

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

[Empty box for name]

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

Check box for different address

Check if different than previously reported. (ACC)

PARK RIDGE

IL

60068

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00255752

3. IS THIS REPORT

X

NEW (N)

OR

[Empty box]

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

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

- Primary (12P)
Convention (12C)
General (12G)
Special (12G)
Runoff (12R)

Election on

in the State of

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

- General (30G)
Runoff (30R)
Special (30S)

Election on

in the State of

5. Covering Period

07

01

2009

through

07

31

2009

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer Electronically Filed by THOMAS CONWAY

Date

08

13

2009

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		943984.31
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	982346.70									
(c) Total Receipts (from Line 19)	159502.42	903434.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1141849.12	1847418.96								
7. Total Disbursements (from Line 31)	50293.48	755863.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1091555.64	1091555.64								
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**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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)	138182.00	748919.00
(ii) Unitemized	21261.00	146509.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	159443.00	895428.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159443.00	895428.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	59.42	3006.15
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))	159502.42	903434.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	159502.42	903434.65

DETAILED SUMMARY PAGE

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	634000.00
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.....	1793.48	121863.32
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))..	50293.48	755863.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50293.48	755863.32

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)	159443.00	895428.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159443.00	895428.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BASEM ABDELMALAK	Date of Receipt
	Mailing Address FOUNDATION ANES. DEPT., E-31 9500 EUCLID AVE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2009
	City State Zip Code CLEVELAND OH 44195	Transaction ID: SA11AI.75722
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.00
	Name of Employer Occupation CLEVELAND CLINIC STAFF ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 287.00	

B.	Full Name (Last, First, Middle Initial) TIMOTHY AIKEN	Date of Receipt
	Mailing Address 3217 BROOKWOOD RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 10 / 2009
	City State Zip Code BIRMINGHAM AL 35223	Transaction ID: SA11AI.75981
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation ANESTHESIOLOGISTS ASSOC., P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) DANIELA ALEXIANU	Date of Receipt
	Mailing Address 1310 E BLACKWOOD LN	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2009
	City State Zip Code SPOKANE WA 99223	Transaction ID: SA11AI.75721
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.00
	Name of Employer Occupation PHYSICIAN ANESTHESIA GROU- P, PS ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 287.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 582.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MOHAMED ALI		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 6087 WOODWAY DR.		Transaction ID: SA11AI.76657		
	City HOUSTON	State TX	Zip Code 77057	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREATER HOUSTON ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) GUY ALIOTTA		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 25 KENNEDY DRIVE		Transaction ID: SA11AI.75735		
	City MERIDEN	State CT	Zip Code 06450	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MIDSTATE MEDICAL CENTER	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 581.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) PATRICK ALLAIRE		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 58991 290TH ST.		Transaction ID: SA11AI.75719		
	City CAMBRIDGE	State IA	Zip Code 50046	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MCFARLAND CLINIC	Occupation PHYSICIAN	Aggregate Year-to-Date 287.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 8 / 139
(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) JEFFREY ANDERSON		Date of Receipt MM / DD / YYYY 07 / 06 / 2009
Mailing Address 7000 FOREST DR.		Transaction ID: SA11AI.75761
City JOHNSTON	State Zip Code IA 50131	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PC	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) MARK ANDERSON		Date of Receipt MM / DD / YYYY 07 / 15 / 2009
Mailing Address 837 N. LAKE SYBELIA DR.		Transaction ID: SA11AI.76176
City MAITLAND	State Zip Code FL 32751	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) MICHAEL ANDREWS		Date of Receipt MM / DD / YYYY 07 / 28 / 2009
Mailing Address 2938 E HACKAMORE ST		Transaction ID: SA11AI.76667
City MESA	State Zip Code AZ 85213	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VALLEY ANES CONSULT	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 139
	<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) DAVID ANNAND		Date of Receipt
	Mailing Address 6600 COLONIAL FOREST LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 17 / 2009
	City	State	Zip Code
	KNOXVILLE	TN	37919
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76292
Name of Employer ANES MED ASSOC E TN		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) DIANNE ANSARI-WINN		Date of Receipt
	Mailing Address 7844 E. 7TH AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2009
	City	State	Zip Code
	DENVER	CO	80230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76651
Name of Employer PHYSICIAN ANESTH SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) THOMAS ARCARIO		Date of Receipt
	Mailing Address 2237 PEACH LEAF CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2009
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76774
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 139
(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)
KAYVAN ARIANI

Mailing Address 4007 BERMUDA GROVE PL.

City State Zip Code
LONGWOOD FL 32779

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

Name of Employer Occupation
JLR MED GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.76836

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SANJAY ARORA

Mailing Address 561 FRANKLIN ST

City State Zip Code
DENVER CO 80218

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

Name of Employer Occupation
PHYSICIAN ANESTHESIA SERVICES, PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: SA11AI.76587

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
SCOTT ASHCRAFT

Mailing Address 3717 BELL ST.

City State Zip Code
KANSAS CITY MO 64111

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

Name of Employer Occupation
MIDWEST ANESTHESIA ASSOCIATES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.76339

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 139

(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) DOUGLAS BACON		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 200 FIRST STREET SW, CH1-140		Transaction ID: SA11AI.75702		
	City ROCHESTER	State MN	Zip Code 55905	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MAYO CLINIC COLLEGE OF MEDICINE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00			

B.	Full Name (Last, First, Middle Initial) B. BAKER		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 5000 MONTROSE BLVD UNIT 16D		Transaction ID: SA11AI.76649		
	City HOUSTON	State TX	Zip Code 77006	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) ARNA BANERJEE		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL		Transaction ID: SA11AI.75723		
	City NASHVILLE	State TN	Zip Code 37212	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00			

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 12 / 139
(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)
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 ▼ 581.00

Date of Receipt: MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.75730

Amount of Each Receipt this Period: 83.00

B. 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 HEALTHCARE Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt: MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.75715

Amount of Each Receipt this Period: 83.00

C. Full Name (Last, First, Middle Initial)
DAVID BARCLAY

Mailing Address 9308 HIMALAYAS AVE

City State Zip Code
KALAMAZOO MI 49009

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

Name of Employer KALAMAZOO ANESTHESIOLOGY Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
07 / 10 / 2009

Transaction ID: SA11AI.75890

Amount of Each Receipt this Period: 500.00

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 13 / 139
(check only one)

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

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

A.

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

Mailing Address 8817 E. 109TH PL.

City State Zip Code
TULSA OK 74133

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

Name of Employer
ASSOCIATED ANESTHESIOLOGISTS, INC.

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: SA11AI.76547

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
JAMES BARTLETT

Mailing Address 7 LINCOLN PLACE DRIVE

City State Zip Code
DES MOINES IA 50312

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

Name of Employer
MEDICAL CENTER ANESTHESIOLOGISTS, PC

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: SA11AI.75766

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3330 SUNDANCE DR.

City State Zip Code
BOZEMAN MT 59715

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

Name of Employer
GALLATIN VALLEY ANES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: SA11AI.76498

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 / 139
(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) WILSON BEAMER		Date of Receipt MM / DD / YYYY 07 / 16 / 2009
Mailing Address 5533 HEATHROW DR		Transaction ID: SA11AI.76192
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMAET	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) JOHN BEARD		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
Mailing Address 318 WINFIELD ST		Transaction ID: SA11AI.76436
City SAN FRANCISCO	State CA	Zip Code 94110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ALTA BATES SUMMIT MEDICAL CENTER	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) ALEXANDER BERKOVICH		Date of Receipt MM / DD / YYYY 07 / 23 / 2009
Mailing Address 5323 DUMFRIES		Transaction ID: SA11AI.76454
City HOUSTON	State TX	Zip Code 77096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GHA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 139
(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)
DAVID BETZ

Mailing Address 2420 STONEBROOK DR.

City State Zip Code
MODESTO CA 95355

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

Name of Employer SUTTER GOULD MEDICAL GROU-P, INC. 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
07 / 16 / 2009

Transaction ID: SA11AI.76227

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City State Zip Code
TEMPLE TX 76502

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

Name of Employer SCOTT AND WHITE MEMORIAL HOSPITAL ANES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.75705

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
MARC BLOOMSTON

Mailing Address 52 MEDICAL PARK EAST DR, SUITE 321

City State Zip Code
BIRMINGHAM AL 35235

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

Name of Employer ANESTHESIA GROUP EAST, 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 Y
07 / 22 / 2009

Transaction ID: SA11AI.76399

Amount of Each Receipt this Period
500.00

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 16 / 139
(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)
SRINIVAS BOLLIMPALLI

Mailing Address 6344 E PARADISE DR

City State Zip Code
SCOTTSDALE AZ 85254

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 ▼ 500.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: SA11AI.75999
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
STEVE BOOZALIS

Mailing Address 3751 FARBER ST

City State Zip Code
HOUSTON TX 77005

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A. Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: SA11AI.76534
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL BORGES

Mailing Address 4335 PEBBLE BEACH DR

City State Zip Code
STOCKTON CA 95219

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.76790
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: (check only one)	PAGE 17 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT BOSSARD		Date of Receipt
	Mailing Address 17210 MEADOW TREE CIR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 22 / 2009
	City	State	Zip Code
	DALLAS	TX	75248
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76400
Name of Employer PINNACLE ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1250.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) BURKE BRADLEY		Date of Receipt
	Mailing Address 7 FLAMINGO ESTATES DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	MISSOURI CITY	TX	77459
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76557
Name of Employer GHA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) BARBARA BRANDOM		Date of Receipt
	Mailing Address 1118 KING AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2009
	City	State	Zip Code
	PITTSBURGH	PA	15206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75708
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1125.00	<input type="text"/> 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1625.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 139
	<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) DANIEL BREDAR		Date of Receipt
	Mailing Address 2222 S. ADAMS ST.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 09 / 2009
	City	State	Zip Code
	DENVER	CO	80210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75811
Name of Employer PHYSICIAN ANESTHESIA SERVICES, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) JOHNNY BRIAN		Date of Receipt
	Mailing Address PO BOX 2441		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 09 / 2009
	City	State	Zip Code
	DAVENPORT	IA	52809
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75853
Name of Employer ANESTHESIA AND ANALGESIA, P.C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) CURTIS BROWN		Date of Receipt
	Mailing Address 457 HOLLY BERRY CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 18 / 2009
	City	State	Zip Code
	BLYTHEWOOD	SC	29016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76317
Name of Employer ANES. CONSULTANTS OF COLUMBIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 139
(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)
MARC BROWN

Mailing Address 212 SUMMER Tanager Lane

City State Zip Code
HEATH TX 75032

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

Name of Employer Occupation
METRO ANESTHESIA CONSULTANTS, LLP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2009

Transaction ID: SA11AI.76328

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
PHILLIP BROWN

Mailing Address 2916 N ALEXANDER LN

City State Zip Code
BETHANY OK 73008

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

Name of Employer Occupation
NORTHWEST ANESTHESIA, P.C. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.76775

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address CRITICAL HEALTH SYSTEMS MEDNAX
3100 SPRING FOREST RD, SUITE 130

City State Zip Code
RALEIGH NC 27619

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

Name of Employer Occupation
CRITICAL HEALTH SYSTEMS MEDNAX PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: SA11AI.76170

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 139
(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)
DENISE BUESE

Mailing Address 1478 LOMITA DR

City PASADENA State CA Zip Code 91106

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

Name of Employer Occupation
SPOUSE/RELATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.76746
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
JAMES BUESE

Mailing Address 100 W. CALIFORNIA BLVD.

