

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 520 N. NORTHWEST HIGHWAY
 Check if different than previously reported. (ACC)
PARK RIDGE IL 60068

2. **FEC IDENTIFICATION NUMBER** C00255752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 03 01 2008 through 03 31 2008

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 RICHARD BARWACZ

Signature of Treasurer Electronically Filed by RICHARD BARWACZ Date 04 18 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1160205.04
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1274907.10									
(c) Total Receipts (from Line 19)	117127.34	389030.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1392034.44	1549235.06								
7. Total Disbursements (from Line 31)	148955.84	306156.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1243078.60	1243078.60								
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:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	91151.00	301651.00
(i) Itemized (use Schedule A)	22840.00	75915.00
(ii) Unitemized	113991.00	377566.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	113991.00	377566.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3136.34	11464.02
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))	117127.34	389030.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	117127.34	389030.02

DETAILED SUMMARY PAGE

of Disbursements

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.....	125500.00	274500.00
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.....	23455.84	31656.46
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))..	148955.84	306156.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148955.84	306156.46

DETAILED SUMMARY PAGE
of Disbursements

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)	113991.00	377566.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113991.00	377566.00
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 / 113
	<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) JOAN ABELE		Date of Receipt	
	Mailing Address 6985 CANYON CREEK CIR		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60774
	SALT LAKE CITY	UT	84121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MOUNTAIN WEST ANES		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) SABBIR AHMED		Date of Receipt	
	Mailing Address 4802 LAKESHORE RD		M M / D D / Y Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61564
	FT GRATIOT	MI	48059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PORT HURON ANESTH		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) ALAN ALMENGUAL		Date of Receipt	
	Mailing Address 1015 MARCO DR NE		M M / D D / Y Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61078
	ST PETERSBURG	FL	33702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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)	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 7 / 113
(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 ANDREWS

Mailing Address 18 WOODS ROAD

City State Zip Code
FALMOUTH ME 04105

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

Name of Employer Occupation
MAINE ANESTHESIOLOGY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2008

Transaction ID: SA11AI.61202

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3 SUNDOWN PARKWAY

City State Zip Code
AUSTIN TX 78746

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

Name of Employer Occupation
DARTMOUTH-HITCHCOCK MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2008

Transaction ID: SA11AI.61248

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
EDDIE ASH

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer Occupation
ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: SA11AI.61054

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 8 / 113
	<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) MAC AXELROD	Date of Receipt MM / DD / YYYY 03 / 15 / 2008
	Mailing Address 8703 PALM LAKE DR	Transaction ID: SA11AI.61196
	City State Zip Code ORLANDO FL 32819	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JLR MEDICAL GROUP 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) KYRA BANNISTER	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1 GUTHRIE SQUARE	Transaction ID: SA11AI.61097
	City State Zip Code SAYRE PA 18840	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GUTHRIE CLINIC 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 BARATTA	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 19 THISTLE LN	Transaction ID: SA11AI.61402
	City State Zip Code WARREN NJ 07059	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED 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: (check only one)	PAGE 9 / 113
	<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) JAMES BARTLETT	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 7 LINCOLN PLACE DRIVE	Transaction ID: SA11AI.61210
	City State Zip Code DES MOINES IA 50312	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDICAL CENTER ANESTHESIOLOGISTS, PC 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) WILLIAM BECK	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1833 TUSCANY AVE	Transaction ID: SA11AI.61084
	City State Zip Code SPRINGDALE AR 72764	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHWEST ANESTH 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) TERRY BEJOT	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 6441 MESAVERDE DRIVE	Transaction ID: SA11AI.61278
	City State Zip Code LINCOLN NE 68510	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATED ANESTHESIOLOGISTS, PC 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 10 / 113
	<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) PAULA BERG		Date of Receipt MM / DD / YYYY 03 / 08 / 2008		
	Mailing Address 3316 EAST DOBSON PLACE		Transaction ID: SA11AI.61133		
	City ANN ARBOR	State MI	Zip Code 48105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GREAT LAKES 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			

B.	Full Name (Last, First, Middle Initial) ANGELINA BHANDARI		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 1653 W CONGRESS PKWY #739		Transaction ID: SA11AI.60977		
	City CHICAGO	State IL	Zip Code 60612	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIV ANESTH	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) MICHAEL BIGELOW		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 334 W BLITHEDALE AVE		Transaction ID: SA11AI.61365		
	City MILL VALLEY	State CA	Zip Code 94941	Amount of Each Receipt this Period 500.00	
	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 ▼ 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 11 / 113
	<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) MARY BISSING	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 40 SHUMAN BLVD #275	Transaction ID: SA11AI.61472
	City State Zip Code NAPERVILLE IL 60563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARK RIDGE ANESTH 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) STEPHEN BLATT	Date of Receipt MM / DD / YYYY 03 / 23 / 2008
	Mailing Address 255 CHESTNUT FLATS RD	Transaction ID: SA11AI.61253
	City State Zip Code WAYNESVILLE NC 28786	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLOTT CREEK ANESTHESIA SE-RVICES, P.A. 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) JOHN BOUDREAUX	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 3601 GARDENIA DR.	Transaction ID: SA11AI.61222
	City State Zip Code ARLINGTON TX 76016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PINNACLE PARTNERS 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 12 / 113
	<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 BRADY	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 2901 N CENTRAL AVE #500	Transaction ID: SA11AI.60994
	City State Zip Code PHOENIX AZ 85012	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VALLEY ANES CONSUL 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) JOHNNY BRIAN	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address P.O. BOX 2441	Transaction ID: SA11AI.60806
	City State Zip Code DAVENPORT IA 52809	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTH & ANALGESIA 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) DIANN BRIDENBAUGH	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 234 GOODMAN ST	Transaction ID: SA11AI.60985
	City State Zip Code CINCINNATI OH 45267	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV ANES ASSOC 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)	▶	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 13 / 113
	<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) GERALD BROCKER		Date of Receipt
	Mailing Address 5959 SHALLOWFORD RD#575		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 07 / 2008
	City	State	Zip Code
	CHATTANOOGA	TN	37421
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61029
Name of Employer ACE		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) CYNTHIA BROWN		Date of Receipt
	Mailing Address 8021 WINSTON AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2008
	City	State	Zip Code
	LUBBOCK	TX	79424
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60848
Name of Employer COVENANT MED 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 ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) PHILLIP BROWN		Date of Receipt
	Mailing Address 2916 N ALEXANDER LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 28 / 2008
	City	State	Zip Code
	BETHANY	OK	73008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61410
Name of Employer NORTHWEST ANESTH		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"/> 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 14 / 113
(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 BRYANT

Mailing Address 13601 PRESTON RD900W

City State Zip Code
DALLAS TX 75240

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

Name of Employer PINNACLE ANESTH 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
03 / 04 / 2008

Transaction ID: SA11AI.60697

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
FIONA BUCKLEY

Mailing Address P.O. BOX 3209

City State Zip Code
BOZEMAN MT 59772

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 M M / D D / Y Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.60755

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
RUSSELL BUESING

Mailing Address 7987 S CLAYTON CIR

City State Zip Code
CENTENNIAL CO 80122

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

Name of Employer S DENVER ANESTH 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
03 / 06 / 2008

Transaction ID: SA11AI.60886

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 15 / 113
	<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) GRAHAM BULLARD		Date of Receipt	
	Mailing Address 18501 PENINSULA COVE LANE		M M / D D / Y Y Y Y Y 03 / 03 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60607
	CORNELIUS	NC	28031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SOUTHEAST ANESTHESIOLOGY 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) REBECCA BURFEIND		Date of Receipt	
	Mailing Address 8338 FONTANA		M M / D D / Y Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61399
	PRAIRIE VILLAGE	KS	66207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer ANES ASSOC KANSAS CITY		Occupation ANESTHESIOLOGIST		
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) SHEILA BUSHELE		Date of Receipt	
	Mailing Address 113 FOREST DR		M M / D D / Y Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61571
	CARL JUNCTION	MO	64834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer GREAT ANES SERV		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)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 113
	(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) DANIEL BUSTAMANTE		Date of Receipt
	Mailing Address P.O. BOX 51947		<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 03 / 05 / 2008
	City	State	Zip Code
	KNOXVILLE	TN	37950
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60804
Name of Employer UNIV OF TENNESSEE		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 ▼ 750.00	750.00

B.	Full Name (Last, First, Middle Initial) CHARLES CAIN		Date of Receipt
	Mailing Address 5141 BROADWAY		<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 03 / 28 / 2008
	City	State	Zip Code
	NEW YORK	NY	10034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61333
Name of Employer NY PRESBYTERIAN HOSP		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) FREDERICK CAMPBELL		Date of Receipt
	Mailing Address 4100 PARK FOREST #210		<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 03 / 07 / 2008
	City	State	Zip Code
	TRAVERSE CITY	MI	49684
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61018
Name of Employer TRAVERSE ANES ASSOC		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)	▶	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 17 / 113
	<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) STEPHEN CAMPBELL		Date of Receipt
	Mailing Address 545 BEVERLY 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 03 / 07 / 2008
	City	State	Zip Code
	SUMMERVILLE	SC	29485
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61065
Name of Employer ANES ASSOC 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 ▼ 300.00	100.00

