

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 05 01 2008 through 05 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 08 06 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**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	1213026.03									
(c) Total Receipts (from Line 19)	57539.70	527338.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1270565.73	1687543.95								
7. Total Disbursements (from Line 31)	109029.20	526007.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1161536.53	1161536.53								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	44524.00	403935.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	8375.00	104402.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52899.00	508337.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52899.00	508337.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4640.70	19001.41
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))	57539.70	527338.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57539.70	527338.91

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.....	102500.00	486000.00
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	450.00	450.00
(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))	450.00	450.00
29. Other Disbursements.....	6079.20	39557.42
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))..	109029.20	526007.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109029.20	526007.42

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	52899.00	508337.50
34. Total Contribution Refunds (from Line 28(d))	450.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52449.00	507887.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<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) JAMES ALLEN		Date of Receipt
	Mailing Address 10398 S 92ND EAST AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	City	State	Zip Code
	TULSA	OK	74133
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.63091
Name of Employer DDR ANESTHESIA, P.C.		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) DANIEL ALYEA		Date of Receipt
	Mailing Address 2589 BANKS DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	City	State	Zip Code
	ALTON	IL	62002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62855
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

C.	Full Name (Last, First, Middle Initial) RICHARD ARCHULETA		Date of Receipt
	Mailing Address 3819 YOSEMITE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	OKEMOS	MI	48864
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62931
Name of Employer PHYSICIAN ANESTHESIA SERVICE, PC ANEST		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62		
	<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

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) JUDITH ARONSOHN		Date of Receipt MM / DD / YYYY 05 / 21 / 2008		
	Mailing Address 5 MOUNT TOM RD.		Transaction ID: SA11AI.63050		
	City PELHAM MANOR	State NY	Zip Code 10803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TJH ANESTHESIA	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) E. ATHERTON		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 1729 GRIFFIN GATE RD.		Transaction ID: SA11AI.63105		
	City LOUISVILLE	State KY	Zip Code 40205	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTON HEALTHCARE	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) MARK ATKINSON		Date of Receipt MM / DD / YYYY 05 / 16 / 2008		
	Mailing Address 7302 HAMPSTEAD LN		Transaction ID: SA11AI.62845		
	City PORTAGE	State MI	Zip Code 49024	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KALAMAZOO ANESTHESIOLOGY	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: PAGE 8 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
OLESH BABIAK

Mailing Address 8 MINSHALL CIRCLE

City State Zip Code
GLEN MILLS PA 19342

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

Name of Employer ASSOC IN ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.62917

Amount of Each Receipt this Period
400.00

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

Mailing Address 9308 HIMALAYAS AVE

City State Zip Code
KALAMAZOO MI 49009

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

Name of Employer KALAMAZOO ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.63188

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EDWIN BARTINE

Mailing Address 411 MAJOR RUN

City State Zip Code
CRAMERTON NC 28032

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

Name of Employer GASTON ANES ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.62909

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
AMY BENEDIKT

Mailing Address 501 PATTERSON AVE.

City State Zip Code
SAN ANTONIO TX 78209

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

Name of Employer Occupation
TEJAS ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.63079

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 148 WATTS LN.

City State Zip Code
ELIZABETHTOWN KY 42701

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

Name of Employer Occupation
HEARTLAND ANES CONSUL 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
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63143

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
ALRICK BROOKS

Mailing Address 137 ASHFORD PR.

City State Zip Code
MACON GA 31210

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

Name of Employer Occupation
NEXUS MEDICAL GROUP 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
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63195

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 10 / 62
	<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) CATHERINE BRUMMEL		Date of Receipt MM / DD / YYYY 05 / 16 / 2008		
	Mailing Address 860 SUNNY WAY		Transaction ID: SA11AI.62857		
	City LAFAYETTE	State CO	Zip Code 80026	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COLORADO PERMANENTE MEDICAL GROUP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) KEVIN BUCOL		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 12615 TOWN & COUNTRY ESTATES LN.		Transaction ID: SA11AI.63077		
	City ST. LOUIS	State MO	Zip Code 63141	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WCCA	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) CURTIS CARL		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 1200 E MICHIGAN AVE., STE. 370		Transaction ID: SA11AI.62927		
	City LANSING	State MI	Zip Code 48912	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYSICIAN ANESTHESIA SERVICE	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	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 11 / 62
	<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) FREDERICK CARLOCK		Date of Receipt	
	Mailing Address 870 LUPINE CT		M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62886
	STAYTON	OR	97383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SAUTIANS MEM HOSP		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) JAMES CARLSON		Date of Receipt	
	Mailing Address 8385 VALLEY TARN		M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62810
	ATLANTA	GA	30350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA		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) MARTYN CAVALLO		Date of Receipt	
	Mailing Address 3720 RICHLAND AVE		M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62766
	NASHVILLE	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer ANESTHESIA MEDICAL GROUP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 12 / 62
	<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) BAYER CHENG	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 1118 ROSS CLARK CIR., #700	Transaction ID: SA11AI.63129
	City DOTHAN State AL Zip Code 36301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACMG Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) JAMES COLEMAN	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address P.O. BOX 8720	Transaction ID: SA11AI.62827
	City HUNTSVILLE State TX Zip Code 77340	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HUNTSVILLE AMBULATORY ANESTHESIA Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) MARK COOK	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1975 FOX RIDGE	Transaction ID: SA11AI.62933
	City HOWELL State MI Zip Code 48843	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHYS ANES SERV 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 13 / 62