City PASADENA State CA Zip Code 91105

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

Name of Employer Occupation
HUNTINGTON MEM HOSP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.76744
Amount of Each Receipt this Period 4500.00

C. Full Name (Last, First, Middle Initial)
FREDERICK BUNKE

Mailing Address 45 FAWN RUN

City GLASTONBURY State CT Zip Code 06033

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

Name of Employer Occupation
HARTFORD ANESTHESIOLOGY ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2009
Transaction ID: SA11AI.76320
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 5250.00

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 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BRIAN BURNBAUM		Date of Receipt
	Mailing Address 1260 MANOR DR S		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WESTON	FL	33326
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CLEVELAND CLINIC FLORIDA		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76075
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) CINDY CALDER		Date of Receipt
	Mailing Address 2411 FOUNTAIN VIEW DR STE 200		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HOUSTON	TX	77057
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76440
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) BRIAN CAMPBELL		Date of Receipt
	Mailing Address 418 MEADOWBROOK LANE		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BIRMINGHAM	AL	35213
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ANESTHESIA RESOURCES MANAGEMENT		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76620
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 139
	<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) CHARLES CAMPBELL		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 1410 BLANDING ST., #1		Transaction ID: SA11AI.76384		
	City COLUMBIA	State SC	Zip Code 29201	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CRITICAL HEALTH SYSTEMS OF SC		Occupation ANESTHESIOLOGISTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) ENRICO CAMPORESI		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 459 SEVERN AVE		Transaction ID: SA11AI.75921		
	City TAMPA	State FL	Zip Code 33606	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF SOUTH FLORIDA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) KEITH CANDIOTTI		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 940 S SHORE DR		Transaction ID: SA11AI.76166		
	City MIAMI	State FL	Zip Code 33141	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF MIAMI MILLER SCHOOL OF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 23 / 139
	<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) JUAN GARDENAS		Date of Receipt
	Mailing Address 11130 QUEENS WAY CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 10 / 2009
	City	State	Zip Code
	CARMEL	IN	46032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75948
Name of Employer NORTHSIDE ANESTHESIA SERVICES LLC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) CHRISTEL CARLSON		Date of Receipt
	Mailing Address 10710 S SHERMAN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2009
	City	State	Zip Code
	SPOKANE	WA	99224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75692
Name of Employer PHYSICIAN ANESTHESIA GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) NORMAN CARVALHO		Date of Receipt
	Mailing Address 1615 NW 27TH TER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2009
	City	State	Zip Code
	GAINESVILLE	FL	32605
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76042
Name of Employer UNIVERSITY OF FLORIDA COLLEGE OF MED D		Occupation RESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 583.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ANTHONY CECCHINI	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 3300 BROOKSIDE DR	Transaction ID: SA11AI.76127
	City State Zip Code DOTHAN AL 36303	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DOTHAN ANESTHESIOLOGY ASSOCIATES P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JAMES CHANEY	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 3452 OAK CANYON DRIVE	Transaction ID: SA11AI.75982
	City State Zip Code BIRMINGHAM AL 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIOLOGISTS ASSOC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JOHN CHATELAIN	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1319 S.9TH ST.	Transaction ID: SA11AI.75711
	City State Zip Code FARGO ND 58103	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MERITCARE MEDICAL GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 149 LUCERNE BLVD.		Transaction ID: SA11AI.75690		
	City BIRMINGHAM	State AL	Zip Code 35209	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF ALABAMA MEDICAL CENTER D		Occupation ANESTHESIOLOGIST - ASST PROF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00			

B.	Full Name (Last, First, Middle Initial) ELMER CHOI		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 11773 HOLLYVIEW DRIVE		Transaction ID: SA11AI.76390		
	City GREAT FALLS	State VA	Zip Code 22066	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FAIRFAX ANESTHESIA ASSOCIATES, INC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) HOWARD CLARK		Date of Receipt MM / DD / YYYY 07 / 04 / 2009		
	Mailing Address 4227 S MERIDIAN STE C-152		Transaction ID: SA11AI.75750		
	City PUYALLUP	State WA	Zip Code 98373	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RAA		Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	433.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SCOTT CLARK		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 2704 ROYSTER CT.		Transaction ID: SA11AI.76150		
	City VIRGINIA BEACH	State VA	Zip Code 23454	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ATLANTIC ANESTHESIA, INC.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) DAVID COHEN		Date of Receipt MM / DD / YYYY 07 / 25 / 2009		
	Mailing Address 32630 BINGHAM RD		Transaction ID: SA11AI.76563		
	City BINGHAM FARMS	State MI	Zip Code 48025	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) PETER COLES		Date of Receipt MM / DD / YYYY 07 / 22 / 2009		
	Mailing Address 900 PEELER ST. P.O. BOX 4095		Transaction ID: SA11AI.76406		
	City KALAMAZOO	State MI	Zip Code 49003	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C.	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 139
	<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) BRIAN COMPTON		Date of Receipt	
	Mailing Address 3919 WOODCREST CT		M M / D D / Y Y Y Y Y 07 / 09 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75855
	NOBLESVILLE	IN	46062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer NORTHSIDE ANESTHESIA SERVICES, L.L.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) MATTHEW COOPER		Date of Receipt	
	Mailing Address 16 DAYTON CIR.		M M / D D / Y Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76675
	MEDIA	PA	19063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA SERVICES		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) HUGH COWDIN		Date of Receipt	
	Mailing Address 74 HINES FARM RD.		M M / D D / Y Y Y Y Y 07 / 15 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76184
	CRANSTON	RI	02921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PROVIDENCE ANESTHESIOLOGISTS, INC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 28 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN CRECCA		Date of Receipt	
	Mailing Address 3731 REYNOLDS ST.		M M / D D / Y Y Y Y Y 07 / 20 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76358
	LARAMIE	WY	82072	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer ANESTHESIA ASSOCIATES OF LARAMIE		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) ANDREW CRELL		Date of Receipt	
	Mailing Address 338 ESTATES DR		M M / D D / Y Y Y Y Y 07 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76442
	CAMDEN WYOMING	DE	19934	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer ASPA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) MICHAEL CROCKER		Date of Receipt	
	Mailing Address 5636 S HELENA CT		M M / D D / Y Y Y Y Y 07 / 09 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75818
	CENTENNIAL	CO	80015	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer METRO DENVER ANES.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CHRISTINE CULLEN		Date of Receipt
	Mailing Address 920 CHURCH ST N		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CONCORD	NC	28025
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NE ANES & PAIN SPEC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76811
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) B. WILL CURTIS		Date of Receipt
	Mailing Address 421 W 3RD ST APT 1910		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AUSTIN	TX	78701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP		Occupation ANESTHESIOLOGIS	Transaction ID: SA11AI.76784
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) JOHN DAVIS		Date of Receipt
	Mailing Address 517 MERRIMANS LANE		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WINCHESTER	VA	22601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer WINCHESTER ANESTHESIOLOGI-STS INC.		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76289
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) EDWARD DEFREITAS		Date of Receipt
	Mailing Address 2010 59TH ST WEST, #5600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	BRADENTON	FL	34209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76607
Name of Employer WEST FLORIDA ANES CONSULT		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) THOMAS DELANEY		Date of Receipt
	Mailing Address 214 MILL LANE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2009
	City	State	Zip Code
	LYNCHBURG	VA	24503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75843
Name of Employer LYNCHBURG GENERAL HOSPITAL DEPT. OF AN		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DAMIAN DELEON		Date of Receipt
	Mailing Address 27 CREEKBEND DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2009
	City	State	Zip Code
	BROWNSVILLE	TX	78521
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76264
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 139

(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) GEORGE DENFIELD		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 6435 EDLOE ST.		Transaction ID: SA11AI.76850		
	City HOUSTON	State TX	Zip Code 77005	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) LAURA DEW		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 3009 CASON ST		Transaction ID: SA11AI.76388		
	City HOUSTON	State TX	Zip Code 77005	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) LOUIS DEWILD		Date of Receipt MM / DD / YYYY 07 / 05 / 2009		
	Mailing Address 1215 PLEASANT ST., #400		Transaction ID: SA11AI.75758		
	City DES MOINES	State IA	Zip Code 50309	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer ASSOCIATED ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

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 32 / 139

(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)
SUKHJINDER DHOTHER

Mailing Address 4034 TURNBERRY CIR

City State Zip Code
HOUSTON TX 77025

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

Name of Employer Occupation
GHA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.76444

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
SALVADOR DIAZ

Mailing Address 3211 NORFOLK ST
APT 23107

City State Zip Code
HOUSTON TX 77098

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

Name of Employer Occupation
GHA ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2009

Transaction ID: SA11AI.76712

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MITCHELL DICKSON

Mailing Address 5315 BENT RIVER BLVD.

City State Zip Code
KNOXVILLE TN 37919

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

Name of Employer Occupation
AMAET 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
07 / 10 / 2009

Transaction ID: SA11AI.75944

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ		Date of Receipt
	Mailing Address 3000 BIRD AVE UNIT 1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2009
	City	State	Zip Code
	COCONUT GROVE	FL	33133
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75734
Name of Employer UNIVERSITY OF MIAMI		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) IGNATIUS DISTEFANO		Date of Receipt
	Mailing Address 3604 CARNEGIE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2009
	City	State	Zip Code
	HOUSTON	TX	77005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76697
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER DOBSON		Date of Receipt
	Mailing Address 567 ESTATES PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2009
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76156
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 139
	<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) PATRICK DOOLEY		Date of Receipt
	Mailing Address 5300 BENT RIVER BLVD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	KNOXVILLE	TN	37919
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76631
Name of Employer FORT SANDERS ANESTHESIA		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) CHRISTINE DOYLE		Date of Receipt
	Mailing Address 2077 WALNUT GROVE AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2009
	City	State	Zip Code
	SAN JOSE	CA	95128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76524
Name of Employer COAST ANESTHESIA MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) VICTOR DUDZIK		Date of Receipt
	Mailing Address 2616 WHITCHURCH LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2009
	City	State	Zip Code
	NAPERVILLE	IL	60564
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75793
Name of Employer DUPAGE VALLEY ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 139
	<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) EDDY DUNCAN		Date of Receipt	
	Mailing Address 1101 OCILLA RD		M M / D D / Y Y Y Y Y 07 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76287
	DOUGLAS	GA	31533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer COFFEE REGIONAL MEDICAL CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) DANA DUREN		Date of Receipt	
	Mailing Address 4008 SHOALS DR.		M M / D D / Y Y Y Y Y 07 / 21 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76371
	OKEMOS	MI	48864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer LANSING ANESTHESIA P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) ANDREW DVORYANSKY		Date of Receipt	
	Mailing Address 2945 87TH PL APT 202		M M / D D / Y Y Y Y Y 07 / 10 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75995
	PINELLAS PARK	FL	33782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer FLORIDA GULF-TO-BAY ANESTHESIA ASSOC.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 36 / 139
	<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) GARETH EBERLE		Date of Receipt
	Mailing Address 7380 KINNIKINNICK DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2009
	City	State	Zip Code
	ROSCOE	IL	61073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76019
Name of Employer ROCKFORD HEALTH PHYSICIANS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) JOHN EDWARDS		Date of Receipt
	Mailing Address 1075 WOODBINE CIR W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2009
	City	State	Zip Code
	GALESBURG	IL	61401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76277
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) SCOTT EDWARDS		Date of Receipt
	Mailing Address 679 OLDE SALT RUN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2009
	City	State	Zip Code
	MOUNT PLEASANT	SC	29464
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75966
Name of Employer ANESTHESIA SERVICES OF CHARLESTON		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 139
(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 ELLIOTT

Mailing Address 501 20TH ST #606

City State Zip Code
KNOXVILLE TN 37916

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

Name of Employer ANES MED'ALLI 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 Y
07 / 28 / 2009

Transaction ID: SA11AI.76671

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2411 FOUNTAINVIEW, #200

City State Zip Code
HOUSTON TX 77057

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY, PA Occupation STAFF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2009

Transaction ID: SA11AI.76438

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
SKIP FARR

Mailing Address 501 20TH ST., #606

City State Zip Code
KNOXVILLE TN 37916

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

Name of Employer AMAET, 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 Y
07 / 16 / 2009

Transaction ID: SA11AI.76200

Amount of Each Receipt this Period
500.00

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 38 / 139

(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)

JAMES FAUST

Mailing Address 1029 59TH ST.