B.	Full Name (Last, First, Middle Initial) JAMES CARLIN		Date of Receipt
	Mailing Address 7826 E TORIN 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 03 / 04 / 2008
	City	State	Zip Code
	LONG BEACH	CA	90808
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60709
Name of Employer SO CALIF PERMANENTE		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 ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) SHAWN CARSON		Date of Receipt
	Mailing Address 6417 PEPPERELL 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 03 / 06 / 2008
	City	State	Zip Code
	CINCINNATI	OH	45236
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60860
Name of Employer ANESTHESIA ASSOCIATES OF CINCINNATI, I		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)	▶	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: PAGE 18 / 113
(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) STEVEN CARSON		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 7781 COLDSTREAM WDS DR		Transaction ID: SA11AI.61526
City CINCINNATI	State OH	Zip Code 45255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANES ASSOC CINCINNATI	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) CHRISTINE CARSTENSEN		Date of Receipt MM / DD / YYYY 03 / 12 / 2008
Mailing Address 5429 WESTWOOD CIRCLE		Transaction ID: SA11AI.61170
City WEST DES MOINES	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MEDICAL CENTER ANESTHESIOLOGISTS, PC	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 CARTER		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
Mailing Address 2417 E NORTHSIDE DR		Transaction ID: SA11AI.61443
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer JACKSON ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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:	PAGE 19 / 113
	(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) DONN CHAMBERS	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 3753 TUXEDO RD NW	Transaction ID: SA11AI.60811
	City ATLANTA State GA Zip Code 30305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: PHYS SPEC IN ANES 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) JOHN CLARK	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 81 DOLPHIN COVE QUAY	Transaction ID: SA11AI.60760
	City STAMFORD State CT Zip Code 06902	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GREENWICH ANESTH 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	

C.	Full Name (Last, First, Middle Initial) BRITTANY CLYNE	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 1629 STERLING RD	Transaction ID: SA11AI.61412
	City CHARLOTTE State NC Zip Code 28209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: SOUTHEAST ANES CONSUL 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)	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 20 / 113
(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)
HENRY COLA

Mailing Address 16891 MARINA BAY DR

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: SA11AI.60686

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MARK COLLINS

Mailing Address 6455 APPLE ORCHARD LN

City State Zip Code
ROCHESTER HILLS MI 48306

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

Name of Employer Occupation
LAKESIDE ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: SA11AI.60667

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 21232 VAN K DR

City State Zip Code
GROSSE POINTE WDS MI 48236

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

Name of Employer Occupation
ST JOHN ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.60927

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 21 / 113
(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 CONLEY

Mailing Address 3585 N. 440 W.

City PROVO State UT Zip Code 84604

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

Name of Employer MOUNTAIN WEST ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 04 / 2008
Transaction ID: SA11AI.60629
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
CHARLIE COOPER

Mailing Address 1900 EXETER RD #210

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer METRO ANES ALLIANCE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2008
Transaction ID: SA11AI.60838
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 18 MILLSTONE TER

City BEDFORD State NH Zip Code 03110

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

Name of Employer ACG Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 07 / 2008
Transaction ID: SA11AI.61092
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 22 / 113
	<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 COTE	Date of Receipt
	Mailing Address 68 POST ISLAND ROAD	<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 03 / 20 / 2008
	City State Zip Code QUINCY MA 02169	Transaction ID: SA11AI.61226
	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 MASSACHUSETTS GENERAL HOSPITAL PHYSICIAN	
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) ORLANDO CRUZ	Date of Receipt
	Mailing Address 437 YORK 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 03 / 07 / 2008
	City State Zip Code OLEAN NY 14760	Transaction ID: SA11AI.61093
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation SO TIER ANESTH ANESTHESIOLOGIST	
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) BRANDT CULVER	Date of Receipt
	Mailing Address 1335 LAKEHILLS 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 03 / 04 / 2008
	City State Zip Code EL DORADO HILLS CA 95762	Transaction ID: SA11AI.60683
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation FOLSOM ANES MED GRP PHYSICIAN	
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 23 / 113
	(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) WILLIAM CURTIS		Date of Receipt MM / DD / YYYY 03 / 06 / 2008		
	Mailing Address 8041 32ND AVE NW		Transaction ID: SA11AI.60874		
	City SEATTLE	State WA	Zip Code 98117	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer U OF WASHINGTON	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) STEPHEN DAINESI		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 28 BARRINGTON DR		Transaction ID: SA11AI.61022		
	City BEDFORD	State NH	Zip Code 03110	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AMOSKEAG ANESTH	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) DEANNA DALIA		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 2139 AUBURN AVE A LEVEL		Transaction ID: SA11AI.61541		
	City CINCINNATI	State OH	Zip Code 45219	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANES ASSOC CINCINNATI	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:	PAGE 24 / 113
	(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 DANIEL	Date of Receipt MM / DD / YYYY 03 / 23 / 2008
	Mailing Address 2260 GUILFORD LANE	Transaction ID: SA11AI.61255
	City State Zip Code LEXINGTON KY 40513	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BLUEGRASS ANESTHESIA SERVICES 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) KENT DAVIS	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 13033 W HARVARD AVE	Transaction ID: SA11AI.61482
	City State Zip Code LAKEWOOD CO 80228	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation S DENVER ANESTH 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) P CRAIG DENNEN	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 21 ORCHARD LN	Transaction ID: SA11AI.61394
	City State Zip Code SIMSBURY CT 06070	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOODLAND ANESTH 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)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 113
(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) MARK DENTZ		Date of Receipt
	Mailing Address 1422 WILLOWBROOKE CIRCLE		<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 03 / 10 / 2008
	City	State	Zip Code
	FRANKLIN	TN	37069
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61148
Name of Employer ANESTHESIA MEDICAL GROUP, 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 ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) JOSEPH DERENZO		Date of Receipt
	Mailing Address 6008 RED TAIL LANE		<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 03 / 17 / 2008
	City	State	Zip Code
	GIBSONIA	PA	15044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61209
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS DE		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) WILLIAM DEVORE		Date of Receipt
	Mailing Address 363 TWIN OAKS 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 03 / 05 / 2008
	City	State	Zip Code
	SPARTANBURG	SC	29306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60786
Name of Employer FOOTHILLS ANES CONSUL		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 26 / 113
	(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) JAMES DIAL		Date of Receipt
	Mailing Address P.O. BOX 8305		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	GADSDEN	AL	35902
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ANESTH ASSOC		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.61055
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) JERRY DIEHR		Date of Receipt
	Mailing Address 4111 W AZEELE ST		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TAMPA	FL	33609
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FLORIDA ANESTH		Occupation ANESTHESIOLOGIST	Transaction ID: SA11AI.60987
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 DINGER		Date of Receipt
	Mailing Address 6 CEDAR HEIGHTS EST		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	DUNCANSVILLE	PA	16635
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SPRING COVE MED SV		Occupation PHYSICIAN	Transaction ID: SA11AI.60794
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: PAGE 27 / 113
(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 DOMINGUEZ	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 1720 LOUISIANA BLVD#401	Transaction ID: SA11AI.60798
	City State Zip Code ALBUQUERQUE NM 87110	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ANES ASSOC OF NM	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) STEVEN DONDLINGER	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 14700 28TH AVE N #20	Transaction ID: SA11AI.61441
	City State Zip Code PLYMOUTH MN 55447	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDICAL ANES	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 DOYLE	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 2253 WINDING WOOD LN	Transaction ID: SA11AI.61101
	City State Zip Code CHARLOTTE NC 28209	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUTHEAST ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 113
	(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) MICHAEL DUAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 98 CHAMPIONS CLIFF	Transaction ID: SA11AI.61581
	City State Zip Code SAN ANTONIO TX 78258	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation STAR ANESTHESIA, P.A. 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) M T DUNFEE	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 285 CEDAR LN	Transaction ID: SA11AI.61436
	City State Zip Code SPENCER IN 47460	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BLOOMINGTON ANESTH 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 ELLISON	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 5501 WINCHESTER CT	Transaction ID: SA11AI.60947
	City State Zip Code MIDLAND MI 48642	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MID MICHIGAN ANESTH 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: PAGE 29 / 113
(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) GREGORY ENDERS		Date of Receipt																					
	Mailing Address 206 WINDLAKE 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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.61076																				
SENECA	SC	29672	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer ANES CONSULT UPSTATE		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) CARLOS ESTRADA		Date of Receipt																					
	Mailing Address 300 AVE LA SIERRA APT 110		<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>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	8		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.61137																				
SAN JUAN	PR	00926	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer HIMA SAN PABLO GROUP		Occupation PEDIATRIC 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) GEORGE FANT		Date of Receipt																					
	Mailing Address P.O. BOX 8305		<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.61056																				
GADSDEN	AL	35902	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer ANESTH 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)	▶	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 30 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANIEL FERRY

Mailing Address 8424 E AMETHYST LN

City State Zip Code
TUCSON AZ 85750

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

Name of Employer Occupation
UNIV OF ARIZONA 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
03 / 07 / 2008

