RIVER RIDGE

State

LA

Zip Code

70123

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULANE UNIVERSITY SCHOOL
OF MEDICINE

Occupation

CHAIRMAN, DEPARTMENT OF ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92563

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

LAWRENCE ROY

Mailing Address 2420 FREEMAN MANOR DR

City

JONES

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer
OKLAHOMA ANESTHESIA CONSU-
LTANTS

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92597

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

YASSER SAKAWI

Mailing Address JEFFERSON TOWER 845
619 19TH STREET SOUTH

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA AT
BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.92558

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1124.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH SANDERS

Mailing Address 2637 KEMPT COURT

City

BIRMINGHAM

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIRMINGHAM VA MEDICAL CEN-
TER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92566

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ALAN JAY SCHWARTZ

Mailing Address 1000 SHARPLESS ROAD

City

MELROSE PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHILDRENS HOSPITAL OF PHI-
LADELPHIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92638

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ALVARO SEGURA-VASI

Mailing Address 216 SOUTH MARENGO STREET, SUITE F

City

FLORENCE

State

AL

Zip Code

35630

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEER, SIMON, WILLIAMS, MOODY
AND ASSO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1041.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN SHAFER

Mailing Address 300 ANDERSON AVENUE

City

CLOSTER

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA UNIVERSITY MEDIC-
AL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.92809

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ROLAND SHORT

Mailing Address 619 S 19TH ST

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF AL HLTH SYSTEM AN-
ES DEPT

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.92526

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

KAREN SIBERT

Mailing Address 4146 SUNNYSLOPE AVE.

City

SHERMAN OAKS

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEDARS-SINAI MEDICAL CENT-
ER ANES. DEPT

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92596

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

1124.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL SIMON

Mailing Address 35 GELLATLY DR.

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92607

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

ALEXEY SLUCKY

Mailing Address 333 W. HAMPDEN AVE., SUITE 600

City

ENGLEWOOD

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANESTHESIOLO-
GISTS, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92608

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN SMALL

Mailing Address 5806 S. BLACKSTONE AVE.

City

CHICAGO

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.92779

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BLAIR SMITH

Mailing Address 1046 LAKE COLONY LN.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA HSF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92613

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

ROBERT SNYDER

Mailing Address 2367 DEER VALLEY RD.

City

MIDLAND

State

MI

Zip Code

48642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMAG,PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.92781

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GREGORY SOMERVILLE

Mailing Address 6208 DEVILS HOLLOW RD.

City

FORT WAYNE

State

IN

Zip Code

46814

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS OF FORT W

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92577

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHANNON SORAH

Mailing Address 11743 COUCH MILL ROAD

City

KNOXVILLE

State

TN

Zip Code

37932

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST MED. CTR. ANES.
GR.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

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

Transaction ID: SA11AI.92579

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

GLYNNE STANLEY

Mailing Address 270 MIDDLETON ROAD

City

BOXFORD

State

MA

Zip Code

01921

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
MASSACHUSETTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92627

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

MARION STARKS

Mailing Address 1204 N. WINDOMERE AVE.

City

DALLAS

State

TX

Zip Code

75208

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA RESOURCES FOR
CHILDREN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.92653

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

207.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STANLEY STEAD

Mailing Address 4819 ANDASOL AVENUE

City

ENCINO

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEAD HEALTH GROUP, INC.

Occupation

PHYSICIAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.92789

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ROHAN SUNDARALINGAM

Mailing Address 884 N. PAULINA ST., #3

City

CHICAGO

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer
LUTHERAN GENERAL HOSPITAL

Occupation

PARK RIDGE ANESTHESIOLOGY ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.92675

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MAYA SURESH

Mailing Address 1709 DRYDEN RD STE 1700

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYLOR COLLEGE OF MEDICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92636

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

1583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BOBBIEJEAN SWEITZER

Mailing Address 5806 S. BLACKSTONE AVE.

City

CHICAGO

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF CHICAGO ANES. DE-
PT.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92799

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

THOMAS SWYGERT

Mailing Address 7014 PRESTONSHIRE LN.

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA CONSU-
LTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92592

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH TALARICO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 LOTHROP ST # 463

City

PITTSBURGH

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH
MEDICAL CENTE

Occupation

ASSISTANT PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92600

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

582.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHRISTIAN TISCHER

Mailing Address 6012 WALTON RD

City State Zip Code
BETHESDA MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCAA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92550

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN PENNSYLVANIA HOSP-
ITAL DEPARTME

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92598

Amount of Each Receipt this Period

83.00

C.

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

Mailing Address 2132 HAKANU ST.

City State Zip Code
HONOLULU HI 96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAWAII PERMANENTE MEDICAL
GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.92683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN UNGER

Mailing Address 474 W 238TH ST., APT. 3A

City

RIVERDALE

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA UNIVERSITY MEDIC-
AL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92645

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD.