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
ASSOC ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.76290

Amount of Each Receipt this Period
501.00

B.

Full Name (Last, First, Middle Initial)

RANDALL FELDER

Mailing Address #8 CLOISTER PARKWAY

City State Zip Code
AMARILLO TX 79121

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

Name of Employer Occupation
LONE STAR ANESTHESIA CONS- ULTANTS ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.76392

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

PAUL FELLEBAUM

Mailing Address 12 STONINGHAM DRIVE

City State Zip Code
WARREN NJ 07059

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS OF NJ, LLP PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2009

Transaction ID: SA11AI.76420

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1251.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 139
	<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) MELVIN FERLITA		Date of Receipt	
	Mailing Address 320 JADE CT.		M M / D D / Y Y Y Y Y 07 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76476
	MADISONVILLE	LA	70447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Name of Employer APMC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) GARY FISCHER		Date of Receipt	
	Mailing Address 40 TIMBER RIDGE TRAIL		M M / D D / Y Y Y Y Y 07 / 22 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76430
	LORENA	TX	76655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MID TEX ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW		Date of Receipt	
	Mailing Address 38 HEDGEROW DR.		M M / D D / Y Y Y Y Y 07 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75710
	FALMOUTH	ME	04105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SPECTRUM MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

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: (check only one)	PAGE 40 / 139
	<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) GARY FLUSCHE		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 3705 MEDICAL PKY., #570		Transaction ID: SA11AI.76643		
	City AUSTIN	State TX	Zip Code 78705	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CAPITOL ANESTHESIOLOGY AS-SOCIATION	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) BARRY FOLEY		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address P.O. BOX 940127		Transaction ID: SA11AI.76364		
	City MAITLAND	State FL	Zip Code 32794	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) STEVEN FORD		Date of Receipt MM / DD / YYYY 07 / 12 / 2009		
	Mailing Address 4052 SANTA BARBARA DR		Transaction ID: SA11AI.76066		
	City DALLAS	State TX	Zip Code 75214	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation ANESTHESIOLOGISTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 139
	<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) REX FOSTER		Date of Receipt MM / DD / YYYY 07 / 22 / 2009		
	Mailing Address 2357 TREEHAVEN DR		Transaction ID: SA11AI.76410		
	City SNELLVILLE	State GA	Zip Code 30078	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYSICIAN SPECIALISTS IN ANES.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) DEANNA FOX		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 8513 ROSEHILL RD		Transaction ID: SA11AI.75905		
	City LENEXA	State KS	Zip Code 66215	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF KANSAS MEDICAL CENTER		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) JASON FROST		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 2604 SWEETBAY DR		Transaction ID: SA11AI.76255		
	City O'FALLON	State MO	Zip Code 63368	Amount of Each Receipt this Period 700.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WOODS MILL ANES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 / 139
(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)
NICHOLAS GAGLIANO

Mailing Address 723 TAUNTON RD.

City State Zip Code
WILMINGTON DE 19803

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

Name of Employer ANESTHESIA SERVICES, P.A. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2009

Transaction ID: SA11AI.76424

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOSEPH GALASSI

Mailing Address 193 LILAC DR.

City State Zip Code
ALLENTOWN PA 18104

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

Name of Employer ALLENTOWN ANESTHESIA ASSO- CIATES 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
07 / 21 / 2009

Transaction ID: SA11AI.76393

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GLORIA GARCIA

Mailing Address 1415 HOUNDS HOLLOW CT.

City State Zip Code
LUTZ FL 33549

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

Name of Employer UNICOM ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: SA11AI.76235

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 43 / 139
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
RICHARD GIVEN

Mailing Address 91 GIRARD AVE.

City State Zip Code
HARTFORD CT 06105

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

Name of Employer Occupation
MILFORD ANESTHESIOLOGY 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
07 / 30 / 2009

Transaction ID: SA11AI.76755

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICE GOGGINS

Mailing Address 4561 OLDE PERIMETER WAY, #2304

City State Zip Code
ATLANTA GA 30346

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

Name of Employer Occupation
AMBULATORY ANES ATLANTA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.76496

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL GOLDFINE

Mailing Address 811 N TAYLOR ST

City State Zip Code
PHILADELPHIA PA 19130

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

Name of Employer Occupation
MIDDLETOWN ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.76555

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 / 139
(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)
JERRY GONZALES

Mailing Address 200 WHISPERING BROOK WAY

City MEDIA State PA Zip Code 19063

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

Name of Employer UNITED ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: SA11AI.76722
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
SUSAN GOOBIE

Mailing Address 6 GODDU AVE

City WINCHESTER State MA Zip Code 01890

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

Name of Employer ERROR S/B ASA DUES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ -300.00

Date of Receipt: 07 / 01 / 2009
Transaction ID: SA11AI.75743
 Amount of Each Receipt this Period: -300.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL GORDON

Mailing Address 660 GRINDAN DRIVE

City YARDLEY State PA Zip Code 19067

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

Name of Employer HAMILTON ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: SA11AI.75901
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANDREW GORLIN	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 6 4TH STREET PL APT 31	Transaction ID: SA11AI.75851
	City State Zip Code CAMBRIDGE MA 02141	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MGH Occupation RESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY GRAHAM	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 6320 LAKE VISTA DR	Transaction ID: SA11AI.76748
	City State Zip Code TUSCALOOSA AL 35406	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANES & PAIN MGMT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAMES GUO	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 2411 FOUNTAIN VIEW DR STE 200	Transaction ID: SA11AI.76701
	City State Zip Code HOUSTON TX 77057	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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: (check only one)	PAGE 46 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JUAN GUTIERREZ-MAZORRA	Date of Receipt MM / DD / YYYY 07 / 25 / 2009
	Mailing Address 1600 SEVENTH AVENUE SOUTH AMC420 PEDIATRIC ANESTHESIA ASSOCIATES PC	Transaction ID: SA11AI.76567
	City BIRMINGHAM State AL Zip Code 35233	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES P. C. Occupation PEDIATRIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) ROBERT HADA	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 2520 JORDAN GROVE	Transaction ID: SA11AI.76585
	City WEST DES MOINES State IA Zip Code 50265	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) PAMELA HANNA	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 20800 BETHELWOOD LN	Transaction ID: SA11AI.76695
	City CORNELIUS State NC Zip Code 28031	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SE ANES CONSULTANTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
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 47 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SHAREQUE HAQUE		Date of Receipt
	Mailing Address 2411 FOUNTAIN VIEW DR., SUITE #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 22 / 2009
	City	State	Zip Code
	HOUSTON	TX	77057
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76418
Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) LAWRENCE HARDY		Date of Receipt
	Mailing Address 2731 TALBOT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	HOUSTON	TX	77005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76532
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) LAURENCE HARING		Date of Receipt
	Mailing Address 19 BAYVIEW DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 16 / 2009
	City	State	Zip Code
	HUNTINGTON	NY	11743
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76194
Name of Employer SELF		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 48 / 139
(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 HARPER

Mailing Address 1065 LAKE COLONY LN.

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer Occupation
ARM ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: SA11AI.76205

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
BENJAMIN HARVEY

Mailing Address 70 MANOR LAKE ESTATES CIR.

City State Zip Code
SPRING TX 77379

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

Name of Employer Occupation
GREATER HOUSTON ANES ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.76805

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN HASEWINKEL

Mailing Address 11615 E. 100 N.

City State Zip Code
SHERIDAN IN 46069

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

Name of Employer Occupation
WISHARD ANESTH GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: SA11AI.76482

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) STEVEN HATTAMER	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 8 PROSPECT STREET	Transaction ID: SA11AI.75718
	City State Zip Code NASHUA NH 03060	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NASHUA ANESTHESIA PARTNERS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.	Full Name (Last, First, Middle Initial) PETER HAYNAL	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1711 RIVER RIDGE DR.	Transaction ID: SA11AI.75693
	City State Zip Code SPRING VALLEY OH 45370	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KETTERING ANESTHESIA ASSO- CIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

C.	Full Name (Last, First, Middle Initial) SCOTT HENDERSON	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 3304 W 121ST TER	Transaction ID: SA11AI.75861
	City State Zip Code LEAWOOD KS 66209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOCIATES OF KANSAS CITY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 50 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ROBERT HENRY	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 3104 BLUE LAKE DR., #110	Transaction ID: SA11AI.75983
	City State Zip Code BIRMINGHAM AL 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES. ASSOCIATED, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) THOMAS HERFURTH	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 3826 8TH ST PL NW	Transaction ID: SA11AI.76823
	City State Zip Code HICKORY NC 20861	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIFOUR ANESTHESIA ASSOC ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ANDREW HERLICH	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 116 HAVERFORD CIRCLE	Transaction ID: SA11AI.75698
	City State Zip Code PITTSBURGH PA 15228	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

SUBTOTAL of Receipts This Page (optional)	▶	833.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) PETER HILD		Date of Receipt
	Mailing Address 3901 RAINBOW BLVD. 1440 BELL MEM. HOSP.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 15 / 2009
	City	State	Zip Code
	KANSAS CITY	KS	66160
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76146
Name of Employer KU ANESTHESIOLOGY FOUNDATION		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) SIMON HILLIER		Date of Receipt
	Mailing Address 1 MEDICAL CENTER DR DEPT OF ANESTHESIOLOGY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 24 / 2009
	City	State	Zip Code
	LEBANON	NH	03756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76553
Name of Employer DARTMOUTH HITCHCOCK MEDICAL CENTER		Occupation CLINICIAN-EDUCATOR-RESEARCHER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) JOHN HINE		Date of Receipt
	Mailing Address 1147 SANTA MARIA DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 09 / 2009
	City	State	Zip Code
	BOISE	ID	83712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75801
Name of Employer ANESTHESIA CONSULTANTS OF TREASURE VAL		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 139
	<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) BRIAN HITE		Date of Receipt
	Mailing Address 2300 BROADWAY APT 16		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	OAKLAND	CA	94612
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EBAMG		Occupation MD	Transaction ID: SA11AI.75797
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) RICHARD HOBERMAN		Date of Receipt
	Mailing Address 9701 HOLCOMB ST		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LOS ANGELES	CA	90035
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CONEJO LOS ROBLES ANESTHE- SIOLOGY MEDIC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.75839
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) MICHAEL HOGER		Date of Receipt
	Mailing Address 6003 MACON CT SE		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HUNTSVILLE	AL	35802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer COMPREHENSIVE ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.76121
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 139
	<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) JAMES HOLLIDAY	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 2828 MILTON AVE	Transaction ID: SA11AI.76382
	City State Zip Code DALLAS TX 75205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PINNACLE PARTNERS IN MEDICINE ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) HOBSON HORNBuckle	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 490 HARRISON ROAD	Transaction ID: SA11AI.76733
	City State Zip Code ROEBUCK SC 29376	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPARTANBURG REGIONAL ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY HUANG	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 2699 LEE RD STE 510	Transaction ID: SA11AI.76196
	City State Zip Code WINTER PARK FL 32789	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AGO ANESTHESIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 54 / 139
	<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) HAYDEN HUGHES	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 1941 21ST AVE S	Transaction ID: SA11AI.76718
	City State Zip Code BIRMINGHAM AL 35209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF ALABAMA MEDICAL CENTER D PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DRAGOS HUHULEA	Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 6 MARLBOROUGH CT.	Transaction ID: SA11AI.76374
	City State Zip Code ROCKVILLE CENTRE NY 11570	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ROCKVILLE ANESTHESIA GROUP LLP PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) LEWIS HUNT	Date of Receipt MM / DD / YYYY 07 / 12 / 2009
	Mailing Address 36 FOXCHASE	Transaction ID: SA11AI.76071
	City State Zip Code DOTHAN AL 36305	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA CONSULTANTS MEDICAL GROUP P ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
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 / 139
(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)
JOEL HUTCHINSON

Mailing Address 556 S FAIR OAKS AVE # 320

City PASADENA State CA Zip Code 91105

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

Name of Employer ADVANCED PAIN PHYSICIANS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 11 / 2009
Transaction ID: SA11AI.76050
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
JERRY HYNES

Mailing Address 5801 FRONTIER RD

City LINCOLN State NE Zip Code 68516

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

Name of Employer ASSOC. ANES. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 28 / 2009
Transaction ID: SA11AI.76686
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
JAE HYUN

Mailing Address 665 PROSPECT AVE.