Transaction ID: SA11AI.61040

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOSE FIGUEROA

Mailing Address 800 E CARPENTER ST

City State Zip Code
SPRINGFIELD IL 62769

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

Name of Employer Occupation
SANGAMON ASSOC ANES 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
03 / 07 / 2008

Transaction ID: SA11AI.61008

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JUAN FIRNHABER

Mailing Address UAMS
4301 W. MARKHAM ST. SLOT 515

City State Zip Code
LITTLE ROCK AR 72205

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

Name of Employer Occupation
UAMS FACULTY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: SA11AI.61218

Amount of Each Receipt this Period
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: PAGE 31 / 113
(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 FISCHER

Mailing Address 2012 LAKE AIR #E

City State Zip Code
WACO TX 76710

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
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.61481

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRIAN FLANAGAN

Mailing Address 1960 NE 47TH ST FL 2

City State Zip Code
FT LAUDERDALE FL 33308

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

Name of Employer FREEMONT RIDEOUT HOSP 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
03 / 31 / 2008

Transaction ID: SA11AI.61551

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRANDT FOREMAN

Mailing Address 1875 S BASCOM AVE #116

City State Zip Code
CAMPBELL CA 95008

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

Name of Employer COAST ANESTH 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
03 / 31 / 2008

Transaction ID: SA11AI.61569

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 32 / 113
	(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) ORVILLE R MD FOSTER	Date of Receipt MM / DD / YYYY 03 / 23 / 2008
	Mailing Address 3557 CAPPJO DR	Transaction ID: SA11AI.61261
	City State Zip Code MELBOURNE FL 32940	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CENTRAL BREVARD ANESTHESIOLOGISTS 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) MARK FRANKEL	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 3700 BLACK CANYON RD	Transaction ID: SA11AI.61387
	City State Zip Code FT WORTH TX 76109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTH STAR ANESTH 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) HOWARD FRIEDMAN	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address P.O. BOX 8305	Transaction ID: SA11AI.61057
	City State Zip Code GADSDEN AL 35902	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTH 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)	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 33 / 113
	<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) DON FROST		Date of Receipt	
	Mailing Address 553 SILVERWOOD TRAIL		M M / D D / Y Y Y Y 03 / 23 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61259
	NORTH LITTLE ROCK	AR	72116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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		

B.	Full Name (Last, First, Middle Initial) LON FRY		Date of Receipt	
	Mailing Address 134 ALBANY ST		M M / D D / Y Y Y Y 03 / 04 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60714
	SAN ANTONIO	TX	78209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SPECTRUM HEALTH		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) SUSAN GALADA		Date of Receipt	
	Mailing Address 981 CHESAPEAKE DR		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61013
	HAVRE DE GRACE	MD	21078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer NO CHESAPEAKE 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: (check only one)	PAGE 34 / 113
	<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) MARC GATTIKER		Date of Receipt	
	Mailing Address 5939 S MOLINE WAY		M M / D D / Y Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61423
	ENGLEWOOD	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer S DENVER ANESTH		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) BRAD GAWEY		Date of Receipt	
	Mailing Address 611 NW 15TH		M M / D D / Y Y Y Y Y 03 / 14 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61192
	OKLAHOMA CITY	OK	73103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SELF		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) JENELLE GERMANY		Date of Receipt	
	Mailing Address 2009 THAMES TRAIL		M M / D D / Y Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61312
	COLLEYVILLE	TX	76034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer METROPOLITAN ANESTHESIA 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)	▶	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 35 / 113
	<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) JONATHAN GERSON		Date of Receipt	
	Mailing Address 104 HETHERINGTON LANE		M M / D D / Y Y Y Y Y 03 / 03 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60610
	CINCINNATI	OH	45246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer AANWD		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) KAREN GIARRUSSO		Date of Receipt	
	Mailing Address 1170 BUENA VISTA DR		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60725
	GREENSBORO	GA	30642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GWINNETT ANES SERV		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) TIMOTHY GILBERT		Date of Receipt	
	Mailing Address ANESTHESIOLOGY, UNIV OF MD ROOM S11-C10; 22 S GREENE ST		M M / D D / Y Y Y Y Y 03 / 14 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61194
	BALTIMORE	MD	21201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer STATE OF MD		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: PAGE 36 / 113
(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)
TOM GIONET

Mailing Address 6042 E SHANGRI-LA RD

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Occupation
DESERT MTN CONSULT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: SA11AI.61036

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1202 SAND TRAP CT

City State Zip Code
CHESAPEAKE VA 23320

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

Name of Employer Occupation
CHESAPEAKE ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.61337

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
LAWRENCE GOLDSTEIN

Mailing Address 5299 GARNABY LN

City State Zip Code
NORCROSS GA 30092

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

Name of Employer Occupation
GWINNETT ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.60745

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 37 / 113
	(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) MARIA GOMEZ	Date of Receipt MM / DD / YYYY 03 / 22 / 2008
	Mailing Address 617 E. DESERT PARK LANE	Transaction ID: SA11AI.61246
	City State Zip Code PHOENIX AZ 85020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VALLEY ANESTHESIOLOGY CONSULTANTS, LTD 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) EVELYN GONZALEZ-ABOLA	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 410 VALLEYVIEW DR	Transaction ID: SA11AI.60941
	City State Zip Code JEFFERSON HILLS PA 15025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV OF PITTS PHYS 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) LEON GRAHAM	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 793 BRIARWOOD RD	Transaction ID: SA11AI.60727
	City State Zip Code MERIDIAN MS 39305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RUSH HEALTH SYS 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: (check only one)	PAGE 38 / 113
	<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 GREAVES	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 1165 LINNWOOD DR NE	Transaction ID: SA11AI.60785
	City State Zip Code ALBANY OR 97322	Amount of Each Receipt this Period 501.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALBANY ANESTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

B.	Full Name (Last, First, Middle Initial) JOEL GREENSPAN	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 6 OAK RIDGE CT	Transaction ID: SA11AI.60971
	City State Zip Code ARMONK NY 10504	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED 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) RICHARD GREGG	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 9580 LINFIELD DR	Transaction ID: SA11AI.61539
	City State Zip Code CINCINNATI OH 45242	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHRIST HOSPITAL 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)	▶	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: PAGE 39 / 113
(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)
FRANCISCO GRINBERG

Mailing Address 149 EDSON HILL RD #6

City State Zip Code
STOWE VT 05672

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

Name of Employer Occupation
FLETCHER ALLEN HLTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.60737

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN GROSS

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer Occupation
ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: SA11AI.61060

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NELSON GUEVARA

Mailing Address 1416 ALGERIA AVE

City State Zip Code
CORAL GABLES FL 33134

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

Name of Employer Occupation
SHERIDAN HEALTHCARE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.61494

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 40 / 113
	<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) GARY GUGLIELMINO		Date of Receipt MM / DD / YYYY 03 / 05 / 2008		
	Mailing Address 8905 SW NIMBUS #300		Transaction ID: SA11AI.60808		
	City BEAVERTON	State OR	Zip Code 97008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MED ANES CONSUL MED	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) THOMAS GUHL		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 20935 W WINDSOR DR		Transaction ID: SA11AI.60970		
	City NEW BERLIN	State WI	Zip Code 53145	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) ▼		

C.	Full Name (Last, First, Middle Initial) THOMAS GUNNING		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 6855 LAKESHORE DR		Transaction ID: SA11AI.61558		
	City DALLAS	State TX	Zip Code 75214	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHSTAR ANESTH	Occupation ANESTHESIOLOGIST	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: PAGE 41 / 113
(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)
COOPER HAGERTY

Mailing Address 936 LAKE COLONY RUN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer ARM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: SA11AI.61546
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
KEVIN HAMPEL

Mailing Address 1000 E PRIMROSE #520

City SPRINGFIELD State MO Zip Code 65807

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

Name of Employer OZARK ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 06 / 2008
Transaction ID: SA11AI.60890
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
PHILIP HANLON

Mailing Address P.O. BOX 8365

City MOBILE State AL Zip Code 36689

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

Name of Employer PRH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2008
Transaction ID: SA11AI.60836
 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 42 / 113
	(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) RUSSELL HARRIS		Date of Receipt
	Mailing Address 500 S UNIVERSITY AVE #505		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 28 / 2008
	City	State	Zip Code
	LITTLE ROCK	AR	72205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61327
Name of Employer LITTLE ROCK ANES SER		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) WILLIAM HARRIS		Date of Receipt
	Mailing Address 3120 LEGACY TRCE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 03 / 2008
	City	State	Zip Code
	CINCINNATI	OH	45237
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60619
Name of Employer ANESTH GRP PRAC		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) WILLIAM HASS		Date of Receipt
	Mailing Address 1 HOSPITAL DR SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 07 / 2008
	City	State	Zip Code
	HUNTSVILLE	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60996
Name of Employer SELF-EMPLOYED		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

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 43 / 113
(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)
MARTIN HAYES

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: SA11AI.61059

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
CONG HE

Mailing Address 36 BLUEBIRD HILL CT

City State Zip Code
MANHASSET NY 11030

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
M M / D D / Y Y Y Y
03 / 05 / 2008