(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

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)
MIRABELLE DEMUTH

Mailing Address **1342 AMANDAJO DRIVE**

City **ELIZABETHTOWN** State **KY** Zip Code **42701**

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

Name of Employer **HEARTLAND ANESTHESIA CONSULTANTS, PSC** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2008**

Transaction ID: SA11AI.63171

Amount of Each Receipt this Period **500.00**

B.

Full Name (Last, First, Middle Initial)
CAYETANO DIZON

Mailing Address **1150 ST. ANDREWS DR.**

City **MACON** State **GA** Zip Code **31210**

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

Name of Employer **NEXUS MEDICAL GROUP** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 20 / 2008**

Transaction ID: SA11AI.62925

Amount of Each Receipt this Period **500.00**

C.

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

Mailing Address **P.O. BOX 3294**

City **TUPELO** State **MS** Zip Code **38803**

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

Name of Employer **TUPELO ANESTH GRP** Occupation **ANESTHESIOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2008**

Transaction ID: SA11AI.63191

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 14 / 62
	<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) WILLIAM DURKAN	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 503 VERMONT CT.	Transaction ID: SA11AI.63145
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND 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) TATE EGGER	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 4916 SUGAR BUSH LN.	Transaction ID: SA11AI.62935
	City State Zip Code HOLT MI 48842	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN ANESTH SERV 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) GREGORY ERB	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 14905 W. 60TH ST.	Transaction ID: SA11AI.62792
	City State Zip Code SHAWNEE KS 66216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MIDWEST ANESTHESIA ASSOCI- ANESTHESIOLOGIST ATES	
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 15 / 62
	<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) IMU ESMAIL		Date of Receipt	
	Mailing Address 13200 PRIMROSE LANE		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62937
	DEWITT	MI	48820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PHYS ANESTH SERV		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) JOHN EVERETT		Date of Receipt	
	Mailing Address 3814 HEMMINGWAY		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62939
	OKEMOS	MI	48864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PHYSICIAN ANESTHESIA SERVICE, P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) MAURO FAIBICHER		Date of Receipt	
	Mailing Address 1328 CHALMETTE DR.		M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.63193
	ATLANTA	GA	30306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer NEXUS MEDICAL GRP		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 62

(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

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)

JAMES FAUST

Mailing Address 1029 59TH ST.

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
ASSOC ANESTH ANESTHESIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.62851

Amount of Each Receipt this Period

501.00

B.

Full Name (Last, First, Middle Initial)

RALPH FILLMORE

Mailing Address 1118 ROSS CLARK CIR., #700

City State Zip Code
DOTHAN AL 36301

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

Name of Employer Occupation
ACMG PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.62829

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

PETER FISHBACK

Mailing Address 1631 HOSPITAL DR., STE. #110

City State Zip Code
SANTA FE NM 87505

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

Name of Employer Occupation
SANTA FE ANES SPEC PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.63039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1501.00

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 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MENDEL FORD		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 6360 BEDFORD LN.		Transaction ID: SA11AI.62941		
	City EAST LANSING	State MI	Zip Code 48823	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYS ANESTH SERVICE	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) POLLY FOREMAN		Date of Receipt MM / DD / YYYY 05 / 30 / 2008		
	Mailing Address 513 E. EAGLE PASS RD.		Transaction ID: SA11AI.63147		
	City ELIZABETHTOWN	State KY	Zip Code 42701	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HEARTLAND ANES CONSUL	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) MICHAEL GARBACCIO		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 1200 E. MICHIGAN AVE., #370		Transaction ID: SA11AI.62943		
	City LANSING	State MI	Zip Code 48912	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYSICIAN ANESTHESIA SERVICE	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 18 / 62
	<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) VICENTE GAVIERES	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 226 EVERGREEN GARDEN	Transaction ID: SA11AI.63148
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND 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) CRAIG GOODSSELL	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 3615 TUSCANNA GROVE	Transaction ID: SA11AI.62737
	City State Zip Code COLORADO SPRINGS CO 80920	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA ASSOCIATES OF COLORADO SPRI 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) LEONID GORELIK	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1200 E. MICHIGAN AVE., STE. 370	Transaction ID: SA11AI.62945
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSIAN ANES SERVICE 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 19 / 62
	<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) BRIAN GRACE	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 639 N MULBERRY ST	Transaction ID: SA11AI.63150
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND ANESTHESIA CONSULTANTS, PSC. 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) TIMOTHY GRANT	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 723 DUNBLANE DRIVE	Transaction ID: SA11AI.62921
	City State Zip Code MACON GA 31210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NEXUS MEDICAL GROUP 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 GREGORY	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 15 CEDAR AVENUE	Transaction ID: SA11AI.63024
	City State Zip Code LARKSPUR CA 94939	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CALIFORNIA,- SAN FRANCISCO 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 20 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
KATHRYN GRICE