City WINNETKA State IL Zip Code 60093

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

Name of Employer LUTHERAN GENERAL HOSPITAL ANES. DEPT. Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 09 / 2009
Transaction ID: SA11AI.75831
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 56 / 139
(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)
THOMAS INGERSOLL

Mailing Address 8600 N. ROUTE 91, SUITE #250

City State Zip Code
PEORIA IL 61615

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

Name of Employer ASSOCIATED ANESTHESIOLOGISTS, S.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 12 / 2009
Transaction ID: SA11AI.76069
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ASHWIN INGLE

Mailing Address 1901 POST OAK BLVD APT 607

City State Zip Code
HOUSTON TX 77056

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

Name of Employer GHA Occupation DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: SA11AI.76618
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MITCHELL JABLONS

Mailing Address 35 TIMBERLINE WAY

City State Zip Code
WATCHUNG NJ 07069

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

Name of Employer SUMMIT ANESTHESIA ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: SA11AI.76353
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: (check only one)	PAGE 57 / 139
	<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) KYLE JANEK	Date of Receipt MM / DD / YYYY 07 / 25 / 2009
	Mailing Address 103 PASCAL LANE	Transaction ID: SA11AI.76559
	City State Zip Code AUSTIN TX 78746	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTH CYPRESS ANESTHESIOLOGY ASSOCIATE PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DANIEL JANIK	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 15605 E. PRENTICE DR.	Transaction ID: SA11AI.75697
	City State Zip Code CENTENNIAL CO 80015	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF COLORADO, DENVER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 498.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL JANKOVIK	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 402 W. AVE. B	Transaction ID: SA11AI.76015
	City State Zip Code BISMARCK ND 58501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. ALEXIUS MEDICAL CENTER HEART AND L ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 58 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BASIA JENKINS		Date of Receipt
	Mailing Address 3933 TOPSIDE RD.		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	KNOXVILLE	TN	37920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76279
Name of Employer ANESTHESIA MEDICAL ALLIANCE OF E. TN		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) MATTHEW JENNINGS		Date of Receipt
	Mailing Address 207 DUNBAR COURT		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DOTHAN	AL	36305
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76369
Name of Employer ACMG, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) DONALD JONES		Date of Receipt
	Mailing Address 2043 ALAQUA LAKES BLVD.		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LONGWOOD	FL	32779
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75991
Name of Employer JLR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 139
(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 KAISER

Mailing Address 1411 SHOAL DR.

City RICHLAND State MI Zip Code 49083

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

Name of Employer KALAMAZOO ANESTHESIOLOGY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2009

Transaction ID: SA11AI.76543

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
ONA KAREIVA

Mailing Address 6547 PEACHBLOSSOM HEIGHTS DR.

City EASTON State MD Zip Code 21601

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

Name of Employer TIDEWATER ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 04 / 2009

Transaction ID: SA11AI.75754

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
TRIPTI KATARIA

Mailing Address 2015 SPRING RD STE 510

City OAK BROOK State IL Zip Code 60523

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

Name of Employer WITT KIEFFER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt 07 / 01 / 2009

Transaction ID: SA11AI.75724

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: (check only one)	PAGE 60 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DAVID KATZ		Date of Receipt
	Mailing Address 4336 E. MOUNTAIN VIEW RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 19 / 2009
	City	State	Zip Code
	PHOENIX	AZ	85028
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76337
Name of Employer VALLEY ANESTHESIOLOGY CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) NAZEER KHANANI		Date of Receipt
	Mailing Address 3529 SUMMERFIELD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	PLANO	TX	75074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76598
Name of Employer PINNACLE ANESTHESIA CONSULTANTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) SHANNON KILKELLY		Date of Receipt
	Mailing Address 1215 21ST AVE. S, 3108 MCE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	NASHVILLE	TN	37232
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76603
Name of Employer VANDERBILT UNIV MED CTR		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CHARLES KIM		Date of Receipt	
	Mailing Address 1209 FOX TRAIL CT.		M M / D D / Y Y Y Y Y 07 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75731
	NAPERVILLE	IL	60540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer DUPAGE VALLEY ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

B.	Full Name (Last, First, Middle Initial) TONY KIM		Date of Receipt	
	Mailing Address 1748 BANKS ST.		M M / D D / Y Y Y Y Y 07 / 22 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76422
	HOUSTON	TX	77098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) JEFFREY KING		Date of Receipt	
	Mailing Address 291 SOUTHHALL LANE		M M / D D / Y Y Y Y Y 07 / 15 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76174
	MAITLAND	FL	32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 62 / 139
	<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) JEROME KLAFTA		Date of Receipt MM / DD / YYYY 07 / 22 / 2009		
	Mailing Address 4123 HARVEY AVE.		Transaction ID: SA11AI.76434		
	City WESTERN SPRINGS	State IL	Zip Code 60558	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OF CHICAGO	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) STEPHEN KLEIN		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 3104 BLUE LAKE DR		Transaction ID: SA11AI.75985		
	City BIRMINGHAM	State AL	Zip Code 35243	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TRINITY HOSPITAL	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) ALAN KLOCHANY		Date of Receipt MM / DD / YYYY 07 / 23 / 2009		
	Mailing Address 6528 CHIPSTEAD LN.		Transaction ID: SA11AI.76512		
	City CHARLOTTE	State NC	Zip Code 28277	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL KOVARIK	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address 438 N KOKE MILL RD	Transaction ID: SA11AI.76296
	City State Zip Code SPRINGFIELD IL 62707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SANGAMON ASSOC ANES ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 2248 SHAWNEE S.E.	Transaction ID: SA11AI.75733
	City State Zip Code GRAND RAPIDS MI 49506	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL CONSULTANTS, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00	

C.	Full Name (Last, First, Middle Initial) SCOTT KUHNERT	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 4640 HAWK HOLLOW DR. E.	Transaction ID: SA11AI.76113
	City State Zip Code BATH MI 48808	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANSING ANESTHESIOLOGISTS, P.C. ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1041.00
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 64 / 139
(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)
TANNER LANG

Mailing Address N3292 FEATHER RIDGE DR

City State Zip Code
APPLETON WI 54913

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

Name of Employer Occupation
UNITED ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.75771

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TANNER LANG

Mailing Address N3292 FEATHER RIDGE DR

City State Zip Code
APPLETON WI 54913

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

Name of Employer Occupation
UNITED ANESTHESIA ANESTHESIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: SA11AI.76582

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
THOMAS LARK

Mailing Address 10337 W. HECETA HEAD DR.

City State Zip Code
BOISE ID 83714

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

Name of Employer Occupation
ANES. CONSULTANTS OF TREASURE VALLEY M.D. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.76120

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 65 / 139
	<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) ABRAHAM LAYON		Date of Receipt
	Mailing Address PO BOX 100254 1600 SW ARCHER ROAD, PSB 2536		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 24 / 2009
	City	State	Zip Code
	GAINESVILLE	FL	32610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76526
Name of Employer UNIVERSITY OF FLORIDA MEDICAL CENTER -		Occupation PROFESSOR AND CHIEF, CRITICAL CARE MED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

B.	Full Name (Last, First, Middle Initial) JEFFREY LEE		Date of Receipt
	Mailing Address 6650 PASTURE LANDS PL.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 12 / 2009
	City	State	Zip Code
	WINTER GARDEN	FL	34787
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76060
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) NEVILLE LEIBMAN		Date of Receipt
	Mailing Address 4807 VALERIE ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2009
	City	State	Zip Code
	BELLAIRE	TX	77401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76449
Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 139
	<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) DANIEL LEVINTHAL		Date of Receipt	
	Mailing Address 702 MAPLE AVE		M M / D D / Y Y Y Y Y 07 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76086
	DOWNERS GROVE	IL	60515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ADVENTIST BOLINGBROOK HOSPITAL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) AGNES LINA		Date of Receipt	
	Mailing Address 3411 RUMSON RD		M M / D D / Y Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76665
	CLEVELAND HTS	OH	44118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer UHMG		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) SCOTT LINDBERG		Date of Receipt	
	Mailing Address 3014 BARTON DR.		M M / D D / Y Y Y Y Y 07 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76456
	PEARLAND	TX	77584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 139
(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)
KEITH LIPSITZ

Mailing Address 905 BALDWIN RD

City State Zip Code
WOODBIDGE CT 06525

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

Name of Employer Occupation
MILFORD ANESTHESIA ASSOC PC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2009

Transaction ID: SA11AI.76731

Amount of Each Receipt this Period
250.00

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 Occupation
ASPA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.76827

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
WARD LONGBOTTOM

Mailing Address 17910 SPENCER RD.

City State Zip Code
ODESSA FL 33556

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

Name of Employer Occupation
UNICOM ANESTHESIA ASSOCIATES 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
07 / 16 / 2009

Transaction ID: SA11AI.76225

Amount of Each Receipt this Period
500.00

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 68 / 139
(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)
JEANETTE LOZENSKI

Mailing Address 3500 S. 4TH ST.

City LEAVENWORTH State KS Zip Code 66048

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

Name of Employer ANESTHESIOLOGY CHARTERED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.76251
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
RICK LOZON

Mailing Address 6080 ROTHBURY

City PORTAGE State MI Zip Code 49024

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

Name of Employer KALAMAZOO ANESTHESIOLOGY, P.C. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: SA11AI.76772
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
PENNY LYNCH

Mailing Address 501 20TH ST., SUITE #606

City KNOXVILLE State TN Zip Code 37916

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

Name of Employer ANES MED'ALLI E TN Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 28 / 2009
Transaction ID: SA11AI.76669
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 69 / 139
(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)
ROBERT MACFARLANE

Mailing Address 309 MIA DR

City BRISTOL State TN Zip Code 37620

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

Name of Employer BRISTOL ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2009

Transaction ID: SA11AI.76152

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
TIMOTHY MADREN

Mailing Address 2400 SOUTH ST.

City LAFAYETTE State IN Zip Code 47904

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.76273

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
DEVANAND MANGAR

Mailing Address 360 BLANCA AVE.

City TAMPA State FL Zip Code 33606

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

Name of Employer FL GULF-TO-BAY ANESTHESIOLOGY ASSOC. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 10 / 2009

Transaction ID: SA11AI.75997

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 70 / 139
(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)
RAMY MANKARIOUS

Mailing Address 2411 FOUNTAIN VIEW DR., #200

City HOUSTON State TX Zip Code 77057

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: SA11AI.76416
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL MANN

Mailing Address 989 INNSWOOD CT.