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICOM ANESTHESIA ASSOCIA-
TES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92639

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

J. MICHAEL VOLLERS

Mailing Address 1 CHILDRENS WAY
SLOT 203, S-319

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ARKANSAS FOR
MEDICAL SCI

Occupation

PROFESSOR OF ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92643

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

207.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THEO WAGES

Mailing Address 1622 BRADFORD LN

City

AUBURN

State

AL

Zip Code

36830

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOC OF EAST
ALABAMA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.92669

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER WASSINK

Mailing Address 3300 EGYPT VALLEY NE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL CONSUL-
TANTS PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92622

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ANNE WILHITE

Mailing Address 10136 CHEROKEE ROAD

City

RICHMOND

State

VA

Zip Code

23235

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH ANESTHESIA
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.92640

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

582.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL WOO

Mailing Address 2800 N LAKE SHORE DR 3606

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CHICAGO HOS-
PITALS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.92758

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GRANVILLE WORK

Mailing Address 3749 LYNNFIELD DR.

City

VIRGINIA BEACH

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

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

Transaction ID: SA11AI.92593

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

AMIR YAZDANI

Mailing Address 3355 THORNHILL DRIVE

City

RENO

State

NV

Zip Code

89509

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC. ANESTHESIOLOGISTS
OF RENO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.92671

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAWRENCE YOUNG

Mailing Address 1717 VALLEY FORGE DR.

City

HIXSON

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGISTS ASSOCIA-
TED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.92565

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

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

Transaction ID: SA11AI.92635

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

208.00

TOTAL This Period (last page this line number only)

33835.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. BOX 100

City State Zip Code
BOLTON MS 39041

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: MS District: 02

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.92161

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 74

City State Zip Code
SYRACUSE NY 13214

Purpose of Disbursement
CK VOIDED ORIG ISSUED 09/02/09

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 25

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.92210

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ERIK PAULSEN

Mailing Address 250 PRAIRIE CENTER DR

City State Zip Code
EDEN PRAIRIE MN 55344

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: MN District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.92162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 70

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN SARBANES

Mailing Address PO Box 6854

City Towson State MD Zip Code 21285

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.92173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE #1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.92187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
GARY MILLER FOR CONGRESS

Mailing Address 721 S BREAS CANYON RD #7

City DIAMOND BAR State CA Zip Code 91789

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 41

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.92164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HANSEN CLARKE FOR CONGRESS

Mailing Address 1448 WOODWARD AVE #305

City
DETROITState
MIZip Code
48226

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.92200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

JIM MATHESON FOR CONGRESS

Mailing Address PO BOX 521048

City
SALT LAKE CITYState
UTZip Code
84152

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: SB23.92185

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

JOHN D DINGELL FOR CONGRESS

Mailing Address 607 14TH STREET NW #800

City
WASHINGTONState
DCZip Code
20005

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.92181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN GRAVES FOR CONGRESS

Mailing Address PO BOX 701

City State Zip Code
GAINESVILLE GA 30503

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: SB23.92174

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
JOHN KLINE FOR CONGRESS

Mailing Address 101 W BURNSVILLE PKWY #104

City State Zip Code
BURNSVILLE MN 55337

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 02

Transaction ID: SB23.92183

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City State Zip Code
OREGON CITY OR 97045

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.92159

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

-1000.00

2000.00

1000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 / 70

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RANDY ALTSCHULER FOR CONGRESS

Mailing Address PO BOX 657

City
STONY BROOKState
NYZip Code
11790

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.92196

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF LA VICTORY 2010 FUND

Mailing Address 530 LAKELAND DR

City
NEW ORLEANSState
LAZip Code
70124Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.92178

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY STATE CENTRAL & EXEC COMM

Mailing Address 9856 ARCHER LN

City
DUBLINState
OHZip Code
43017Purpose of Disbursement
2010 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.92202

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SEAN DUFFY FOR CONGRESS

Mailing Address PO BOX 186

City
ASHLAND

State
WI

Zip Code
54806

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.92194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City
LYNN HAVEN

State
FL

Zip Code
32444

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.92198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DR

City
COLUMBUS

State
OH

Zip Code
43220

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.92167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WALTER MINNICK FOR CONGRESS

Mailing Address 8150 W EMERALD, STE 170

City State Zip Code
BOISE ID 83704

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: ID District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.92188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

52500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address PO BOX 11290

City State Zip Code
TAKOMA PARK MD 11290

Purpose of Disbursement
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB29.92170

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
KATZ FOR SENATE

Mailing Address PO BOX 3844

City State Zip Code
WILMINGTON DE 19807

Purpose of Disbursement
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB29.92205

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

1100.00