Mailing Address 9175 OLD SOUTHWICK PASS

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer Occupation
AMB ANESTH ATLANTA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2008

Transaction ID: SA11AI.62888

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3180 RIDGEWAY RD

City State Zip Code
DAYTON OH 45419

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

Name of Employer Occupation
KETTERING ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: SA11AI.63111

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 150 FIELD SPRINGS COURT

City State Zip Code
MACON GA 31210

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

Name of Employer Occupation
NEXUS MED GRP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.62923

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 21 / 62
	<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) HARRIET HAMER	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 1307 E. JEFFERSON BLVD.	Transaction ID: SA11AI.63052
	City State Zip Code SOUTH BEND IN 46617	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MICHIANA ANESTHESIA CARE, P.C. 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) TORK HARMAN	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 4825 DEER VIEW RD.	Transaction ID: SA11AI.63028
	City State Zip Code CEDAR RAPIDS IA 52411	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LINN CTY ANESTH 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) DANIEL HASS	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 1 MOBILE INFIRMARY CIRCLE, 2ND FLO	Transaction ID: SA11AI.63123
	City State Zip Code MOBILE AL 36607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA SERVICES, P.C. M.D.	
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 22 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
WILLIAM HESS

Mailing Address 186 DELAVEAGA PARK DR.

City State Zip Code
SANTA CRUZ CA 95065

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

Name of Employer Occupation
AMGSC 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
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63165

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
HOWARD HUDSON

Mailing Address 2535 ALLEN ST.

City State Zip Code
ALLENTOWN PA 18104

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

Name of Employer Occupation
ALLENTOWN ANES 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 Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63199

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
GREGORY HULSEY

Mailing Address 17216 OSPREY CIR

City State Zip Code
EDMOND OK 73012

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

Name of Employer Occupation
NW ANESTHESIA ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.63062

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 23 / 62
	<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) SONAL JOG	Date of Receipt
	Mailing Address 1200 E MICHIGAN AVE STE 370	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 0 / 2 0 0 8
	City State Zip Code LANSING MI 48854	Transaction ID: SA11AI.62947
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation PHYS ANESTH SERV 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	

B.	Full Name (Last, First, Middle Initial) SHARON JOHNSTON	Date of Receipt
	Mailing Address 8401 N. ELMARO CIR.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	City State Zip Code PARADISE VALLEY AZ 85253	Transaction ID: SA11AI.63139
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation VALLEY ANESTH CONSUL ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) RAYMOND JOSEPH	Date of Receipt
	Mailing Address 1420 TERRY AVENUE #908	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	City State Zip Code SEATTLE WA 98101	Transaction ID: SA11AI.62781
	FEC ID number of contributing federal political committee. <input type="text"/> C	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation VIRGINIA MASON MEDICAL CENTER ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

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 24 / 62
	<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) MICHAEL KAISER		Date of Receipt MM / DD / YYYY 05 / 21 / 2008		
	Mailing Address 1411 SHOAL DR.		Transaction ID: SA11AI.63037		
	City RICHLAND	State MI	Zip Code 49083	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KALAMAZOO ANESTH	Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
500.00

B.	Full Name (Last, First, Middle Initial) SUSAN KAPLAN		Date of Receipt MM / DD / YYYY 05 / 21 / 2008		
	Mailing Address 1231 GULPH CREEK DR.		Transaction ID: SA11AI.63004		
	City RADNOR	State PA	Zip Code 19087	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MCP-HAHNEMANN UNIVERSITY DEPT. OF 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) JEFFREY KEHLER		Date of Receipt MM / DD / YYYY 05 / 15 / 2008		
	Mailing Address 689 JONES HILL DR.		Transaction ID: SA11AI.62837		
	City BRENTWOOD	State TN	Zip Code 37027	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTHESIA MEDICAL GROUP	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) TODD KNOX	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 701 N. 1ST STREET	Transaction ID: SA11AI.62893
	City State Zip Code SPRINGFIELD IL 62781	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOC ANES SPRINGFIELD 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) JOSEPH KOCHAN	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1200 E. MICHIGAN AVE., #370	Transaction ID: SA11AI.62929
	City State Zip Code LANSING MI 48912	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN ANESTHESIA SERVICE, P.C. 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) SCOTT KOOPERMAN	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 1522 YORKSHIRE DR.	Transaction ID: SA11AI.63152
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND ANES CONSUL 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 26 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
MICHAEL KROGULECKI

Mailing Address 1200 E. MICHIGAN AVE., #370

City LANSING State MI Zip Code 48912

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

Name of Employer PHYSICIAN ANESTHESIA SERVICE Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: SA11AI.62949
Amount of Each Receipt this Period: 250.00

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

Mailing Address 4367 E. BOGEY CT.