City LONGWOOD State FL Zip Code 32779

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 ▼ 250.00

Date of Receipt: 07 / 14 / 2009
Transaction ID: SA11AI.76131
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 1685 KENSINGTON RD

City BLOOMFIELD HILLS State MI Zip Code 48304

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

Name of Employer SOUTH OAKLAND ANESTHESIA ASSOC. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 28 / 2009
Transaction ID: SA11AI.76647
Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 139
	<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) KURT MARKGRAF		Date of Receipt MM / DD / YYYY 07 / 01 / 2009	
	Mailing Address 3663 MCKINLEY AVE		Transaction ID: SA11AI.75704	
	City	State	Zip Code	Amount of Each Receipt this Period
	FORT MYERS	FL	33901	83.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDICAL ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

B.	Full Name (Last, First, Middle Initial) GREGORY MARSH		Date of Receipt MM / DD / YYYY 07 / 09 / 2009	
	Mailing Address 1931 26TH AVE EAST		Transaction ID: SA11AI.75881	
	City	State	Zip Code	Amount of Each Receipt this Period
	SEATTLE	WA	98112	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer PAS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) SHAWN MARSH		Date of Receipt MM / DD / YYYY 07 / 10 / 2009	
	Mailing Address 333 W. HAMPDEN AVE.		Transaction ID: SA11AI.76011	
	City	State	Zip Code	Amount of Each Receipt this Period
	ENGLEWOOD	CO	80110	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, P.C.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	833.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 139
(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)
PHILLIP MARZOLINO

Mailing Address 8701 BLUFFSTONECOVE, APT. 8104

City State Zip Code
AUSTIN TX 78759

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

Name of Employer Occupation
AUSTIN ANESTHESIOLOGY GRO-UP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.76786

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ALEXANDER MATVEEVSKII

Mailing Address 1600 SW ARCHER RD., P.O. BOX 10025

City State Zip Code
GAINESVILLE FL 32160

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

Name of Employer Occupation
SHANDS HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: SA11AI.75987

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN MAXA

Mailing Address 2698 BONAR HALL PATH

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
NEW LONDIN ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.76833

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 73 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SAM MAYEDA	Date of Receipt MM / DD / YYYY 07 / 19 / 2009
	Mailing Address 15804 W. 63RD AVE.	Transaction ID: SA11AI.76335
	City State Zip Code GOLDEN CO 80403	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHYSICIAN ANESTHESIA SERVICES Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STACEY MCCLARTY	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 8505 RAMBLING ROSE DR	Transaction ID: SA11AI.76116
	City State Zip Code OOLTEWAH TN 37363	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOLOGISTS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH MCCOMB	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 104 CETON COURT	Transaction ID: SA11AI.75725
	City State Zip Code BROOMALL PA 19008	Amount of Each Receipt this Period 41.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNITED ANESTHESIA SERVICES Occupation PEDIATRIC ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.00	

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 139
	<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) ROBERT MCCONATHY		Date of Receipt	
	Mailing Address 3624 N.W. 44TH ST.		M M / D D / Y Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76691
	OKLAHOMA CITY	OK	73112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SELF-EMPLOYED		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) KATHRYN MCCRADY		Date of Receipt	
	Mailing Address 2805 DANIEL AVE		M M / D D / Y Y Y Y Y 07 / 30 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76769
	DALLAS	TX	75205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PINNACLE PARTNERS MEDICINE		Occupation PRIVATE PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) JAMES MCGRATH		Date of Receipt	
	Mailing Address 5101 S. WILLOW SPRINGS RD.		M M / D D / Y Y Y Y Y 07 / 10 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75936
	LA GRANGE	IL	60525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SUBURBAN ANESTH		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 139
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD 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 ▼ 581.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.75732

Amount of Each Receipt this Period
83.00

B.

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

Mailing Address 2529 CANDLEWOOD

City FAYETTEVILLE State AR Zip Code 72703

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

Name of Employer NORTHWEST ANES ASSOC
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
07 / 31 / 2009

Transaction ID: SA11AI.76807

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
AGNES MELTON

Mailing Address 1830 LONE EAGLE CT

City RENO State NV Zip Code 89521

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

Name of Employer SIERRA ANESTHESIA, INC
Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: SA11AI.75940

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 139

(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 MENDOZA		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 30 CATALINO DR.		Transaction ID: SA11AI.76817		
	City PARKERSBURG	State WV	Zip Code 26101	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNITED ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) TIMOTHY MERCER		Date of Receipt MM / DD / YYYY 07 / 16 / 2009		
	Mailing Address 1670 ENTERPRISE RD.		Transaction ID: SA11AI.76207		
	City PINEY FLATS	State TN	Zip Code 37686	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BRISTOL ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) ALAN MERKOW		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 7603 E. 8TH PL.		Transaction ID: SA11AI.76300		
	City DENVER	State CO	Zip Code 80230	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT MICHAELS		Date of Receipt
	Mailing Address 291 SOUTHHALL LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2009
	City	State	Zip Code
	MAITLAND	FL	32751
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76771
Name of Employer JLR MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON		Date of Receipt
	Mailing Address 2400 WIMBLEDON WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2009
	City	State	Zip Code
	LAS VEGAS	NV	89107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75691
Name of Employer DESERT ANESTHESIOLOGISTS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00	<input type="text"/> 83.00

C.	Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt
	Mailing Address 1306 E WELDEN DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	SPOKANE	WA	99223
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76834
Name of Employer PHYS ANESTH GRP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 433.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 139
	<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) KEVIN MINNIHAN		Date of Receipt	
	Mailing Address 232 W MANOR DR		M M / D D / Y Y Y Y Y 07 / 10 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75929
	CHESTERFIELD	MO	63017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer WOODS MILL ANES		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) CHARLES MONTGOMERY		Date of Receipt	
	Mailing Address 501 20TH ST., #606		M M / D D / Y Y Y Y Y 07 / 21 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76397
	KNOXVILLE	TN	37916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer DOR ANESTHESIOLOGISTS		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) BARRY MOODY		Date of Receipt	
	Mailing Address 216 MARENGO ST., #C		M M / D D / Y Y Y Y Y 07 / 10 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76007
	FLORENCE	AL	35630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SELF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PATRICIA MOORE	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 12 NORTH PHEASANT'S RIDGE	Transaction ID: SA11AI.76838
	City State Zip Code WILMINGTON DE 19807	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASPA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) THOMAS MOORE	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address 1748 VESTWOOD HILLS DR.	Transaction ID: SA11AI.76341
	City State Zip Code VESTAVIA HILLS AL 35216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UAB ANES. DEPT. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) RICARDO MORA	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 45 RED SABLE POINT	Transaction ID: SA11AI.76724
	City State Zip Code SPRING TX 77380	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GREATER HOUSTON ANES. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 139
	<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) GRACE MOY	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 37 BALMORAL STREET	Transaction ID: SA11AI.76716
	City State Zip Code ANDOVER MA 01810	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MILFORD ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOHN MUELLERLEILE	Date of Receipt MM / DD / YYYY 07 / 22 / 2009
	Mailing Address 2828 CHICAGO AVE STE 300	Transaction ID: SA11AI.76426
	City State Zip Code MINNEAPOLIS MN 55407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTHWEST ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JOHN MULFLUR	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 6218 WATERLOO DR.	Transaction ID: SA11AI.75938
	City State Zip Code EASTON MD 21601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TIDEWATER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 81 / 139

(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) JOEL MUMFORD		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 221 ELM HILL RD.		Transaction ID: SA11AI.75707		
	City SPRINGFIELD	State VT	Zip Code 05156	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer V A MEDICAL CENTER		Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 581.00	

B.	Full Name (Last, First, Middle Initial) MARK MUMFORD		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 3000 KELLER BEND RD.		Transaction ID: SA11AI.76294		
	City KNOXVILLE	State TN	Zip Code 37922	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer ANESTHESIA MEDICAL ALLIAN- CE OF E. TN		Occupation ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ROSS MUSUMECI		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 9 LINCOLN STREET		Transaction ID: SA11AI.75729		
	City WESTON	State MA	Zip Code 02493	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS		Occupation ANESTHESIOLOGIST		Aggregate Year-to-Date ▼ 287.00	

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 82 / 139
(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) GARY NALAVANY		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
Mailing Address 1603 CARLISLE PIKE		Transaction ID: SA11AI.75716
City HANOVER	State PA	Zip Code 17331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer HANOVER ANESTHESIA AND PA- IN MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	

B.

Full Name (Last, First, Middle Initial) KENNETH NANNERS		Date of Receipt MM / DD / YYYY 07 / 20 / 2009
Mailing Address 170 LEEWOOD FARMS RD.		Transaction ID: SA11AI.76346
City WHEELING	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MEDICAL PARK ANESTHESIOLO- GISTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) RAKESH NARAYAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 4704 PINE CIR		Transaction ID: SA11AI.76809
City BELLAIRE	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GREATER HOUSTON ANESTHESI- OLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	833.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 139
	<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 NEED		Date of Receipt
	Mailing Address 7632 TIMBER SPRINGS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2009
	City	State	Zip Code
	FISHERS	IN	46038
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75727
Name of Employer SOUTHEAST ANESTHESIOLOGISTS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) VINCENT NELSON		Date of Receipt
	Mailing Address 4822 LOCUST STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	BELLAIRE	TX	77401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76614
Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) RANDALL NEMITZ		Date of Receipt
	Mailing Address 2411 FOUNTAIN VIEW DR STE 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	HOUSTON	TX	77057
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76634
Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 139
	<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) DAVID NIETO	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address 9013 CEDAR BLUFFS DR	Transaction ID: SA11AI.76258
	City State Zip Code NORTH RICHLAND HIL TX 76180	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PINNACLE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID NIETO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 9013 CEDAR BLUFFS DR	Transaction ID: SA11AI.76793
	City State Zip Code NORTH RICHLAND HIL TX 76180	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PINNACLE Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL NOUD	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LANE	Transaction ID: SA11AI.76013
	City State Zip Code KALISPELL MT 59901	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHERN ROCKIES ANESTHESIA CONSULTANT Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) RONALD OBERFOELL		Date of Receipt MM / DD / YYYY 07 / 16 / 2009		
	Mailing Address 1407 CASTLEHILL DR		Transaction ID: SA11AI.76213		
	City ROCKFORD	State IL	Zip Code 61107	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ROCKFORD MEMORIAL HOSPITAL	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) BRADLEY OETMAN		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 7109 DAVID LN.		Transaction ID: SA11AI.76144		
	City COLLEYVILLE	State TX	Zip Code 76034	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PINNACLE ANESTHESIA CONSU-LTANTS	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) KATHLEEN OLEARY		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 81 LEXINGTON AVE		Transaction ID: SA11AI.75713		
	City BUFFALO	State NY	Zip Code 14222	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ROSWELL PARK CANCER INSTI-TUTE	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00			

SUBTOTAL of Receipts This Page (optional)	791.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 139
	<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) CHERIAN OOMMEN		Date of Receipt
	Mailing Address 58 ORCHARD FARMS LN.		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AVON	CT	06001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76625
Name of Employer MILFORD ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	

B.	Full Name (Last, First, Middle Initial) RONALD OSBORN		Date of Receipt
	Mailing Address 4039 MARLOWE ST.		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HOUSTON	TX	77005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75760
Name of Employer GREATER HOUSTON ANESTHESIOLOGIST		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) KENNETH OSWALT		Date of Receipt
	Mailing Address 2500 NORTH STATE STREET		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	JACKSON	MS	39216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75694
Name of Employer UNIV. ANESTHESIA SERVICES, PLLC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.00"/>
		<input type="text" value="498.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="633.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 139
	<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) PAUL PABST		Date of Receipt																					
	Mailing Address 80 TARA RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
	City State Zip Code ORINDA CA 94563		Transaction ID: SA11AI.75973																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer MEDICAL ANES. CONSULTANTS		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) CRAIG PDAVICH		Date of Receipt																					
	Mailing Address 660 NOBLE HILL RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	0		2	0	0	9														
	City State Zip Code YAKIMA WA 98908		Transaction ID: SA11AI.76025																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer PHYSICIAN ANES. ASSOC.		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

C.	Full Name (Last, First, Middle Initial) BARBARA PAGE		Date of Receipt																					
	Mailing Address 11023 GREER DRIVE PO BOX 365		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	8		2	0	0	9														
	City State Zip Code RICHLAND MI 49083		Transaction ID: SA11AI.76663																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer KALAMAZOO ANESTHESIOLOGY, PC		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

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

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

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

FOR LINE NUMBER: PAGE 88 / 139
(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)
JUHAN PAISTE

Mailing Address 4322 W. WYNDEMERE CIR.