Transaction ID: SA11AI.60759

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 11736 NORTH BRIDGEWATER

City State Zip Code
MEQUON WI 53092

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

Name of Employer SUMMIT ANESTHESIOLOGY 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
03 / 03 / 2008

Transaction ID: SA11AI.60624

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 44 / 113
	<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)
BRADLEY HINDMAN

Mailing Address 26 RITA LYN CT

City IOWA CITY State IA Zip Code 52245

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

Name of Employer UNIV OF IOWA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2008
Transaction ID: SA11AI.60849
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 217 COUNTRY CLUB PK #113

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer ARM Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.61395
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 800 E CARPENTER ST

City SPRINGFIELD State IL Zip Code 62769

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

Name of Employer SANGAMON ASSOC ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2008
Transaction ID: SA11AI.61006
Amount of Each Receipt this Period: 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 45 / 113
	<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) STEPHEN HOUSER	Date of Receipt MM / DD / YYYY 03 / 02 / 2008
	Mailing Address 1503 CHURCHILL DOWNS DR	Transaction ID: SA11AI.60599
	City State Zip Code WAXHAW NC 28173	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Occupation ANESTHESIOLOGST 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) STEPHEN HOWELL	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address P.O. BOX 9134	Transaction ID: SA11AI.60715
	City State Zip Code MORGANTOWN WV 26506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer W VIRGINIA UNIV SCHL Occupation PROFESSOR 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) KENT HULTQUIST	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 13738 HAMILTON ST	Transaction ID: SA11AI.60823
	City State Zip Code OMAHA NE 68154	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA WEST 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 46 / 113
	<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) RYAN HULVER		Date of Receipt	
	Mailing Address 1115 E. 38TH ST.		M M / D D / Y Y Y Y 03 / 26 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61299
	TULSA	OK	74105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HILLCREST 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		

B.	Full Name (Last, First, Middle Initial) CHRISTINE HUNTER		Date of Receipt	
	Mailing Address 125 PATERSON ST #3100		M M / D D / Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60814
	NEW BRUNSWICK	NJ	08901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer UMDNJ		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) SHALE IMESON		Date of Receipt	
	Mailing Address 6094 HUNTINGDALE CR		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61086
	STOCKTON	CA	95219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer STOCKTON ANES MED		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: (check only one)	PAGE 47 / 113
	<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 JACOB		Date of Receipt																					
	Mailing Address 7415 BAYSWATER 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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	8														
	City State Zip Code CINCINNATI OH 45255		Transaction ID: SA11AI.61528																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer ANES ASSOC CINCINNATI		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) WAYNE JACOBSEN		Date of Receipt																					
	Mailing Address 1501 N CAMPBELL AVE #245114		<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City State Zip Code TUCSON AZ 85724		Transaction ID: SA11AI.60981																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer UNIV OF ARIZONA		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) PAUL JAKLITSCH		Date of Receipt																					
	Mailing Address 4499 QUAIL RIDGE CT NE		<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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	5		2	0	0	8														
	City State Zip Code ADA MI 49301		Transaction ID: SA11AI.60831																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer ANES MED CONSULT		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 48 / 113
	(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) SARAH JAMES	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 1620 TETHER KEEP	Transaction ID: SA11AI.61314
	City State Zip Code VIRGINIA BEACH VA 23454	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SUFFOLK ANESTHESIA ASSOCIATES 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) JAMES JANSZEN	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 3170 GOLDEN AVE	Transaction ID: SA11AI.61530
	City State Zip Code CINCINNATI OH 45226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANES ASSOC CINCINNATI 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	

C.	Full Name (Last, First, Middle Initial) RANDALL JOE	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 14 DIANTHUS DR	Transaction ID: SA11AI.60966
	City State Zip Code ASHEVILLE NC 28803	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASHEVILLE ANES ASSOC 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)	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 49 / 113
(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)
BRAD JOHNSON

Mailing Address 303 W SPRING MEADOWS LN

City DEWITT State MI Zip Code 48820

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

Name of Employer LANSING ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.61449
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JOEL JOHNSON

Mailing Address 6911 VAN DORN #2

City LINCOLN State NE Zip Code 68506

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

Name of Employer AAPC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 05 / 2008
Transaction ID: SA11AI.60840
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
PAUL JOHNSON

Mailing Address 245 N RUTH ST

City ST PAUL State MN Zip Code 55119

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

Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2008
Transaction ID: SA11AI.60796
Amount of Each Receipt this Period: 250.00

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: (check only one)	PAGE 50 / 113
	<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) ESWARA KAKARALA		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 800 E CARPENTER ST		Transaction ID: SA11AI.61012		
	City SPRINGFIELD	State IL	Zip Code 62769	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SANGAMON ASSOC ANES	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) PETER KAMILAKIS		Date of Receipt MM / DD / YYYY 03 / 26 / 2008		
	Mailing Address 3021 LADY MARIAN LANE		Transaction ID: SA11AI.61301		
	City MIDLOTHIAN	State VA	Zip Code 23113	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMMONWEALTH 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			

C.	Full Name (Last, First, Middle Initial) KAY KARASEK		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 2310 BENT TREE CT		Transaction ID: SA11AI.61555		
	City ST JOSEPH	State MO	Zip Code 64506	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HRMC	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: PAGE 51 / 113
(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) VIDA KASUBA		Date of Receipt MM / DD / YYYY 03 / 28 / 2008	
Mailing Address 1406 ELIZABETH CT		Transaction ID: SA11AI.61397	
City CORAOPOLIS	State PA	Zip Code 15108	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PITTSBURGH ANES ASSOC	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) WILLIAM KELLY		Date of Receipt MM / DD / YYYY 03 / 06 / 2008	
Mailing Address 10809 BUCKINGHAM PL		Transaction ID: SA11AI.60875	
City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAI	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) PAUL KNOX		Date of Receipt MM / DD / YYYY 03 / 05 / 2008	
Mailing Address 7400 1ST AVE S		Transaction ID: SA11AI.60739	
City ST PETERSBURG	State FL	Zip Code 33707	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANES CONSULT ST PETERSBURG	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)	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 52 / 113
	<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) TODD KNOX		Date of Receipt																					
	Mailing Address 701 N 1ST ST		<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	8		2	0	0	8														
	City State Zip Code SPRINGFIELD IL 62781		Transaction ID: SA11AI.61432																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation ASSOC ANES SPGFLD ANESTHESIOLOGIST		Receipt For: Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		250.00																						

B.	Full Name (Last, First, Middle Initial) BETTYLOU KOFFEL		Date of Receipt																					
	Mailing Address 25 NW 23RD PL #6 PMB 432		<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	8		2	0	0	8														
	City State Zip Code PORTLAND OR 97210		Transaction ID: SA11AI.61486																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation NORTHWEST PERM ANESTHESIOLOGIST		Receipt For: Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		250.00																						

C.	Full Name (Last, First, Middle Initial) MICHAEL KOVARIK		Date of Receipt																					
	Mailing Address 800 E CARPENTER ST		<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City State Zip Code SPRINGFIELD IL 62769		Transaction ID: SA11AI.61010																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation SANGAMON ASSOC ANES ANESTHESIOLOGIST		Receipt For: Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: PAGE 53 / 113
(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)
MARK KRAUSE

Mailing Address 1439 NORTH MOHAWK

City State Zip Code
CHICAGO IL 60610

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

Name of Employer COUNTY OF COOK 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
03 / 18 / 2008

Transaction ID: SA11AI.61220

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
PREMA KRISHNAMURTHY

Mailing Address 1170 ARROWOOD DR

City State Zip Code
PITTSBURGH PA 15243

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

Name of Employer UPMC 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
03 / 28 / 2008

Transaction ID: SA11AI.61488

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1501 S LAKE GEORGE DR

City State Zip Code
MISHAWAKA IN 46545

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

Name of Employer ST JOSEPH VALLEY 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
03 / 07 / 2008

Transaction ID: SA11AI.61070

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 54 / 113
	(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) STEVEN LANDAU		Date of Receipt MM / DD / YYYY 03 / 03 / 2008
Mailing Address 2443 DUNDEE RD		Transaction ID: SA11AI.60621
City ANN ARBOR	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANES ASSOC FOOTE HOSP	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) RAY LANSING		Date of Receipt MM / DD / YYYY 03 / 05 / 2008
Mailing Address 20020 TUMALO RD		Transaction ID: SA11AI.60747
City BEND	State OR	Zip Code 97701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BEAD ANESTH GRP	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) HUONG LE		Date of Receipt MM / DD / YYYY 03 / 23 / 2008
Mailing Address 4061 W POST ROAD		Transaction ID: SA11AI.61249
City CHANDLER	State AZ	Zip Code 85226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

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 55 / 113
(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 LEKAN

Mailing Address 6612 PLEASANT ST

City State Zip Code
CINCINNATI OH 45227

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

Name of Employer ANES ASSOC 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
03 / 31 / 2008

Transaction ID: SA11AI.61532

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
WARRN LEONG

Mailing Address 5642 VIA DE LA PLATA CR

City State Zip Code
DELRAY BEACH FL 33484

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

Name of Employer TEAM HEALTH 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
03 / 04 / 2008