City SPRINGFIELD State MO Zip Code 65809

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

Name of Employer ST JOHNS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: SA11AI.63107
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
CHARLES LAURITO

Mailing Address 430 FOX MEADOW DRIVE

City NORTHFIELD State IL Zip Code 60093

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

Name of Employer UNIVERSITY OF ILLINOIS Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: SA11AI.62954
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
DAVID LIND

Mailing Address 148 57TH CT.

City WEST DES MOINES State IA Zip Code 50266

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

Name of Employer MCA, P.C. Occupation ANESTHESIOLOGIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 14 / 2008
Transaction ID: SA11AI.62835
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 639 N. MULBERRY

City ELIZABETHTOWN State KY Zip Code 42701

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

Name of Employer HEARTLAND ANES CONSUL Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 30 / 2008
Transaction ID: SA11AI.63154
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
PAUL LIPSON

Mailing Address 6425 EDINBURGH DR.

City NASHVILLE State TN Zip Code 37221

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

Name of Employer ANES MED GRP Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: SA11AI.63095
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 62
(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

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) WENSHU LIU		Date of Receipt
Mailing Address 1783 ELK LN.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 0 / 2 0 0 8
City	State	Zip Code
OKEMOS	MI	48864
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.62951
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer PHYSICIAN ANESTH SERV	Occupation 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	

B.

Full Name (Last, First, Middle Initial) JAMES LONERGAN		Date of Receipt
Mailing Address DEPT. ANES, ST. LUKES HOSP. 4400 WORNALL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 0 8
City	State	Zip Code
K.C.	MO	64111
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.62816
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer CAA,PC	Occupation 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	

C.

Full Name (Last, First, Middle Initial) JAMIE MAHER		Date of Receipt
Mailing Address 19 S LYNWOOD BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 0 / 2 0 0 8
City	State	Zip Code
WICHITA	KS	67207
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.63141
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer GALICHTIA HEART HOSP	Occupation 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 29 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) BENJAMIN MARTINEZ	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 220 SEMINOLE RD.	Transaction ID: SA11AI.63156
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND 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) SCOTT MAXWELL	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 4200 W. MEMORIAL RD.	Transaction ID: SA11AI.63135
	City State Zip Code OKLAHOMA CITY OK 73120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF 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) AARON MEDLEY	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 639 N MULBERRY ST	Transaction ID: SA11AI.63169
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEARTLAND ANESTHESIA CONS- ULTANTS, P.S. 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 30 / 62
	<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) WILLIAM MEGGERS	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 2529 CANDLEWOOD	Transaction ID: SA11AI.62889
	City State Zip Code FAYETTEVILLE AR 72703	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NORTHWEST ANESTHESIOLOGY ASSOCIATES Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JUSTIN MESCHLER	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 255 RIVERMIST RD.	Transaction ID: SA11AI.62913
	City State Zip Code JULIETTE GA 31046	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NEXUS MEDICAL GROUP ANESTHESIOLOGY 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) DAVID MILLER	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 336 PALACE DR.	Transaction ID: SA11AI.62733
	City State Zip Code TRUSSVILLE AL 85173	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OF ALABAMA, BI-RMINGHAM Occupation ATTENDING 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 31 / 62
(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

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) MATTHEW MILLER		Date of Receipt MM / DD / YYYY 05 / 21 / 2008		
	Mailing Address 5331 BELLAIRE DR.		Transaction ID: SA11AI.63022		
	City NEW ORLEANS	State LA	Zip Code 70124	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			

B.	Full Name (Last, First, Middle Initial) ROBERT MORRISON		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 5801 SPINNAKER POINTE		Transaction ID: SA11AI.63117		
	City PARKVILLE	State MO	Zip Code 64152	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AD VIVUM ANESTHESIOLOGY PC	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) DUNG NGUYEN		Date of Receipt MM / DD / YYYY 05 / 30 / 2008		
	Mailing Address 2919 E. 62ND ST.		Transaction ID: SA11AI.63213		
	City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DELAWARE CTY ANES	Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 62
	<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) USHARANI NIMMAGADDA	Date of Receipt MM / DD / YYYY 05 / 16 / 2008
	Mailing Address 340 E. RANDOLPH ST #2205	Transaction ID: SA11AI.62853
	City State Zip Code CHICAGO IL 60601	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAKEVIEW ANESTH 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) JAMES NIMOCKS	Date of Receipt MM / DD / YYYY 05 / 16 / 2008
	Mailing Address 4380 VIEWCREST DR.	Transaction ID: SA11AI.62874
	City State Zip Code MERRITT ISLAND FL 32952	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CAPE CANAVERAL HOSP ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) TERESA NOLEN	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 1100 MARION AVE	Transaction ID: SA11AI.63008
	City State Zip Code JASPER AL 35501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KMG, DEPT OF ANES 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 33 / 62
	<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) BABATUNJI OMOTOSO		Date of Receipt	
	Mailing Address 25 DUNE RD		M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.63035
	ASBURY PARK	NJ	07712	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) GERALD PACELLI		Date of Receipt	
	Mailing Address 7184 LUDLOW DR.		M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62861
	ROSEVILLE	CA	95747	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		