City State Zip Code
SCHNECKSVILLE PA 18078

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

Name of Employer ALLENTOWN ANESTHESIA ASSOCIATES
Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.76518

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PRATIK PANDHARIPANDE

Mailing Address ANESTHESIOLOGY AND CRITICAL CARE D
1211 21ST AVENUE SOUTH, SUITE 526

City State Zip Code
NASHVILLE TN 37212

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

Name of Employer VANDERBILT UNIVERSITY MEDICAL CENTER
Occupation INTENSIVIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.75805

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GEORGE PARKER

Mailing Address 4603 HOLLY ST

City State Zip Code
BELLAIRE TX 77401

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY
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
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.76782

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 139

(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) HARRY PARR		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 4725 TULLY RD.		Transaction ID: SA11AI.75720		
	City BLOOMFIELD HILLS	State MI	Zip Code 48302	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 581.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) REBECCA PATCHIN		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 18195 KROSS RD.		Transaction ID: SA11AI.75714		
	City RIVERSIDE	State CA	Zip Code 92508	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation PHYSICIAN	Aggregate Year-to-Date 581.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) ANDREW PATE		Date of Receipt MM / DD / YYYY 07 / 23 / 2009		
	Mailing Address 2059 SKYHAWK CT.		Transaction ID: SA11AI.76480		
	City MOUNT PLEASANT	State SC	Zip Code 29466	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CHARLESTON ANES GRP	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: (check only one)	PAGE 90 / 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) SCOTT PAULSEN		Date of Receipt
	Mailing Address 3103 153RD ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	URBANDALE	IA	50323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76040
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, P.C.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) CHAD PEDLEY		Date of Receipt
	Mailing Address 3103 BROADMEAD DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	HOUSTON	TX	77025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76776
Name of Employer GHA		Occupation ANESTHESIOLOGIST MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) RICHARD PETERS		Date of Receipt
	Mailing Address 3182 WYNSUM AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MERRICK	NY	11566
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76223
Name of Employer ROCKVILLE ANESTHESIA GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

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

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

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

FOR LINE NUMBER: PAGE 91 / 139
(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 PETERSEN

Mailing Address 6308 RAINIER CT

City State Zip Code
LINCOLN NE 68510

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

Name of Employer ASSOC. ANES. 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
07 / 28 / 2009

Transaction ID: SA11AI.76687

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HUY PHAM

Mailing Address 2411 FOUNTAINVIEW DRIVE, SUITE 200

City State Zip Code
HOUSTON TX 77057

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A. 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
07 / 31 / 2009

Transaction ID: SA11AI.76788

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LOC PHAM

Mailing Address 501 20TH ST., #606

City State Zip Code
KNOXVILLE TN 37916

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

Name of Employer ANESTHESWIA MEDICAL ALLIANCE OF E. TN 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
07 / 16 / 2009

Transaction ID: SA11AI.76209

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: (check only one)	PAGE 92 / 139
	<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) EDGAR PIERRE		Date of Receipt	
	Mailing Address 1800 NW 10TH AVE., T244		M M / D D / Y Y Y Y Y 07 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75737
	MIAMI	FL	33137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer RYDER TRAUMA CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

B.	Full Name (Last, First, Middle Initial) MELVIN PITTS		Date of Receipt	
	Mailing Address 5476 S. LAREDO ST.		M M / D D / Y Y Y Y Y 07 / 15 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76182
	CENTENNIAL	CO	80015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer METRO DENVER ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) DEAN POLCE		Date of Receipt	
	Mailing Address 11281 PIPER PEAK LANE		M M / D D / Y Y Y Y Y 07 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76324
	LAS VEGAS	NV	89138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIOLOGY CONSULTANT-S. INC CREDEN		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 93 / 139
(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) VERONICA PORTER		Date of Receipt
	Mailing Address 5672 CEDAR CREEK		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HOUSTON	TX	77056
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.76706
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) DAVID POWELL		Date of Receipt
	Mailing Address P.O. BOX 5587		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BEAUMONT	TX	77726
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.75709
Name of Employer ANESTHESIA ASSOCIATES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.00"/>
		<input type="text" value="581.00"/>	

C.	Full Name (Last, First, Middle Initial) MATTHEW POWELL		Date of Receipt
	Mailing Address 425 SPRING HOLLOW DR		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MIDDLETOWN	DE	19709
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.76508
Name of Employer A.S.PA DEPT. OF ANESTHESIOLOGY		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="583.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 139

(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)
HEATHER PULVERMACHER

Mailing Address **202 SOUTH PARK ST., 4 TOWER**

City **MADISON** State **WI** Zip Code **53715**

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

Name of Employer **MADISON ANES. CONSULTANTS** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 15 / 2009**

Transaction ID: SA11AI.76162

Amount of Each Receipt this Period **250.00**

B.

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

Mailing Address **5445 PINE HOLLOW TRL.**

City **OVIDO** State **FL** Zip Code **32765**

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 ▼ **500.00**

Date of Receipt **07 / 30 / 2009**

Transaction ID: SA11AI.76761

Amount of Each Receipt this Period **500.00**

C.

Full Name (Last, First, Middle Initial)
P. PURVES

Mailing Address **PO BOX 627**

City **AUBURN** State **AL** Zip Code **36831**

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

Name of Employer **AAOFEA** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 25 / 2009**

Transaction ID: SA11AI.76565

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: (check only one)	PAGE 95 / 139
	<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) ALVIN RALSTON	Date of Receipt MM / DD / YYYY 07 / 22 / 2009
	Mailing Address 2411 FOUNTAIN VIEW DR STE 200	Transaction ID: SA11AI.76412
	City State Zip Code HOUSTON TX 77057	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GREATER HOUSTON ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MELINDA RANDALL	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5 ALDERS LN.	Transaction ID: SA11AI.76799
	City State Zip Code WILMINGTON DE 19807	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA SERVICES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEPHANIE RANDALL	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 6911 VAN DORN ST STE 2	Transaction ID: SA11AI.75776
	City State Zip Code LINCOLN NE 68506	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 96 / 139

(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) FREDERICK RHODES		Date of Receipt																					
	Mailing Address 2164 CHILTON RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	8		2	0	0	9														
City	State	Zip Code	Transaction ID: SA11AI.76676																					
HOUSTON	TX	77019	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer GREATER HOUSTON ANES.		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

B.	Full Name (Last, First, Middle Initial) MICHEAL RICE		Date of Receipt																					
	Mailing Address 3518 ESTATES DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	0		2	0	0	9														
City	State	Zip Code	Transaction ID: SA11AI.76763																					
ARLINGTON	TX	76016	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer PINNACLE ANESTHESIA CONSU- LTANTS		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

C.	Full Name (Last, First, Middle Initial) RICHARD RICE		Date of Receipt																					
	Mailing Address 20 OAK RIDGE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	5		2	0	0	9														
City	State	Zip Code	Transaction ID: SA11AI.76172																					
FORT THOMAS	KY	41075	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer INDEPENDENT ANESTHESIOLOG- ISTS, PSC		Occupation PHYSICIAN ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

SUBTOTAL of Receipts This Page (optional)	▶	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 97 / 139
(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) WILLIAM ROBERTS		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 1408 BLUEGRASS LN		Transaction ID: SA11AI.75946
City CHAMPAIGN	State IL	Zip Code 61822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ILLIANA VA HEALTHCARE SYSTEM DEPT OF S	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) LEOPOLDO RODRIGUEZ		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 21050 POINT PLACE #305		Transaction ID: SA11AI.75993
City AVENTURA	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SHERIDAN HLTH CORP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) STEPHEN ROSEMAN		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
Mailing Address 109 BEVERLY LN		Transaction ID: SA11AI.76414
City BELLAIRE	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GREATER HOUSTON ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 139
	<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) DEREK ROSNER		Date of Receipt	
	Mailing Address 7 ARLINGTON DRIVE		M M / D D / Y Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76638
	AVON	CT	06001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MILFORD ANESTHESIA ASSOCIATES, PC		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) STUART ROTH		Date of Receipt	
	Mailing Address 7261 DOCKSIDE LN.		M M / D D / Y Y Y Y Y 07 / 09 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75835
	COLUMBIA	MD	21045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GOOD SAMARITAN HOSPITAL		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) LAWRENCE ROY		Date of Receipt	
	Mailing Address 2420 FREEMAN MANOR DR.		M M / D D / Y Y Y Y Y 07 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75700
	JONES	OK	73049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer OKLAHOMA ANESTHESIA CONSULTANTS		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		581.00		

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 99 / 139
(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) DANIEL RUDZINSKI		Date of Receipt MM / DD / YYYY 07 / 18 / 2009
Mailing Address 52188 PLANTATION DR		Transaction ID: SA11AI.76311
City GRANGER	State IN	Zip Code 46530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) KRISTINA RUYBALID		Date of Receipt MM / DD / YYYY 07 / 25 / 2009
Mailing Address 22145 SW 107TH AVE.		Transaction ID: SA11AI.76561
City TUALATIN	State OR	Zip Code 97062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KAISER SUNNYSIDE MEDICAL CENTER DEPT.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) PAUL SALCIDO		Date of Receipt MM / DD / YYYY 07 / 23 / 2009
Mailing Address 4316 ST. ANDREWS		Transaction ID: SA11AI.76520
City IRVING	State TX	Zip Code 75038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PINNACLE PARTNERS IN MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 139
	<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) JOSEPH SANDOR		Date of Receipt
	Mailing Address 8625 E. CLYDESDALE TR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 08 / 2009
	City	State	Zip Code
	SCOTTSDALE	AZ	85258
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75780
Name of Employer VALLEY ANES. CONSULTANTS, LTD.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) BRIAN SCHANDER		Date of Receipt
	Mailing Address 2624 WINTER PARK DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 17 / 2009
	City	State	Zip Code
	NAPERVILLE	IL	60565
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76262
Name of Employer DUPAGE VALLEY ANES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DEREK SCHOPPA		Date of Receipt
	Mailing Address 4606 HOLLY ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 23 / 2009
	City	State	Zip Code
	BELLAIRE	TX	77401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76446
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 139
(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) GREG SCHROEDER		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 3280 LAKE SHORE DR.		Transaction ID: SA11AI.76795		
	City ORLANDO	State FL	Zip Code 32803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JLR MEDICAL GROUP	Occupation PHYSICIAN	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) CHARLES SESSIONS		Date of Receipt MM / DD / YYYY 07 / 27 / 2009		
	Mailing Address 3501 COLGATE AVE		Transaction ID: SA11AI.76601		
	City DALLAS	State TX	Zip Code 75225	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer METROPOLITAN ANES. CONSUL-TANTS	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) CHARLES SETTOON		Date of Receipt MM / DD / YYYY 07 / 27 / 2009		
	Mailing Address 503 S 3RD ST		Transaction ID: SA11AI.76590		
	City BELLAIRE	State TX	Zip Code 77401	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREATER HOUSTON ANES.	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: (check only one)	PAGE 102 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) EDWARD SEUGLING	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 1103 JASMINE CT.	Transaction ID: SA11AI.76583
	City State Zip Code MULLICA HILL NJ 08062	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA SERVICES, P.A. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) ALEXANDRU SEVICIU	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 92 OAK GROVE DRIVE	Transaction ID: SA11AI.76103
	City State Zip Code BREWER ME 04412	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EASTERN MAINE MEDICAL CENTER Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) ROBERT SHAFFER	Date of Receipt MM / DD / YYYY 07 / 22 / 2009
	Mailing Address 1520 E 69TH ST	Transaction ID: SA11AI.76432
	City State Zip Code KEARNEY NE 68847	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DOCTORS ANESTHESIA GROUP Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 103 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KASINATHAN SHANMUGAM		Date of Receipt
	Mailing Address 7581 EASTON CLUB DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	EASTON	MD	21601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75782
Name of Employer TIDEWATER ANESTHESIA PA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM SHARP		Date of Receipt
	Mailing Address 909 CAMBRIDGE OVAL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SAN ANTONIO	TX	78209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75885
Name of Employer TEJAS ANESTHESIA		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) HORNGFU SHIAU		Date of Receipt
	Mailing Address 8 MEADOW CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MONTVILLE	NJ	07045
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76064
Name of Employer MORRIS ANESTHESIA GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PETER SHIMM		Date of Receipt
	Mailing Address 4215 THORNAPPLE ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 21 / 2009
	City	State	Zip Code
	CHEVY CHASE	MD	20815
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76386
Name of Employer HOLY CROSS HOSPITAL DEPT. OF ANESTHESIOLOGISTS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) LAWRENCE SHINBAUM		Date of Receipt
	Mailing Address 343 ROLLING HILLS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	FAIRFIELD	CT	06824
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76632
Name of Employer MILFORD ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) JOHN SIKORA		Date of Receipt
	Mailing Address 900 PEELER ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 27 / 2009
	City	State	Zip Code
	KALAMAZOO	MI	49008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76622
Name of Employer KALAMAZOO ANESTHESIOLOGY, PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 139
	<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) KENNETH SILVERSTEIN	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 4755 OGLETOWN STANTON RD ANES., SUITE #2603	Transaction ID: SA11AI.76448
	City NEWARK State DE Zip Code 19718	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CHRISTIANA CARE HEALTH SYSTEM Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) NICHOLAS SIMMONS	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 629 CLEVELAND AVE.	Transaction ID: SA11AI.75909
	City KIRKWOOD State MO Zip Code 63122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTH COUNTY ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ABRAHAM SIMON	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 91 OLD SMALLEYTOWN RD	Transaction ID: SA11AI.76001
	City WARREN State NJ Zip Code 07059	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACNJ Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 106 / 139
(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)
BRADFORD SMITH

Mailing Address 1462 W. WHISPERING MEADOW LN.