Transaction ID: SA11AI.60685

Amount of Each Receipt this Period 250.00

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

Mailing Address 15W316 60TH ST

City State Zip Code
BURR RIDGE IL 60527

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

Name of Employer ELMHURST ANESTHESIOLOGIST-S.P.C. Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.60716

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: (check only one)	PAGE 56 / 113
	<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) GLORIA LEWIS	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 3600 MALONEY RD	Transaction ID: SA11AI.61023
	City State Zip Code KNOXVILLE TN 37920	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMAET 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) NANCY LILLEHEI	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 5808 GREENWOOD AVE N	Transaction ID: SA11AI.61478
	City State Zip Code SEATTLE WA 98103	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED 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 LONG	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1501 MAPLE AVE #301	Transaction ID: SA11AI.61118
	City State Zip Code RICHMOND VA 23226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation COMMONWEALTH PAIN SPEC 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 57 / 113
(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)
ANN LOVITT

Mailing Address 427 VERNON RD

City State Zip Code
JENKINTOWN PA 19046

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

Name of Employer Occupation
FOX CHASE ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2008

Transaction ID: SA11AI.60660

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
KATARZYNA LUBA

Mailing Address 3333 EVERGREEN DR NE

City State Zip Code
GRAND RAPIDS MI 49525

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

Name of Employer Occupation
ANES MED CONSULT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.61004

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MAUREEN LUBY

Mailing Address 7230 MIDBURY DR

City State Zip Code
DALLAS TX 75230

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

Name of Employer Occupation
DALLAS ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.61088

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 58 / 113
	(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) TIMOTHY MADREN		Date of Receipt
	Mailing Address 2400 SOUTH 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 03 / 05 / 2008
	City	State	Zip Code
	LAFAYETTE	IN	47904
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.60780
Name of Employer ST ELIZABETH REG HLTH		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) ROMAN MAGIDENKO		Date of Receipt
	Mailing Address 2856 AMBERLY 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 03 / 08 / 2008
	City	State	Zip Code
	TROY	MI	48084
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.61131
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES, P		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 ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) GIRISH MAKWANA		Date of Receipt
	Mailing Address 1585 BLENHEIM 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 03 / 28 / 2008
	City	State	Zip Code
	ATLANTA	GA	30350
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.61349
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 ▼ 250.00	<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 59 / 113
(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)
ERANIO MALTO

Mailing Address 8022 MCCANDLISH RD

City GRAND BLANC State MI Zip Code 48439

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

Name of Employer MICH MED ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.61447
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS MANDEL

Mailing Address 15395 PROSPECT DR

City REDDING State CA Zip Code 96001

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: 03 / 05 / 2008
Transaction ID: SA11AI.60718
 Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 336 FOREST ST

City OAKLAND State CA Zip Code 94618

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

Name of Employer ALAMEDA ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.61336
 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: (check only one)	PAGE 60 / 113
	<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) MARK MANLEY		Date of Receipt	
	Mailing Address 11947 STONEMARK LN		M M / D D / Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61534
	LOVELAND	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANES ASSOC CINCINNATI		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) ROBERT MARTIN		Date of Receipt	
	Mailing Address 1856 PLATINUM FALLS DR SE		M M / D D / Y Y Y Y 03 / 06 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60916
	ADA	MI	49301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer		Occupation ANESTHESIOLOGIST		
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) EDWIN MATHEWS		Date of Receipt	
	Mailing Address 725 AMERICAN AVE		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60999
	WAUKESHA	WI	53188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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)	▶	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 61 / 113
	(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) BILL MAUPIN		Date of Receipt MM / DD / YYYY 03 / 11 / 2008		
	Mailing Address 801 NW 145TH CIRCLE		Transaction ID: SA11AI.61163		
	City EDMOND	State OK	Zip Code 73013	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFFILIATED ANESTHESIOLOGISTS	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) PATRICK MCCASLIN		Date of Receipt MM / DD / YYYY 03 / 31 / 2008		
	Mailing Address 78 RIVER BLUFF DRIVE		Transaction ID: SA11AI.61575		
	City MADISONVILLE	State LA	Zip Code 70447	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WEST ST. TAMMANY ANESTHESIA	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) GREGORY MCCOMAS		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 6578 CANYON COVE PL		Transaction ID: SA11AI.61016		
	City SALT LAKE CITY	State UT	Zip Code 84121	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MOUNTAIN WEST ANES	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: PAGE 62 / 113
(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)
JOSEPH MCCOMB

Mailing Address 104 CETON COURT

City BROOMALL State PA Zip Code 19008

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

Name of Employer UAS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2008
Transaction ID: SA11AI.61124
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
CAROL MCCOURT

Mailing Address 1900 EXETER RD #210

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer METRO ANES ALLIANCE Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2008
Transaction ID: SA11AI.61050
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
HARLAN MCCULLOCH

Mailing Address 7528 WATERVIEW DR

City CORNELIUS State NC Zip Code 28031

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

Name of Employer SOUTHEAST ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 07 / 2008
Transaction ID: SA11AI.61107
 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 63 / 113

(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)
THOMAS MELIN

Mailing Address 12855 ELMWOOD RD

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2008

Transaction ID: SA11AI.61383

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 3324 KING EDWARDS CT

City State Zip Code
EUGENE OR 97401

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NORTHWEST ANESTHESIA PHYSICIANS, PC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2008

Transaction ID: SA11AI.60614

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
BYRON MENDENHALL

Mailing Address 4614 W VINE AVE

City State Zip Code
VISALIA CA 93291

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2008

Transaction ID: SA11AI.60710

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: (check only one)	PAGE 64 / 113
	<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) AMIR MIAN		Date of Receipt	
	Mailing Address 14922 HOLLYDALE DR		M M / D D / Y Y Y Y 03 / 04 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60680
	HOUSTON	TX	77062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer BAYSHORE ANES GRP		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) RUTH MOES		Date of Receipt	
	Mailing Address 1856 22ND AVE NE		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60952
	ROCHESTER	MN	55906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer WINONA HEALTH ORG		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) DOMINIC MONTEROSSO		Date of Receipt	
	Mailing Address 100 W FIFTH ST #614		M M / D D / Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61445
	ROYAL OAK	MI	48067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer SOAA		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 65 / 113
	<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) THOMAS MOORE	Date of Receipt
	Mailing Address 415 N CENTER ST #201	<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 0 3 / 2 8 / 2 0 0 8
	City State Zip Code HICKORY NC 28601	Transaction ID: SA11AI.61470
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation UNIFOUR ANES ASSOC PHYSICIAN	
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) ROBERT MORGAN	Date of Receipt
	Mailing Address 211 EAST PARK AVENUE	<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 0 3 / 0 6 / 2 0 0 8
	City State Zip Code GREENVILLE SC 29601	Transaction ID: SA11AI.60921
	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 GREENVILLE ANESTHESIOLOGY, P.A. M.D.	
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) JAMES MOSHER	Date of Receipt
	Mailing Address 6511 FOX CHASE 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 0 3 / 3 1 / 2 0 0 8
	City State Zip Code CINCINNATI OH 45243	Transaction ID: SA11AI.61573
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation ANES ASSOC CINCINNATI ANESTHESIOLOGIST	
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 66 / 113
	<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) SOE MYINT		Date of Receipt
	Mailing Address 1923 78TH 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 03 / 04 / 2008
	City	State	Zip Code
	BROOKLYN	NY	11214
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60687
Name of Employer WYCKOFF HEIGHT MED		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) EDWARD NORMAN		Date of Receipt
	Mailing Address 1040 SKYE 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 03 / 28 / 2008
	City	State	Zip Code
	PALM HARBOR	FL	34683
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61378
Name of Employer N PINELLAS ANESTH		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) HELEN O'LEARY		Date of Receipt
	Mailing Address 3500 WINTERBERRY 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 03 / 28 / 2008
	City	State	Zip Code
	LOUISVILLE	KY	40207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61359
Name of Employer ANES ASSOC LOUISVILLE		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"/> 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: (check only one)	PAGE 67 / 113
	<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 ODELL		Date of Receipt MM / DD / YYYY 03 / 05 / 2008		
	Mailing Address 9632 GRAND ISLE LN		Transaction ID: SA11AI.60845		
	City LAS VEGAS	State NV	Zip Code 89144	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) JOHN OESTERLE		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 1660 DILWORTH RD W		Transaction ID: SA11AI.61496		
	City CHARLOTTE	State NC	Zip Code 28203	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SE ANESTH CONSULT	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) DAVID OLIVER		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address P.O. BOX 1928		Transaction ID: SA11AI.61492		
	City COLUMBIA	State SC	Zip Code 29202	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTH CONSULTANTS	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:	PAGE 68 / 113
	(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) KEVIN OWEN		Date of Receipt
	Mailing Address 4662 WHITEHALL LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2008
	City	State	Zip Code
	HIGHLANDS RANCH	CO	80126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61291
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, 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"/> 500.00

B.	Full Name (Last, First, Middle Initial) NICK PALERMO		Date of Receipt
	Mailing Address 11251 SW 82ND PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 28 / 2008
	City	State	Zip Code
	MIAMI	FL	33156
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61476
Name of Employer ANES ASSOC GRT MIAMI		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) HARRY PALL		Date of Receipt
	Mailing Address 603 E LAKE ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 07 / 2008
	City	State	Zip Code
	PETOSKEY	MI	49770
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60968
Name of Employer NORTHERN ANES PROV		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 69 / 113
(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)
SUSAN PALMER