C.	Full Name (Last, First, Middle Initial) FRANK PALMROSE		Date of Receipt	
	Mailing Address 1001 SW CORONADO STREET		M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.63209
	PORTLAND	OR	97219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer OREGON ANESTHESIOLOGY GRO-UP, P.C.		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 34 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM PETERSON		Date of Receipt	
	Mailing Address 3704 FAIRHILLS DR.		M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.62953
	OKEMOS	MI	48864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PHYSICIAN ANESTH SERV		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) EDUARDO QUESADA		Date of Receipt	
	Mailing Address 7 PROCLAMATION CT		M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.63063
	BEDFORD	NH	03110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer AMOSKEAG ANESTHESIA		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

C.	Full Name (Last, First, Middle Initial) JULIA RYGAARD		Date of Receipt	
	Mailing Address 4118 TOWN SQUARE DR.		M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.63109
	COLUMBIA	MO	65203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MID-AMERICA 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)	▶	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: PAGE 35 / 62
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
ANDREW SACKS

Mailing Address 75 MEADOW ROAD

City State Zip Code
ORCHARD PARK NY 14127

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

Name of Employer Occupation
ANES MED CONSULT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2008

Transaction ID: SA11AI.62897

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
ALVIN SEWELL

Mailing Address 701 ALLISON PARK

City State Zip Code
MACON GA 31210

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

Name of Employer Occupation
NEXUS MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.62915

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
RONALD SHELTON

Mailing Address 4475 SYLVAN RD.

City State Zip Code
INDIANAPOLIS IN 46208

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

Name of Employer Occupation
CTAI ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: SA11AI.62849

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 62
(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

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) DAVID SKLAR		Date of Receipt MM / DD / YYYY 05 / 06 / 2008		
	Mailing Address 9544 N LAWNSDALE		Transaction ID: SA11AI.62783		
	City EVANSTON	State IL	Zip Code 60203	Amount of Each Receipt this Period 413.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY ANESTHESIOLOGISTS	Occupation PHYSICIAN	Aggregate Year-to-Date 413.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) DAVID SMITH		Date of Receipt MM / DD / YYYY 05 / 23 / 2008		
	Mailing Address 405 W. HILLWOOD DR.		Transaction ID: SA11AI.63054		
	City NASHVILLE	State TN	Zip Code 37205	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANESTH MED GRP	Occupation ANESTHESIOLOGIST	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) GAIL SMITH		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 6875 ANN ARBOR SALINE RD.		Transaction ID: SA11AI.62956		
	City SALINE	State MI	Zip Code 48176	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PHYSICIAN ANESTHESIA SERVICES	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)	▶	963.00
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 37 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOSHUA SMITH		Date of Receipt																					
	Mailing Address 505 LANSDOWNE PL.		<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>5</td><td></td><td>2</td><td>0</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	5		2	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	0		2	0	0	8														
	City State Zip Code BIRMINGHAM AL 35226		Transaction ID: SA11AI.63002																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1710.00																						
Name of Employer UNIV OF ALABAMA MEDICAL CENTER		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1710.00																						

B.	Full Name (Last, First, Middle Initial) P. GREG ST. CLAIRE		Date of Receipt																					
	Mailing Address 3049 SUMMERGATE LANE		<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>5</td><td></td><td>2</td><td>0</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	5		2	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	0		2	0	0	8														
	City State Zip Code OKEMOS MI 48864		Transaction ID: SA11AI.62958																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer PHYSICIAN ANESTHESIA SERVICES		Occupation ANESTHESIOLOGIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) ROBERT STEIN		Date of Receipt																					
	Mailing Address 2626 STONEMILLE DRIVE		<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>5</td><td></td><td>3</td><td>0</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	5		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		3	0		2	0	0	8														
	City State Zip Code ELIZABETHTOWN KY 42701		Transaction ID: SA11AI.63158																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer HEARTLAND ANES CONSUL		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)	▶	2460.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
PAUL STEVENSON

Mailing Address PO BOX 4095

City State Zip Code
KALAMAZOO MI 49003

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

Name of Employer Occupation
KALAMAZOO 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 Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63186

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SCOTT STEVENSON

Mailing Address 1505 BRISTOL CT.