City State Zip Code
KAYSVILLE UT 84037

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

Name of Employer Occupation
MOUNTAIN WEST ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: SA11AI.75952

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
DARYL SMITH

Mailing Address 4615 PIONEER TRAIL

City State Zip Code
OKEMOS MI 48864

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

Name of Employer Occupation
LANSING ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.76750

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
JEREMY SMITH

Mailing Address 103 RESEDA LN.

City State Zip Code
DOTHAN AL 36305

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS ME-D. GROUP STAFF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.75688

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **733.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN SNELL	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 28134 CANTERBURY CT	Transaction ID: SA11AI.75747
	City State Zip Code EASTON MD 21601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TIDEWATER ANESTHESIA ASSO- C., LLC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS SPURGEON	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 6911 VAN DORN, SUITE 2	Transaction ID: SA11AI.75833
	City State Zip Code LINCOLN NE 68506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATED ANESTHESIOLOGY, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) STEPHEN STARLING	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 2036 MAGNOLIA RIDGE	Transaction ID: SA11AI.76588
	City State Zip Code BIRMINGHAM AL 35243	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANESTHESIA RESOURCES MANA- GEMENT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 108 / 139
	<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 STEARNS		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 10541 E WINDROSE		Transaction ID: SA11AI.76813		
	City SCOTTSDALE	State AZ	Zip Code 85259	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VALLEY ANES CONSULT	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MATTHEW STEPHENS		Date of Receipt MM / DD / YYYY 07 / 09 / 2009		
	Mailing Address P.O. BOX 14369		Transaction ID: SA11AI.75845		
	City CHICAGO	State IL	Zip Code 60614	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) RICHARD STERN		Date of Receipt MM / DD / YYYY 07 / 23 / 2009		
	Mailing Address 46 SPRINGBROOK LN.		Transaction ID: SA11AI.76514		
	City NEWARK	State DE	Zip Code 19711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA SERVICES, P.A.	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 109 / 139
(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)
DOUGLAS STEWART

Mailing Address 1214 RED ROAN LANE

City State Zip Code
LOVELAND OH 45140

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

Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2009

Transaction ID: SA11AI.76569

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TODD STINE

Mailing Address 1626 LOOKOUT LANDING CIR

City State Zip Code
WINTER PARK FL 32789

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.76545

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LOIS STOLTZE

Mailing Address 12TH AND DOUGLAS

City State Zip Code
AMES IA 50010

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

Name of Employer MC FARLAND CLINIC 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
07 / 13 / 2009

Transaction ID: SA11AI.76076

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 139
(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)
MATTHEW STONER

Mailing Address 3098 GETTY WAY #104

City State Zip Code
ORLANDO FL 32835

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

Name of Employer Occupation
JLR MEDICAL GROUP 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
07 / 15 / 2009

Transaction ID: SA11AI.76158

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LOUIS STOOL

Mailing Address PO BOX 7637

City State Zip Code
DALLAS TX 75209

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

Name of Employer Occupation
UNIVERSITY OF TEXAS SOUTH-WESTERN MEDIC 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
07 / 13 / 2009

Transaction ID: SA11AI.76084

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AIMEE STOTZ

Mailing Address 5079 W. CATALPA

City State Zip Code
CHICAGO IL 60630

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

Name of Employer Occupation
ANESTHESIA CONSULTANTS, LTD. LAKE FORE 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
07 / 18 / 2009

Transaction ID: SA11AI.76319

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 139
(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)
BARRY MICHAEL STOWE

Mailing Address 2101 DARTMOUTH PL

City State Zip Code
CHARLOTTE NC 28207

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

Name of Employer
SOUTHEAST ANESTHESIOLOGY CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.76376

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 8 MUIRFIELD LN

City State Zip Code
AMARILLO TX 79124

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

Name of Employer
AMARILLO ANESTHESIA ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: SA11AI.75894

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MARTHA SZABO

Mailing Address 18 WIVELISCOMBE

City State Zip Code
NEW ALBANY OH 43054

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

Name of Employer
OSUMC

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: SA11AI.76616

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 139
(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)
CAROL TAKVORIAN

Mailing Address 42 OLD MIDDLESEX RD

City Belmont State MA Zip Code 02478

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2009

Transaction ID: SA11AI.76404

Amount of Each Receipt this Period 600.00

B.

Full Name (Last, First, Middle Initial)
JOSEPH TALARICO

Mailing Address DEPT. OF ANES.
200 LOTHROP ST. NW 463

City PITTSBURGH State PA Zip Code 15213

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

Name of Employer UPMC PRESBYTERIAN Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt 07 / 01 / 2009

Transaction ID: SA11AI.75703

Amount of Each Receipt this Period 41.00

C.

Full Name (Last, First, Middle Initial)
RAVI TAMERISA

Mailing Address 11602 BLALOCK FOREST ST

City HOUSTON State TX Zip Code 77024

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation ANESTHESIOLOGIST MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2009

Transaction ID: SA11AI.76780

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **891.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 139
	<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) MARCY THOMAS		Date of Receipt
	Mailing Address 10615 WOODPECKER RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2009
	City	State	Zip Code
	CHESTERFIELD	VA	23838
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.75717
Name of Employer COMMONWEALTH ANESTHESIA ASSOCIATIS		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00	<input type="text"/> 83.00

B.	Full Name (Last, First, Middle Initial) SCOTT THOMPSON		Date of Receipt
	Mailing Address 1215 PLEASANT ST., #400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 17 / 2009
	City	State	Zip Code
	DES MOINES	IA	50309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76283
Name of Employer ASSOCIATED ANESTHESIOLOGI-STS PC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) EUGENE TOLPIN		Date of Receipt
	Mailing Address 1309 OBERLIN RD., GREEN ACRES		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2009
	City	State	Zip Code
	WILMINGTON	DE	19803
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76428
Name of Employer ANESTHESIA SERVICES,P.A.		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 139
	<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) DONALD TOM		Date of Receipt	
	Mailing Address 4135 TARTAN LN.		M M / D D / Y Y Y Y Y 07 / 29 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76720
	HOUSTON	TX	77025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) RICHARD TRENT		Date of Receipt	
	Mailing Address 3618 SUNSET POINT DR.		M M / D D / Y Y Y Y Y 07 / 27 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.76611
	GAINESVILLE	GA	30506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SELF-EMPLOYED		Occupation ASSOCIATE EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS		Date of Receipt	
	Mailing Address 427 HEIGHTS DR		M M / D D / Y Y Y Y Y 07 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.75699
	GIBSONIA	PA	15044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		83.00	
Name of Employer WESTERN PENNSYLVANIA HOSPITAL DEPARTME		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00		

SUBTOTAL of Receipts This Page (optional)	▶	833.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ROBERT TUBBEN		Date of Receipt MM / DD / YYYY 07 / 13 / 2009		
	Mailing Address 1984 BELWOOD DR.		Transaction ID: SA11AI.76109		
	City OKEMOS	State MI	Zip Code 48864	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LAPC	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) CANNON TURNER		Date of Receipt MM / DD / YYYY 07 / 16 / 2009		
	Mailing Address 531 GAY ST THE HOLSTON #1001		Transaction ID: SA11AI.76198		
	City KNOXVILLE	State TN	Zip Code 37902	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FORT SANDERS ANESTHESIA GROUP	Occupation MEDICAL DOCTOR - ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) BENJAMIN UNGER		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 622 WEST 168TH ST., PH5-505		Transaction ID: SA11AI.75689		
	City NEW YORK	State NY	Zip Code 10032	Amount of Each Receipt this Period 41.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COLUMBIA UNIVERSITY MEDICAL CENTER DEP	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 139
	<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) TIMOTHY VALEK	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 6829 WESTLAKE AVE.	Transaction ID: SA11AI.76624
	City State Zip Code DALLAS TX 75214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer PINNACLE PARTNERS IN MEDICINE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DAVID VARLOTTA	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1303 BAYSHORE BLVD.	Transaction ID: SA11AI.75701
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNICOM ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

C.	Full Name (Last, First, Middle Initial) THOMAS VERDONE	Date of Receipt MM / DD / YYYY 07 / 26 / 2009
	Mailing Address 27 CRYSTAL RIDGE DR.	Transaction ID: SA11AI.76573
	City State Zip Code SOUTH GLASTONBURY CT 06073	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MILFORD ANESTHESIA ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 117 / 139
(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) HECTOR VILA		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1033 DR MARTIN LUTHER KING JR ST N		Transaction ID: SA11AI.75726
	City SAINT PETERSBURG	State FL	Zip Code 33701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
	Name of Employer FPA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	

B.	Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 800 MARSHALL ST. SLOT 203, S-319		Transaction ID: SA11AI.75695
	City LITTLE ROCK	State AR	Zip Code 72202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
	Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI	Occupation PROFESSOR OF ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY WAGNER		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 30 DAVIS HILL RD.		Transaction ID: SA11AI.76599
	City WESTON	State CT	Zip Code 06883
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer MILFORD ANESTHESIA ASSOC., P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

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 118 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) DAN WAJSMAN		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 5419 LOCKSLEY AVE		Transaction ID: SA11AI.76021
City OAKLAND	State CA	Zip Code 94618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MEDICAL ANESTHESIA CONSULTANTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) MARSHA WAKEFIELD		Date of Receipt MM / DD / YYYY 07 / 07 / 2009
Mailing Address 619 19TH ST S		Transaction ID: SA11AI.75770
City BIRMINGHAM	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF ALABAMA IN BIRMINGHAM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) TERRY WALDMAN		Date of Receipt MM / DD / YYYY 07 / 23 / 2009
Mailing Address 5317 PINE ST		Transaction ID: SA11AI.76486
City BELLAIRE	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GREATER HOUSTON ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 119 / 139
	<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) JAMES WATKINS		Date of Receipt
	Mailing Address 120 NW 14TH, SUITE 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 17 / 2009
	City	State	Zip Code
	PORTLAND	OR	97209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76305
Name of Employer OAG		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) PAUL WEIDOFF		Date of Receipt
	Mailing Address 3939 J ST , SUITE 310		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 19 / 2009
	City	State	Zip Code
	SACRAMENTO	CA	95819
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76322
Name of Employer SACRAMENTO ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) LEE WESNER		Date of Receipt
	Mailing Address 55 SESSIONS ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 17 / 2009
	City	State	Zip Code
	PROVIDENCE	RI	02906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.76249
Name of Employer PROVIDENCE ANESTHESIOLOGISTS, INC		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 139
(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)
DONALD WESTHEIMER

Mailing Address 3510 TARTAN LN.