Mailing Address 120 DANIEL DRIVE

City State Zip Code
EUGENE OR 97404

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

Name of Employer Occupation
OREGON ANESTHESIOLOGY GRO-UP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: SA11AI.61155

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
LEILA PANG

Mailing Address 10 CARLOTTA WAY

City State Zip Code
DEMAREST NJ 07627

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

Name of Employer Occupation
COLUMBIA UNIV PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11AI.61422

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MUKESH PATEL

Mailing Address 2201 CLIMBING IVY DR

City State Zip Code
TAMPA FL 33618

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

Name of Employer Occupation
MILLENNIUM ANES CARE ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.61053

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 70 / 113
(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 PEAIRS

Mailing Address 5901 E VIA DEL CIELO

City State Zip Code
PARADISE VALLEY AZ 85253

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 16 / 2008

Transaction ID: SA11AI.61203

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
FRANCISCO PEREZ

Mailing Address 1900 TALLGRASS CIR

City State Zip Code
WAUKESHA WI 53188

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: MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.60983

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH PETERS

Mailing Address P.O. BOX 8305

City State Zip Code
GADSDEN AL 35902

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

Name of Employer ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.61062

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 71 / 113
(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 PETERSON

Mailing Address 15651 CALIFORNIA ST

City State Zip Code
OMAHA NE 68118

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

Name of Employer ANESTHESIA WEST PC 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
03 / 14 / 2008

Transaction ID: SA11AI.61190

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MARY PETERSON

Mailing Address 210 NAPLES

City State Zip Code
CORPUS CHRISTI TX 78404

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

Name of Employer DRISCOLL CHILDRENS HOSPITAL 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
03 / 14 / 2008

Transaction ID: SA11AI.61188

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
TODD PETERSON

Mailing Address 14616 S 24TH PL

City State Zip Code
PHOENIX AZ 85048

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

Name of Employer HORIZON ANESTH 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
03 / 06 / 2008

Transaction ID: SA11AI.60917

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 72 / 113
	(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) PETER PICKERING		Date of Receipt	
	Mailing Address 16 NASSAU RD		M M / D D / Y Y Y Y 03 / 06 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60864
	MASSAPEQUA	NY	11758	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) JWALA PRASAD		Date of Receipt	
	Mailing Address 9857 FORESTGLEN DR		M M / D D / Y Y Y Y 03 / 31 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61537
	CINCINNATI	OH	45242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer CHRIST 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) BRUCE PURYEAR		Date of Receipt	
	Mailing Address 10947 E LAUREL LN		M M / D D / Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61502
	SCOTTSDALE	AZ	85259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer VALLEY ANES CONSUL		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: (check only one)	PAGE 73 / 113
	<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) ANDREW QUIROZ		Date of Receipt
	Mailing Address 4720 RICHMOND 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
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60825
Name of Employer		Occupation	Amount of Each Receipt this Period
		ANESTHESIOLOGIST	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) DONALD RAITHEL		Date of Receipt
	Mailing Address 8672 MONTE 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
	CINCINNATI	OH	45242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61535
Name of Employer		Occupation	Amount of Each Receipt this Period
ANES ASSOC CINCINNATI		ANESTHESIOLOGIST	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) MARY RATLIFF		Date of Receipt
	Mailing Address P.O. BOX 1347		<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
	PIKEVILLE	KY	41502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61363
Name of Employer		Occupation	Amount of Each Receipt this Period
EASTERN KY ANESTH		ANESTHESIOLOGIST	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
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 74 / 113
	(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) JOSEPH RAYBURN		Date of Receipt
	Mailing Address P.O. BOX 8305		<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 03 / 07 / 2008
	City	State	Zip Code
	GADSEN	AL	35902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61064
Name of Employer ANESTH ASSOC		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) GUNDALA REDDY		Date of Receipt
	Mailing Address 2576 CEDAR CREST 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 03 / 07 / 2008
	City	State	Zip Code
	MERCED	CA	95340
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60949
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
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM ROBERTS		Date of Receipt
	Mailing Address 9 VICTORIA 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 03 / 28 / 2008
	City	State	Zip Code
	NEWBURGH	IN	47630
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61360
Name of Employer DEACONESS HOSP		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	

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 75 / 113
	(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) FRANKLIN ROBINSON	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 3745 GLAZIER WAY	Transaction ID: SA11AI.60943
	City State Zip Code ANN ARBOR MI 48105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED 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) IGNACIO RODRIGUEZ	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 8224 SW 179TH TERRACE	Transaction ID: SA11AI.61287
	City State Zip Code PALMETTO BAY FL 33157	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH MIAMI PAIN CENTER 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) ALLAN ROSEN	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 8501 VERESE CT	Transaction ID: SA11AI.60639
	City State Zip Code ORLANDO FL 32836	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TEAM HEALTH 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: (check only one)	PAGE 76 / 113
	<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) HENRY ROSENBERG	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 94 OLD SHORT HILLS RD	Transaction ID: SA11AI.61120
	City State Zip Code LIVINGSTON NJ 07039	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST BARNABAS MED CTR 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) STEPHEN RUBIN	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 4997 OAKHURST LN	Transaction ID: SA11AI.61161
	City State Zip Code FRISCO TX 75034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PINNACLE ANESTHESIA 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) DAVID RYAN	Date of Receipt MM / DD / YYYY 03 / 13 / 2008
	Mailing Address 6482 KWERNEYWOOD RD	Transaction ID: SA11AI.61182
	City State Zip Code PARMA OH 44129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLEVELAND CLINIC FOUNDATION PAIN MANAGEMENT FELLOW	
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 77 / 113
	<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) DONAL RYAN		Date of Receipt MM / DD / YYYY 03 / 07 / 2008		
	Mailing Address 3315 WATT AVE		Transaction ID: SA11AI.61099		
	City SACRAMENTO	State CA	Zip Code 95821	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CASE MED GRP	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 SAKELLARIOUS		Date of Receipt MM / DD / YYYY 03 / 06 / 2008		
	Mailing Address 1511 IRVING AVE		Transaction ID: SA11AI.60863		
	City GLENDALE	State CA	Zip Code 91201	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			

C.	Full Name (Last, First, Middle Initial) DAVID SALAMA		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address 16741 100 NORMAN PL		Transaction ID: SA11AI.61408		
	City CORNELIUS	State NC	Zip Code 28031	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SAC	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: (check only one)	PAGE 78 / 113
	<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) PAUL SAMUELSON		Date of Receipt	
	Mailing Address 3982 SPRING VALLEY RD		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.60834
	BIRMINGHAM	AL	35223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer RETIRED		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) YASHESH SAVANI		Date of Receipt	
	Mailing Address 9 FOX POINT CT NE		M M / D D / Y Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61453
	ADA	MI	49301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANES MED CONSULT		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) WILLIAM SCHIMPKE		Date of Receipt	
	Mailing Address 289 GRAY WOODS LN		M M / D D / Y Y Y Y Y 03 / 28 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61462
	LAKE ANGELUS	MI	48046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer S OAKLAND ANES ASSOC		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)	▶	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 79 / 113
	(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) J ELIZABETH SCHOEMAKER		Date of Receipt MM / DD / YYYY 03 / 05 / 2008		
	Mailing Address 6235 BLACK FOREST DR		Transaction ID: SA11AI.60854		
	City LINCOLN	State NE	Zip Code 68516	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ASSOC ANESTH	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) DAVID SCHULTZ		Date of Receipt MM / DD / YYYY 03 / 06 / 2008		
	Mailing Address 1819 N HALIFAX AVE		Transaction ID: SA11AI.60869		
	City DAYTONA BEACH	State FL	Zip Code 32118	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	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) LOUIS SHENK		Date of Receipt MM / DD / YYYY 03 / 05 / 2008		
	Mailing Address 4713 HESSMER AVE		Transaction ID: SA11AI.60792		
	City METAIRIE	State LA	Zip Code 70002	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CHILDRENS HOSP NEW ORL	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:	PAGE 80 / 113
	(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) JOHN SIKORSKI		Date of Receipt
	Mailing Address 6739 GRAND OAKS 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 03 / 04 / 2008
	City	State	Zip Code
	MASON	OH	45040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.60682
Name of Employer QUEEN CITY ANESTH		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) PHILIP SISSONS		Date of Receipt
	Mailing Address P.O. BOX 8305		<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 03 / 07 / 2008
	City	State	Zip Code
	GADSDEN	AL	35902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61061
Name of Employer ANESTH ASSOC		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) ANDREW SMITH		Date of Receipt
	Mailing Address 2115 NE 27TH 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 03 / 12 / 2008
	City	State	Zip Code
	RENTON	WA	98056
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61165
Name of Employer VALLEY ANESTHESIA ASSOCIA- TES		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
		<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 81 / 113
	(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) DEAN SMITH		Date of Receipt
	Mailing Address 2901 N CENTRAL AVE #500		<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 03 / 07 / 2008
	City	State	Zip Code
	PHOENIX	AZ	85012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61037
Name of Employer VALLEY ANESTH		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) JULIE SORENSEN		Date of Receipt
	Mailing Address 1 MEDICAL CENTER DRIVE PAIN MANAGEMENT		<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 03 / 17 / 2008
	City	State	Zip Code
	LEBANON	NH	03756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61207
Name of Employer DARTMOUTH HITCHCOCK CLINIC		Occupation PAIN MANAGEMENT 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) MICHAEL STEARNS		Date of Receipt
	Mailing Address 2901 N CENTRAL AVE #500		<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 03 / 28 / 2008
	City	State	Zip Code
	PHOENIX	AZ	85012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61416
Name of Employer VALLEY ANES CONSUL		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 82 / 113
	<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 STERNBERG		Date of Receipt
	Mailing Address 3230 SHADYDALE 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 03 / 28 / 2008
	City	State	Zip Code
	W BLOOMFIELD	MI	48323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61451
Name of Employer S OAKLAND ANES ASSOC		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) DOUGLAS STEWART		Date of Receipt
	Mailing Address 1214 RED ROAN 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 03 / 07 / 2008
	City	State	Zip Code
	LOVELAND	OH	45140
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61122
Name of Employer ANES ASSOC CINCINNATI		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) DONALD STOGSDILL		Date of Receipt
	Mailing Address 2569 TURNING LEAF 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 03 / 28 / 2008
	City	State	Zip Code
	CARMEL	IN	46032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61339
Name of Employer CARDIOTHORACIC ANES IN		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