City State Zip Code
ELIZABETHTOWN KY 42701

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

Name of Employer Occupation
HEARTLAND ANESTHESIA CONS- ULTANTS 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
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.63160

Amount of Each Receipt this Period
500.00

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

Mailing Address 12TH AND DOUGLAS

City State Zip Code
AMES IA 50010

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

Name of Employer Occupation
MC FARLAND CLINIC 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
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.62871

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: (check only one)	PAGE 39 / 62
	<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) SANJIWAN TARABADKAR	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 148 HOWARD OAKS DR.	Transaction ID: SA11AI.62919
	City State Zip Code MACON GA 31210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CENTRAL GEORGIA ANESTHES- IA SERVICES 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) MARK WAHL	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 9445 HIMALAYAS AVE.	Transaction ID: SA11AI.63190
	City State Zip Code KALAMAZOO MI 49009	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer KALAMAZOO ANESTHESIOLOGY, PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) TERRY WALMAN	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address PO BOX 2968	Transaction ID: SA11AI.62884
	City State Zip Code ANNAPOLIS MD 21404	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANESTHESIA CO. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 62
	<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) AIMEE WALSH	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 619 S. 19TH ST., J862	Transaction ID: SA11AI.62831
	City State Zip Code BIRMINGHAM AL 35249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIV. OF ALABAMA AT BIRMI- M.D. NGHAM DEPT. O	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) WILLIAM WARE	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 9849 WYNNCHASE CIR.	Transaction ID: SA11AI.63010
	City State Zip Code MONTGOMERY AL 36117	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMB ANES MONTGOMERY ANESTHESIOLOGIST	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) HOWARD WEIL	Date of Receipt MM / DD / YYYY 05 / 05 / 2008
	Mailing Address 5949 SEDBERRY ROAD	Transaction ID: SA11AI.62776
	City State Zip Code NASHVILLE TN 37205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANESTHESIA MEDICAL GROUP, ANESTHESIOLOGIST PC	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)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 62
	<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) BRIAN WEST		Date of Receipt
	Mailing Address 407 W. SPRINGS MEADOWS 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
	City	State	Zip Code
	DEWITT	MI	48820
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62960
Name of Employer PHYS ANESTH SERV		Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) HAMPTON WILIAMS		Date of Receipt
	Mailing Address TRINITY CLINIC ANESTHESIOLOGY 800 E. DAWSON 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
	City	State	Zip Code
	TYLER	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62812
Name of Employer TRINITY CLINIC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) JON WILLIS		Date of Receipt
	Mailing Address 516 N.W. 148TH 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
	City	State	Zip Code
	EDMOND	OK	73013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.63177
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"/> 500.00
		<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 42 / 62
	<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) DAVID WINEK	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 5122 FOUNTAINHEAD DR	Transaction ID: SA11AI.63014
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANES MED 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) WILLIAM WOMACK	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address P.O. BOX 1025	Transaction ID: SA11AI.63033
	City State Zip Code FAIRHOPE AL 36533	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer EASTERN SHORE ANESTHESIA 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) MATTHEW ZELEZNIK	Date of Receipt MM / DD / YYYY 05 / 18 / 2008
	Mailing Address 5671 PEACHTREE DUNWOODY RD. STE. 530	Transaction ID: SA11AI.62878
	City State Zip Code ATLANTA GA 30342	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PHYSICIAN SPECIALISTS IN ANESTHESIA 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 43 / 62
	(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

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) XIANGYANG ZHENG		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address 2600 CENTURY DR		Transaction ID: SA11AI.62903
City EDMOND	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) ANDREW ZUROVEC		Date of Receipt MM / DD / YYYY 05 / 30 / 2008
Mailing Address 2900 VISTA DEL REY NE UNIT 9C		Transaction ID: SA11AI.63201
City ALBUQUERQUE	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ALBUQUERQUE SURGERY CENTER	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)	500.00
TOTAL This Period (last page this line number only)	44524.00

**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 44 / 62
	<input 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 checked="" 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) NORTHERN TRUST CO		Date of Receipt
	Mailing Address 50 S LASALLE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHICAGO	IL	60675
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.63321
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="15773.89"/>	<input type="text" value="1413.18"/>
INTEREST INCOME			

B.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt
	Mailing Address 50 S LASALLE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHICAGO	IL	60675
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.63323
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="16583.47"/>	<input type="text" value="809.58"/>
INTEREST INCOME			

C.	Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt
	Mailing Address 50 S LASALLE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHICAGO	IL	60675
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.63325
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="19001.41"/>	<input type="text" value="2417.94"/>
INTEREST INCOME			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4640.70"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4640.70"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 62