City HOUSTON State TX Zip Code 77025

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: 07 / 23 / 2009
Transaction ID: SA11AI.76458
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 801 MARTIN MILL PIKE

City ROCKFORD State TN Zip Code 37853

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

Name of Employer AMAET Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: SA11AI.76528
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
BRIAN WILDER

Mailing Address PO BOX 36351

City CHARLOTTE State NC Zip Code 28236

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

Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: SA11AI.76714
 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 121 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GISELE WILKE		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 6839 S CANTON AVE		Transaction ID: SA11AI.76661		
	City TULSA	State OK	Zip Code 74136	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSOC ANESTH	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) CHARLES WILLIAMS		Date of Receipt MM / DD / YYYY 07 / 24 / 2009		
	Mailing Address 503 CHESHIRE DR.		Transaction ID: SA11AI.76537		
	City KNOXVILLE	State TN	Zip Code 37919	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AMAET	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) FRANKLIN WILLIAMS		Date of Receipt MM / DD / YYYY 07 / 27 / 2009		
	Mailing Address 1410 BLANDING ST., STE. 1		Transaction ID: SA11AI.76592		
	City COLUMBIA	State SC	Zip Code 29201	Amount of Each Receipt this Period -500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NSF CHECK	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -500.00			

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 122 / 139
(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 WILLIAMS
 Mailing Address 303 3RD ST APT 409
 City State Zip Code
CAMBRIDGE MA 02142
 Date of Receipt
MM / DD / YYYY
07 / 12 / 2009
Transaction ID: SA11AI.76056
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MASSACHUSETTS GENERAL HOSPITAL PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
ROLFE WILLIAMS
 Mailing Address 4518 AMBLE OAK CT.
 City State Zip Code
HOUSTON TX 77059
 Date of Receipt
MM / DD / YYYY
07 / 26 / 2009
Transaction ID: SA11AI.76579
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
GREATER HOUSTON ANESTHESIOLOGY ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
CARL WILSON
 Mailing Address 1899 W 1380 N
 City State Zip Code
PROVO UT 84604
 Date of Receipt
MM / DD / YYYY
07 / 24 / 2009
Transaction ID: SA11AI.76540
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MOUNTAIN WEST ANESTHESIA ANESTHESIOLOGIST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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: (check only one)	PAGE 123 / 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GLENN WOODS		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 1956 STONERIDGE DR		Transaction ID: SA11AI.76362		
	City AUBURN	State AL	Zip Code 36830	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA ASSOC OF EAST ALA	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) NAIXING WU		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 14807 FLINT BRIDGE CT		Transaction ID: SA11AI.76759		
	City SUGAR LAND	State TX	Zip Code 77498	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREATER HOUSTON ANESTHESIOLOGY, P.A.	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) CHAHINE YAMINE		Date of Receipt MM / DD / YYYY 07 / 01 / 2009		
	Mailing Address 1227 EARNESTINE STREET		Transaction ID: SA11AI.75736		
	City MC LEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 83.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOMINION ANESTHESIA PLLC	Occupation PHYSICIAN	Aggregate Year-to-Date 581.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 124 / 139
(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)
FRANK YANG

Mailing Address 1 RAYDON LN.

City State Zip Code
HOUSTON TX 77024

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

Name of Employer Occupation
GHA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2009

Transaction ID: SA11AI.76408

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SHERIF ZAAFRAN

Mailing Address 1225 TURNBURY OAK ST.

City State Zip Code
HOUSTON TX 77055

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

Name of Employer Occupation
GREATER HOUSTON ANESTHESIOLOGY ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: SA11AI.76710

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
VICTORIA ZAVALA

Mailing Address 1502 CALIFORNIA ST

City State Zip Code
HOUSTON TX 77006

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

Name of Employer Occupation
GREATER HOUSTON ANESTHESIOLOGY ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.76530

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 139
(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)
IVAN ZEITZ

Mailing Address 4076 19TH STREET

City State Zip Code
SAN FRANCISCO CA 94114

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

Name of Employer Occupation
NORTHERN CA ANESTHESIA PHYSICIANS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: SA11AI.75887

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 11 HILLWOOD CT.

City State Zip Code
COLUMBIA SC 29204

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

Name of Employer Occupation
ANESTHESIOLOGY CONSULTANTS OF COLUMBIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: SA11AI.76088

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3705 MEDICAL PKWY., SUITE 570

City State Zip Code
AUSTIN TX 78705

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

Name of Employer Occupation
CAPITOL ANESTHESIOLOGY ASSOC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: SA11AI.75829

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 139
(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)
DAVID ZUCKER

Mailing Address 5304 EAGLE RIDGE LN

City State Zip Code
SYLVANIA OH 43560

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

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF TOLEDO

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: SA11AI.75865

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer
UNITEDHEALTH

Occupation
ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.75712

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

333.00

TOTAL This Period (last page this line number only)

138182.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 127 / 139	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt																					
	Mailing Address 50 S LASALLE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	1		2	0	0	9														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.76855																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.42																					
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3006.15																						

SUBTOTAL of Receipts This Page (optional)	▶	59.42
TOTAL This Period (last page this line number only)	▶	59.42

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: OR District: 03

Transaction ID: SB23.75647
Date of Disbursement: 07 / 15 / 2009

Amount of Each Disbursement this Period: 1000.00

Category/Type:

B.

Full Name (Last, First, Middle Initial)
BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: OR District: 03

Transaction ID: SB23.75678
Date of Disbursement: 07 / 29 / 2009

Amount of Each Disbursement this Period: 3500.00

Category/Type:

C.

Full Name (Last, First, Middle Initial)
BRIAN BILBRAY FOR CONGRESS

Mailing Address 2466 UNICORNIO ST

City CARLSBAD State CA Zip Code 92009

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 50

Transaction ID: SB23.75642
Date of Disbursement: 07 / 15 / 2009

Amount of Each Disbursement this Period: 2000.00

Category/Type:

SUBTOTAL of Disbursements This Page (optional) ►

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) CANTOR FOR CONGRESS			Transaction ID: SB23.75667 Date of Disbursement																						
	Mailing Address P.O. BOX 17813			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		2	2		2	0	0	9																
City RICHMOND		State VA	Zip Code 23226		Amount of Each Disbursement this Period																					
Purpose of Disbursement				1500.00																						
Candidate Name				Category/Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: VA District: 07																										
B.	Full Name (Last, First, Middle Initial) CARNAHAN FOR CONGRESS			Transaction ID: SB23.75643 Date of Disbursement																						
	Mailing Address 7370 MANCHESTER RD #20			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		1	5		2	0	0	9																
City ST LOUIS		State MO	Zip Code 63143		Amount of Each Disbursement this Period																					
Purpose of Disbursement				3000.00																						
Candidate Name				Category/Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: MO District: 03																										
C.	Full Name (Last, First, Middle Initial) CASTOR FOR CONGRESS			Transaction ID: SB23.75648 Date of Disbursement																						
	Mailing Address 301 W PLATT ST #385			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		1	5		2	0	0	9																
City TAMPA		State FL	Zip Code 33606		Amount of Each Disbursement this Period																					
Purpose of Disbursement				1000.00																						
Candidate Name				Category/Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: FL District: 11																										

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 130 / 139

<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)
CHARLES GONZALEZ CONGRESS CAMPAIGN

Mailing Address PO BOX 12612

City SAN ANTONIO State TX Zip Code 78212

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 20

Transaction ID: SB23.75668

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address PO BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.75661

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CMTE FOR THE PRESERVATION OF CAPITALISM

Mailing Address PO BOX 65314

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: LA District:

Transaction ID: SB23.75665

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 131 / 139

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

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

<p>A. Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS</p> <p>Mailing Address P.O. BOX 41964</p> <p>City HOUSTON State TX Zip Code 77241</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75664 Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS</p> <p>Mailing Address 22 W PADONIA RD #C141</p> <p>City TIMONIUM State MD Zip Code 21093</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75650 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 CALIFORNIA RD</p> <p>City BRONXVILLE State NY Zip Code 10708</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75641 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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 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) FLEMING FOR CONGRESS		Transaction ID: SB23.75644	
	Mailing Address 2501 WISCONSIN AVE NW #304		Date of Disbursement 07 / 15 / 2009	
	City WASHINGTON	State DC	Zip Code 20007	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 04				
B.	Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY		Transaction ID: SB23.75675	
	Mailing Address 1824 S FISKE BLVD		Date of Disbursement 07 / 22 / 2009	
	City ROCKLEDGE	State FL	Zip Code 32955	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement		Category/Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 15				
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN		Transaction ID: SB23.75663	
	Mailing Address PO BOX 44369		Date of Disbursement 07 / 22 / 2009	
	City EDEN PRAIRIE	State MN	Zip Code 55344	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 03				

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: SB23.75639
	Mailing Address PO BOX 16664	Date of Disbursement 07 / 09 / 2009
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.75676
	Mailing Address 900 19TH ST NW 8TH FLOOR	Date of Disbursement 07 / 29 / 2009
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.75684
	Mailing Address 900 19TH ST NW 8TH FLOOR	Date of Disbursement 07 / 29 / 2009
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 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) GUTHRIE FOR CONGRESS	Transaction ID: SB23.75682 Date of Disbursement 07 / 29 / 2009
	Mailing Address PO BOX 9639	Amount of Each Disbursement this Period 500.00
	City BOWLING GREEN State KY Zip Code 42102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: SB23.75683 Date of Disbursement 07 / 29 / 2009
	Mailing Address PO BOX 9639	Amount of Each Disbursement this Period 500.00
	City BOWLING GREEN State KY Zip Code 42102	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS	Transaction ID: SB23.75646 Date of Disbursement 07 / 15 / 2009
	Mailing Address P.O. BOX 45444	Amount of Each Disbursement this Period 1000.00
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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 135 / 139

<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) LATHAM FOR CONGRESS	Transaction ID: SB23.75679 Date of Disbursement
	Mailing Address P.O. BOX 71	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City CLARION State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL PAC	Transaction ID: SB23.75670 Date of Disbursement
	Mailing Address PO BOX 3241	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City CHEYENNE State WY Zip Code 82003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: SB23.75680 Date of Disbursement
	Mailing Address PO BOX 2334	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City DENTON State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NEW DEMOCRAT COALITION PAC	Transaction ID: SB23.75657 Date of Disbursement
	Mailing Address 607 14TH ST NW #800	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS	Transaction ID: SB23.75656 Date of Disbursement
	Mailing Address PO BOX 640	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City TOTOWA State NJ Zip Code 07511	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 08	

C.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.75638 Date of Disbursement
	Mailing Address P.O. BOX 5577 MANHATTANVILLE STA	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement CK VOIDED ORIG ISSUED 6/17/09	<input type="text" value="-2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 15	

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

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

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

FOR LINE NUMBER:
(check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) RANGEL VICTORY FUND</p> <p>Mailing Address 818 CONNECTICUT AVE NW #1100</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75673</p> <p>Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) REPUBLICAN MAINSTREET PARTNERSHIP PAC</p> <p>Mailing Address 1220 L STREET NW #100-263</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75686</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND</p> <p>Mailing Address 426 C ST NE REAR BLDG</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2009 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75653</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address P.O. BOX 4945</p> <p>City E LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <input type="text"/></p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75649 Date of Disbursement: 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS</p> <p>Mailing Address 10537 ST PAUL ST</p> <p>City KENSINGTON State MD Zip Code 20895</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75651 Date of Disbursement: 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRESS</p> <p>Mailing Address 1071 TWIN BRANCH LN</p> <p>City WESTON State FL Zip Code 33326</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.75659 Date of Disbursement: 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="48500.00"/>

**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)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.76856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1793.48

SUBTOTAL of Disbursements This Page (optional)

1793.48

TOTAL This Period (last page this line number only)

1793.48