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 83 / 113
	(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) BARRY STOWE	Date of Receipt MM / DD / YYYY 03 / 02 / 2008
	Mailing Address 2101 DARTMOUTH PLACE	Transaction ID: SA11AI.60603
	City State Zip Code CHARLOTTE NC 28207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTHEAST ANESTHESIOLOGY CONSULTANTS 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) DANIEL SUCHA	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 829 RAVENSTONE CIR	Transaction ID: SA11AI.60672
	City State Zip Code MODESTO CA 95355	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SUTTER GOULD MED GRP 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 SUDKAMP	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address RR 1 BOX 132A	Transaction ID: SA11AI.61186
	City State Zip Code SIGEL IL 62462	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARLE CLINIC 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 84 / 113

(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)
FRANCISCO SUERO

Mailing Address **2963 DORMAN AVE**

City **BROOMALL** State **PA** Zip Code **19008**

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

Name of Employer **DARBY ANESTH** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 05 / 2008**

Transaction ID: SA11AI.60721

Amount of Each Receipt this Period **250.00**

B.

Full Name (Last, First, Middle Initial)
NEIL SWISSMAN

Mailing Address **11249 GOLDEN CHESTNUT PL**

City **LAS VEGAS** State **NV** Zip Code **89135**

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

Name of Employer **SUMMIT ANES** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 28 / 2008**

Transaction ID: SA11AI.61497

Amount of Each Receipt this Period **500.00**

C.

Full Name (Last, First, Middle Initial)
RAYMOND TAPNIO

Mailing Address **5272 ARAPAHO WAY**

City **CARMEL** State **IN** Zip Code **46033**

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

Name of Employer **SOUTHEAST ANESTH** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 06 / 2008**

Transaction ID: SA11AI.60861

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 85 / 113
	<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) DAMON TEMPLETON		Date of Receipt	
	Mailing Address 3507 LAKESTONE CT		M M / D D / Y Y Y Y 03 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61198
	MARTINEZ	GA	30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANESTHESIA CONSULTANTS OF AUGUSTA, LLC		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) ERIC THOMAS		Date of Receipt	
	Mailing Address 4625 BRADFORD HTS		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61072
	COLORADO SPRINGS	CO	80906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANES ASSOC CO SPRGS		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 THOMPSON		Date of Receipt	
	Mailing Address 1205 COUNTRY LN		M M / D D / Y Y Y Y 03 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.61025
	ORLANDO	FL	32804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ANES OF GR ORLANDO		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 86 / 113
(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)
ELISE TOMARAS
Mailing Address 4774 REBEL TRL NW
City ATLANTA State GA Zip Code 30327
FEC ID number of contributing federal political committee. **C**
Name of Employer AMBULATORY ANESTH Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2008
Transaction ID: SA11AI.60751
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL TOMLIN
Mailing Address 3683 POWER PL
City CARMEL State IN Zip Code 46033
FEC ID number of contributing federal political committee. **C**
Name of Employer NORTHSIDE ANES SER Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.61426
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
BETH TRAYLOR
Mailing Address 3535 E 146TH ST
City CARMEL State IN Zip Code 46033
FEC ID number of contributing federal political committee. **C**
Name of Employer ANES CONSUL INDIANAPOLIS Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2008
Transaction ID: SA11AI.60776
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 87 / 113
(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 VANBEEK

Mailing Address 35 STONEHURST RD

City State Zip Code
GROSSE PTE SHORES MI 48236

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

Name of Employer Occupation
ST JOHN ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: SA11AI.61331

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JERROLD VEST

Mailing Address 1975 CORBETT HIGHLANDS PLACE

City State Zip Code
ARROYO GRANDE CA 93420

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

Name of Employer Occupation
SELF ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2008

Transaction ID: SA11AI.61236

Amount of Each Receipt this Period
250.00

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

Mailing Address 216 CHEEKWOOD CT

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Occupation
NASHVILLE ANES SERV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: SA11AI.60954

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 88 / 113
	<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 WAGNER		Date of Receipt																					
	Mailing Address 19 PILGRIM 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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	6		2	0	0	8														
	City State Zip Code BEDFORD NH 03110		Transaction ID: SA11AI.61293																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer ANESTHESIA CARE GROUP		Occupation PHYSICIAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

B.	Full Name (Last, First, Middle Initial) KARL WAGNER		Date of Receipt																					
	Mailing Address 2500 METROHEALTH 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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City State Zip Code CLEVELAND OH 44109		Transaction ID: SA11AI.60992																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer METROHEALTH MED		Occupation ANESTHESIOLOGIST																						
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) WILLIAM WARNER		Date of Receipt																					
	Mailing Address 206 ELIZABETH AVE		<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	8														
	City State Zip Code GREENWOOD SC 29646		Transaction ID: SA11AI.61554																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer ANES OF GREENWOOD		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)	▶	850.00
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 / 113
(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)
DOUGLAS WEMMER

Mailing Address 426 SAN REMO WAY

City State Zip Code
SAN DIEGO CA 92106

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

Name of Employer Occupation
YEAGER & ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2008

Transaction ID: SA11AI.60617

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JANET WENDELN

Mailing Address 13739 FOXDALE LAKE DR

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
ANES CONSULT INDSPLS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.61524

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
ALBERT WHITESELL

Mailing Address 55 UTE PASS TRL

City State Zip Code
DURANGO CO 81301

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

Name of Employer Occupation
MERCY HOSPITAL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11AI.61357

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 / 113
	<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 WILDER	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1937 QUEENS RD	Transaction ID: SA11AI.61105
	City State Zip Code CHARLOTTE NC 28207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SE ANES CONSULT 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) MERRILL WORKHOVEN	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1980 1/2 N 14TH ST	Transaction ID: SA11AI.60956
	City State Zip Code COOS BAY OR 97420	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BAY GROUP ANES SVC 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) ELAINE YANG	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 29515 BAYCREST DR	Transaction ID: SA11AI.60946
	City State Zip Code RANCHO PALOS VERDE CA 90275	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LA COUNTY 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: PAGE 91 / 113
(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)
STEPHEN YEICH

Mailing Address 4200 W. MEMORIAL SUITE 703

City State Zip Code
OKLAHOMA CITY OK 73120

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

Name of Employer: AFFILIATED ANESTHESIOLOGISTS
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 03 / 17 / 2008
Transaction ID: SA11AI.61214
Amount of Each Receipt this Period: 500.00

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

Mailing Address 126 WENTWORTH DRIVE

City State Zip Code
DOTHAN AL 36305

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

Name of Employer: ANESTHESIA CONSULTANTS MEDICAL GROUP
Occupation: ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 08 / 2008
Transaction ID: SA11AI.61125
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
JAMES ZAIDAN

Mailing Address 4986 CHEDWORTH DR

City State Zip Code
STONE MOUNTAIN GA 30087

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

Name of Employer: EMORY UNIV
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.61382
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 92 / 113	
	(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"/> 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) PHILIP ZITELLO		Date of Receipt																					
	Mailing Address 26 TIMBER MARSH LN		<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.60939																				
	HILTON HEAD ISLAND	SC	29226	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer PALMETTO ANES OF PAIN		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)	250.00
TOTAL This Period (last page this line number only)	91151.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 93 / 113	
	(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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	8														
	City State Zip Code CHICAGO IL 60675		Transaction ID: SA17.61704																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3136.34																					
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 ▼ 11464.02																						

SUBTOTAL of Receipts This Page (optional)	▶	3136.34
TOTAL This Period (last page this line number only)	▶	3136.34