<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

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) BATTLE BORN PAC Mailing Address PO BOX 370386 #300 City LAS VEGAS State NV Zip Code 89137 Purpose of Disbursement 2008 CONTRIBUTION Candidate Name 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: SB23.63235 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008 Mailing Address PO BOX 1924 City MUSKOGEE State OK Zip Code 74402 Purpose of Disbursement Candidate Name Office Sought: <input checked="" 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: OK District: 02	Transaction ID: SB23.63225 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
C. Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008 Mailing Address PO BOX 1924 City MUSKOGEE State OK Zip Code 74402 Purpose of Disbursement Candidate Name Office Sought: <input checked="" 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: OK District: 02	Transaction ID: SB23.63227 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS</p> <p>Mailing Address 104 HUME AVE</p> <p>City ALEXANDRIA State VA Zip Code 22301</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63308</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 29 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CARNAHAN FOR CONGRESS</p> <p>Mailing Address 7370 MANCHESTER RD #20</p> <p>City ST LOUIS State MO Zip Code 63143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63251</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 08 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS</p> <p>Mailing Address 9249 S BROADWAY BLVD #200-501</p> <p>City HIGHLANDS RANCH State CO Zip Code 80129</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63266</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 12 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) COLLINS FOR SENATOR <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input checked="" 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: ME District:	Transaction ID: SB23.63299 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2500.00
B.	Full Name (Last, First, Middle Initial) COTE FOR CONGRESS <hr/> Mailing Address PO BOX 6902 <hr/> City PORTLAND State ME Zip Code 04105 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" 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: ME District: 01	Transaction ID: SB23.63216 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 5000.00
C.	Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS <hr/> Mailing Address 422 C STREET NE, LOWER LEVEL <hr/> City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" 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: NY District: 07	Transaction ID: SB23.63317 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 8500.00
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)

PAGE 48 / 62

<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

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) DEMOCRATS WIN SEATS PAC Mailing Address PO BOX 71147 City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement 2008 CONTRIBUTION Candidate Name 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: SB23.63313 Date of Disbursement 05 / 29 / 2008
	Amount of Each Disbursement this Period 1500.00 Category/Type
B. Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS Mailing Address 22 W PADONIA RD #C141 City TIMONIUM State MD Zip Code 21093 Purpose of Disbursement Candidate Name Office Sought: <input checked="" 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: MD District: 02	Transaction ID: SB23.63249 Date of Disbursement 05 / 08 / 2008
	Amount of Each Disbursement this Period 1000.00 Category/Type
C. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS Mailing Address 462 CALIFORNIA RD City BRONXVILLE State NY Zip Code 10708 Purpose of Disbursement Candidate Name Office Sought: <input checked="" 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: NY District: 17	Transaction ID: SB23.63242 Date of Disbursement 05 / 08 / 2008
	Amount of Each Disbursement this Period 2000.00 Category/Type

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

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

<p>A. Full Name (Last, First, Middle Initial) ENZI FOR US SENATE</p> <p>Mailing Address PO BOX 2775</p> <p>City CODY State WY Zip Code 82414</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63310 Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. 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: SB23.63293 Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FALLIN FOR CONGRESS</p> <p>Mailing Address PO BOX 720634</p> <p>City OKLAHOMA CITY State OK Zip Code 73172</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63220 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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

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

<p>A. Full Name (Last, First, Middle Initial) FALLIN FOR CONGRESS</p> <p>Mailing Address PO BOX 720634</p> <p>City OKLAHOMA CITY State OK Zip Code 73172</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63222</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FREEDOM AND DEMOCRACY FUND</p> <p>Mailing Address 610 SOUTH BOULEVARD</p> <p>City TAMPA State FL Zip Code 33606</p> <p>Purpose of Disbursement 2008 CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63305</p> <p>Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE</p> <p>Mailing Address PO BOX 13300</p> <p>City OKLAHOMA CITY State OK Zip Code 73113</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63295</p> <p>Date of Disbursement 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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) FRIENDS OF JIM INHOFE COMMITTEE	Transaction ID: SB23.63297 Date of Disbursement
	Mailing Address PO BOX 13300	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City OKLAHOMA CITY State OK Zip Code 73113	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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK 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) GARY MILLER FOR CONGRESS	Transaction ID: SB23.63218 Date of Disbursement
	Mailing Address 721 S BREA CANYON RD #7	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City DIAMOND BAR State CA Zip Code 91789	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GAYLE HARRELL FOR CONGRESS	Transaction ID: SB23.63272 Date of Disbursement
	Mailing Address 1885 NW EAGLE PT	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City STUART State FL Zip Code 34994	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
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

