

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

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

FOR LINE NUMBER: PAGE 25 / 114  
(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 CURTIS  
Mailing Address 2901 N CENTRAL #500  
City PHOENIX State AZ Zip Code 85012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VALLEY ANES CONSULT Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 30 / 2008  
Transaction ID: SA11AI.59052  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL DAHL  
Mailing Address 2071 E. PAGE AVE  
City GILBERT State AZ Zip Code 85234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GATEWAY ANESTHESIA ASSOCI-ATES Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 07 / 2008  
Transaction ID: SA11AI.58292  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
DANA DAIDONE  
Mailing Address 800 SPRUCE ST 9TH FL  
City PHILADELPHIA State PA Zip Code 19107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SOC HILL ANESTH CONSULT Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 24 / 2008  
Transaction ID: SA11AI.58640  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►