**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) BECERRA FOR CONGRESS	Transaction ID: SB23.61597
	Mailing Address PO BOX 116	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City HYATTSVILLE State MD Zip Code 20781	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BOUSTANY FOR CONGRESS	Transaction ID: SB23.61651
	Mailing Address 2501 WISCONSIN AVE NW #304	Date of Disbursement MM / DD / YYYY 03 / 13 / 2008
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS	Transaction ID: SB23.61649
	Mailing Address 23942 LYONS AVE #105	Date of Disbursement MM / DD / YYYY 03 / 13 / 2008
	City SANTA CLARA State CA Zip Code 91321	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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) CAMPAC	Transaction ID: SB23.61601 Date of Disbursement
	Mailing Address 5915 EASTMAN AVE #100	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARNAHAN FOR CONGRESS	Transaction ID: SB23.61616 Date of Disbursement
	Mailing Address 7370 MANCHESTER RD #20	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ST LOUIS State MO Zip Code 63143	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.61671 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
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) CONAWAY FOR CONGRESS	Transaction ID: SB23.61595 Date of Disbursement
	Mailing Address PO BOX 1605	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.61689 Date of Disbursement
	Mailing Address 2501 WISCONSIN AVE NW #304	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.61691 Date of Disbursement
	Mailing Address 2501 WISCONSIN AVE NW #304	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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) DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB23.61618 Date of Disbursement																			
	Mailing Address 430 S CAPITOL ST SE	<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2008 CONTRIBUTION	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMP COMM	Transaction ID: SB23.61673 Date of Disbursement																			
	Mailing Address 120 MARYLAND AVE NE	<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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	8												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2008 CONTRIBUTION	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input 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: District:																				

C.	Full Name (Last, First, Middle Initial) DEMOCRATS WIN SEATS PAC	Transaction ID: SB23.61605 Date of Disbursement																			
	Mailing Address 1071 TWIN BRANCH LN	<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	City WESTON State FL Zip Code 33326	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2008 CONTRIBUTION	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>22000.00</td></tr></table>	22000.00
22000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

<p>A. 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</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61667 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. 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</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61669 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ERICPAC</p> <p>Mailing Address 25 E MAIN ST #200</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement 2008 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61683 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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) FRIENDS OF BENNIE THOMPSON <hr/> Mailing Address PO BOX 100 <hr/> City BOLTON State MS Zip Code 39041 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61607 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8	
	Amount of Each Disbursement this Period <input type="text"/> 1500.00	
	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO BOX 74 <hr/> City SYRACUSE State NY Zip Code 13214 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61661 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 2000.00	
C. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT <hr/> Mailing Address PO BOX 53322 <hr/> City BELLEVUE State WA Zip Code 98015 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61679 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8	
	Amount of Each Disbursement this Period <input type="text"/> 500.00	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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) FRIENDS OF DAVE REICHERT	Transaction ID: SB23.61681 Date of Disbursement
	Mailing Address PO BOX 53322	<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="2008"/>
	City BELLEVUE State WA Zip Code 98015	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: SB23.61611 Date of Disbursement
	Mailing Address PO BOX 44369	<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="2008"/>
	City EDEN PRAIRIE State MN Zip Code 55344	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.61620 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="2008"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9500.00"/>
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

A.	Full Name (Last, First, Middle Initial) JEB BRADLEY FOR CONGRESS	Transaction ID: SB23.61624 Date of Disbursement																			
	Mailing Address 645 S MAIN ST	<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	City State Zip Code WOLFEBORO NH 03894	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) JOAN FITZ-GERALD FOR CONGRESS COMMITTEE	Transaction ID: SB23.61663 Date of Disbursement																			
	Mailing Address BOX 401 9975 WADSWORTH PK #K2	<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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	8												
	City State Zip Code WESTMINSTER CO 80021	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) JOHANNES FOR SENATE INC	Transaction ID: SB23.61622 Date of Disbursement																			
	Mailing Address 1201 O STREET #101	<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	City State Zip Code LINCOLN NE 68506	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) LEVIN FOR CONGRESS	Transaction ID: SB23.61613 Date of Disbursement 03 / 06 / 2008
	Mailing Address 230 NORTH AVE	Amount of Each Disbursement this Period 1500.00
	City MT CLEMENS State MI Zip Code 48043	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.61589 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO BOX 1605	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22313	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MANZULLO FOR CONGRESS	Transaction ID: SB23.61586 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO BOX 368	Amount of Each Disbursement this Period 1000.00
	City FALLS CHURCH State VA Zip Code 22040	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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)

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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) MARIO DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.61591 Date of Disbursement
	Mailing Address PO BOX 1605	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCHENRY FOR CONGRESS	Transaction ID: SB23.61638 Date of Disbursement
	Mailing Address PO BOX 1406	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City HICKORY State NC Zip Code 28603	Amount of Each Disbursement this Period
	Purpose of Disbursement	<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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MORE CONSERVATIVES PAC	Transaction ID: SB23.61640 Date of Disbursement
	Mailing Address 675 N WASHINGTON ST #410	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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) NATHAN DEAL FOR CONGRESS <hr/> Mailing Address PO BOX 902 <hr/> City GAINESVILLE State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61693 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS <hr/> Mailing Address PO BOX 902 <hr/> City GAINESVILLE State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61695 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NRCC <hr/> Mailing Address 104 HUME AVE <hr/> City ALEXANDRIA State VA Zip Code 22301 <hr/> Purpose of Disbursement 2008 CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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) PEOPLE FOR BEN</p> <p>Mailing Address PO BOX 31129</p> <p>City SANTA FE State NM Zip Code 87594</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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.61647 Date of Disbursement: 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY</p> <p>Mailing Address 1602 BELLE VIEW BLVD #510</p> <p>City ALEXANDRIA State VA Zip Code 22307</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 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: District:</p>	<p>Transaction ID: SB23.61655 Date of Disbursement: 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS</p> <p>Mailing Address 3440 YOUNGFIELD ST #264</p> <p>City WHEAT RIDGE State CO Zip Code 80033</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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.61609 Date of Disbursement: 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</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)

<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) PROSPERITY PAC</p> <p>Mailing Address 1006 PENDLETON ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement 2008 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61626</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ROTHMAN FOR NEW JERSEY</p> <p>Mailing Address 209 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61603</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS</p> <p>Mailing Address 3100 RIDGELAKE #301</p> <p>City METAIRIE State LA Zip Code 70002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Runoff</p>	<p>Transaction ID: SB23.61665</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.61633
	Mailing Address PO BOX 37091	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City CHARLOTTE State NC Zip Code 28237	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.61635
	Mailing Address PO BOX 37091	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City CHARLOTTE State NC Zip Code 28237	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TALLATCHEE CREEK INC.	Transaction ID: SB23.61631
	Mailing Address PO BOX 29576	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City WASHINGTON State DC Zip Code 20017	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
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) THE MIKE R FUND</p> <p>Mailing Address PO BOX 2485</p> <p>City SPRINGFIELD State VA Zip Code 22152</p> <p>Purpose of Disbursement 2008 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61653 Date of Disbursement 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TODD AKIN FOR CONGRESS</p> <p>Mailing Address PO BOX 368</p> <p>City FALLS CHURCH State VA Zip Code 22040</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61599 Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO</p> <p>Mailing Address PO BOX 40158</p> <p>City DENVER State CO Zip Code 80204</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.61677 Date of Disbursement 03 / 17 / 2008</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) UDALL FOR US ALL	Transaction ID: SB23.61685 Date of Disbursement 03 / 20 / 2008
	Mailing Address 3311 CANDELARIA NE #A	Amount of Each Disbursement this Period 2500.00
	City ALBUQUERQUE State NM Zip Code 87107	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL	Transaction ID: SB23.61703 Date of Disbursement 03 / 27 / 2008
	Mailing Address P.O. BOX 208	Amount of Each Disbursement this Period -5000.00
	City SANTA FE State NM Zip Code 87504	
	Purpose of Disbursement CK VOIDED ORIG ISSUED 2/25/08	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WEXLER FOR CONGRESS	Transaction ID: SB23.61593 Date of Disbursement 03 / 06 / 2008
	Mailing Address 2500 N MILITARY TRL #251	Amount of Each Disbursement this Period 1000.00
	City BOCA RATON State FL Zip Code 33431	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-1500.00
TOTAL This Period (last page this line number only)	125500.00

**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) ILLINOIS DEPT OF REVENUE	Transaction ID: SB29.61701 Date of Disbursement
	Mailing Address P.O. BOX 19045	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City SPRINGFIELD State IL Zip Code 62794	Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 ESTIMATED IL 1120ES Candidate Name	<input type="text" value="3600.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) ILLINOIS DEPT OF REVENUE	Transaction ID: SB29.61702 Date of Disbursement
	Mailing Address P.O. BOX 19045	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City SPRINGFIELD State IL Zip Code 62794	Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 IL1120 POL Candidate Name	<input type="text" value="1151.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO	Transaction ID: SB29.61700 Date of Disbursement
	Mailing Address 50 S LASALLE	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60675	Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 1120POL Candidate Name	<input type="text" value="15823.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="20574.00"/>
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 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
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.61705

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2881.84

SUBTOTAL of Disbursements This Page (optional)

2881.84

TOTAL This Period (last page this line number only)

23455.84