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) GAYLE HARRELL FOR CONGRESS <hr/> Mailing Address 1885 NW EAGLE PT <hr/> City STUART State FL Zip Code 34994 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63275 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE <hr/> Mailing Address PO BOX 711 <hr/> City ROCKWALL State TX Zip Code 75087 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63229 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS <hr/> Mailing Address PO BOX 2000 <hr/> City CONCORD State NC Zip Code 28026 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63281 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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) JACKIE SPEIER FOR CONGRESS	Transaction ID: SB23.63319 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO BOX 112	Amount of Each Disbursement this Period -5000.00
	City BURLINGAME State CA Zip Code 94011	
	Purpose of Disbursement CK VOIDED ORIG ISSUED 4/3/08	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS	Transaction ID: SB23.63255 Date of Disbursement 05 / 08 / 2008
	Mailing Address PO BOX 112	Amount of Each Disbursement this Period 3500.00
	City BURLINGAME State CA Zip Code 94011	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS	Transaction ID: SB23.63269 Date of Disbursement 05 / 15 / 2008
	Mailing Address PO BOX 2145	Amount of Each Disbursement this Period 1000.00
	City WEST COLUMBIA State SC Zip Code 29171	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 62

<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

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) JOHN LEWIS FOR CONGRESS <hr/> Mailing Address 303 PEACHTREE ST NE #5300 <hr/> City ATLANTA State GA Zip Code 30308 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63264 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2500.00
B.	Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS <hr/> Mailing Address PO BOX 45444 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63291 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 5000.00
C.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS <hr/> Mailing Address 217 3RD STREET SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63315 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text"/> 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 8500.00
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

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) LEVIN FOR CONGRESS <hr/> Mailing Address PO BOX 37 <hr/> City ROSEVILLE State MI Zip Code 48066 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" 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: MI District: 12	Transaction ID: SB23.63244 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
B.	Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS <hr/> Mailing Address PO BOX 1605 <hr/> City ALEXANDRIA State VA Zip Code 22313 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" 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: FL District: 21	Transaction ID: SB23.63279 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) LOUIE GOHMERT FOR CONGRESS COMM <hr/> Mailing Address PO BOX 8060 <hr/> City TYLER State TX Zip Code 75711 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" 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: TX District: 01	Transaction ID: SB23.63231 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="5000.00"/>
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

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)
MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 104 HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.63277

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MODERATE VICTORY FUND

Mailing Address 200 E JEFFERSON ST

City FALLS CHURCH State VA Zip Code 20046

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 18

Transaction ID: SB23.63240

Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
MONTANA DEMOCRATIC PARTY

Mailing Address 236 MASSACHUSETTS AVE NE #603

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.63303

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMM</p> <p>Mailing Address 425 SECOND ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</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: SB23.63238 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NORTHSTAR LEADERSHIP PAC</p> <p>Mailing Address PO BOX 28754</p> <p>City ST PAUL State MN Zip Code 55128</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: SB23.63289 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS</p> <p>Mailing Address PO BOX 38585</p> <p>City DALLAS State TX Zip Code 75238</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.63246 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

18500.00

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

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) SENATE CONSERVATIVES FUND <hr/> Mailing Address PO BOX 388 <hr/> City ALEXANDRIA State VA Zip Code 22313 <hr/> Purpose of Disbursement 2008 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63301 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 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) ▼
B. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS <hr/> Mailing Address PO BOX 11519 <hr/> City CHARLESTON State WV Zip Code 25339 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63258 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS <hr/> Mailing Address PO BOX 11519 <hr/> City CHARLESTON State WV Zip Code 25339 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.63260 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input 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)

<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

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) TOM FEENEY FOR CONGRESS	Transaction ID: SB23.63233 Date of Disbursement																			
	Mailing Address PO BOX 622345	<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>5</td><td></td><td>0</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	5		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
	City OVIEDO State FL Zip Code 32762	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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	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: SB23.63253 Date of Disbursement																			
	Mailing Address 3311 CANDELARIA NE, #A	<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>5</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	5		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	8												
	City ALBUQUERQUE State NM Zip Code 87107	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM 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) UDALL FOR US ALL	Transaction ID: SB23.63287 Date of Disbursement																			
	Mailing Address 3311 CANDELARIA NE #A	<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>5</td><td></td><td>1</td><td>9</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	5		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	8												
	City ALBUQUERQUE State NM Zip Code 87107	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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
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)

PAGE 60 / 62

<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

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)

WELCH FOR CONGRESS

Mailing Address PO BOX 1086

City
MONTPELIER

State
VT

Zip Code
05601

Purpose of Disbursement
DELEGATE AT LARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VT District: 00

Transaction ID: SB23.63262

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

PAGE 61 / 62

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

SHAOXIONG LIU

Transaction ID: SB28A.63328

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Mailing Address 91 PROSPECT HILL DR

City State Zip Code
TEWKSBURY MA 01876

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
CHECK REFUND TO ASA DUES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

450.00

**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)

PAGE 62 / 62

<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

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) FRIENDS OF JOHN ZERWAS Mailing Address PO BOX 852 City FULSHEAR State TX Zip Code 77441 Purpose of Disbursement 2008 NON-FEDERAL Candidate Name	Transaction ID: SB29.63285 Date of Disbursement 05 / 19 / 2008
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) ▼	Category/ Type
B. 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	Transaction ID: SB29.63322 Date of Disbursement 05 / 31 / 2008
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) ►

6079.20

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

6079.20