05/17/2004 15 : 14

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)

CITY	STATE	ZIPCODE
PARK RIDGE	IL	60068

2. **FEC IDENTIFICATION NUMBER**

C00255752

3. IS THIS REPORT — NEW (N) X **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)	X	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 04 01 2004 through 04 30 2004

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 SUSAN ROGOWSKI

Signature of Treasurer Electronically Filed by SUSAN ROGOWSKI Date 05 17 2004

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: 04 01 2004 To: 04 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		715555.75
(b) Cash on Hand at Begining of Reporting Period	622866.12	
(c) Total Receipts (from Line 19)	112157.95	306707.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	735024.07	1022263.23
7. Total Disbursements (from Line 31)	145493.65	432732.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	589530.42	589530.42
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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2004 To: 04 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	77350.00	
(ii) Unitemized	34485.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	111835.00	305291.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	111835.00	305291.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	322.95	1416.48
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))	112157.95	306707.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	112157.95	306707.48

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	52350.00	295850.00
24. Independent Expenditure (use Schedule E)	91500.00	91500.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	1643.65	45382.81
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))	145493.65	432732.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	145493.65	432732.81

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)	111835.00	305291.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111835.00	305291.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 90
(check only one)
X 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)
DAN ALYEA
Mailing Address 2589 BANKS DR
City: ALTON | State: IL | Zip Code: 62002
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28981
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JOSE ANGEL
Mailing Address 2360 DENNISON LN
City: BOULDER | State: CO | Zip Code: 80305
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28801
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ROSS APPLEYARD
Mailing Address 416 KRAMERIA ST
City: DENVER | State: CO | Zip Code: 80220
FEC ID number of contributing federal political committee: C
Name of Employer: CAC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28809
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 90
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAUD AZIZI
Mailing Address 840 TULLIS RD
City: LAWRENCEVILLE | State: GA | Zip Code: 30043
FEC ID number of contributing federal political committee: C
Name of Employer: GWINNETT ANESTH SERV
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28496
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
KRISTY BAKER
Mailing Address 1810 BRIDGEWATER DRIVE
City: HEATHROW | State: FL | Zip Code: 32746
FEC ID number of contributing federal political committee: C
Name of Employer: JLR MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29226
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM BAKER
Mailing Address P.O. BOX 55807
City: BIRMINGHAM | State: AL | Zip Code: 35255
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH & PAIN MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29060
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
PAUL BANTA
Mailing Address 863 MIDVALE AVE #1
City: LOS ANGELES | State: CA | Zip Code: 90024
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29089
Amount of Each Receipt this Period: 900.00

B. Full Name (Last, First, Middle Initial)
RODGER BARNETTE
Mailing Address 3401 N BROAD ST
City: PHILADELPHIA | State: PA | Zip Code: 19140
FEC ID number of contributing federal political committee: C
Name of Employer: TEMPLE UNIV
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28552
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
LEAH BARON
Mailing Address 48 CARDINAL RIDGE RD
City: MEDFORD | State: NY | Zip Code: 06055
FEC ID number of contributing federal political committee: C
Name of Employer: BURLINGTON ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29129
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 90
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM BARTON
Mailing Address 820 PRUDENTIAL DR #806
City: JACKSONVILLE | State: FL | Zip Code: 32207
FEC ID number of contributing federal political committee: C
Name of Employer: FLORIDA ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28672
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
G M BASSELL
Mailing Address 8505 E CENTRAL AVE
City: WICHITA | State: KS | Zip Code: 67206
FEC ID number of contributing federal political committee: C
Name of Employer: MID-CONTINENT ANESTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28920
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
RICHARD BATCHELET
Mailing Address 705 CHELSEA DR
City: WINCHESTER | State: VA | Zip Code: 22601
FEC ID number of contributing federal political committee: C
Name of Employer: WINCHESTER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28848
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 80
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
PATRICK BEAUMIER
Mailing Address 7689 CANDLEWOOD DR SE
City: ADA | State: MI | Zip Code: 49301
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29281
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
CAROL BEHRMAN
Mailing Address 2323 DELA VIVA #102
City: SANTA BARBARA | State: CA | Zip Code: 93105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28554
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARY BENAVIDES
Mailing Address P.O. BOX 418
City: BOISE | State: ID | Zip Code: 83701
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.28975
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
JOHN BENTLEY
Mailing Address 5949 N CAMINO DEL CONDE
City: TUCSON | State: AZ | Zip Code: 85718
FEC ID number of contributing federal political committee: C
Name of Employer: GEN ANESTH SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29022
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JOSEPH BERNSTEIN
Mailing Address 1510 CONSTITUTION DR
City: BROOKFIELD | State: WI | Zip Code: 53045
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29068
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
FREDERIC BERRY
Mailing Address 3835 RALEIGH MTN TRL
City: CHARLOTTESVILLE | State: VA | Zip Code: 22903
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF VIRGINIA MED CTR
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29426
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARTHUR BERT
Mailing Address 146 ARNOLD AVE
City: CRANSTON | State: RI | Zip Code: 02905
FEC ID number of contributing federal political committee: C
Name of Employer: PROVIDENCE ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29092
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL BLAKE
Mailing Address 5639 WARNER PARK DR
City: WESTERVILLE | State: OH | Zip Code: 43081
FEC ID number of contributing federal political committee: C
Name of Employer: CONSULTANT ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28765
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PHILIP BOYLE
Mailing Address 3069 JOYCE ST
City: ST CLOUD | State: MN | Zip Code: 56303
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC ST CLOUD
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29422
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 80
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
BRYAN BRIDGES
Mailing Address 8 HALF PENNY LN
City: EXETER | State: NH | Zip Code: 03833
FEC ID number of contributing federal political committee: C
Name of Employer: SEACOAST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29186
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MATTHEW CALDWELL
Mailing Address 40 HUMMEL BLVD
City: GROVE CITY | State: PA | Zip Code: 16127
FEC ID number of contributing federal political committee: C
Name of Employer: UPMC/UPP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29086
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOHN CAMBARERI
Mailing Address 2011 E RODEWOOD BLVD
City: SPOKANE | State: WA | Zip Code: 99203
FEC ID number of contributing federal political committee: C
Name of Employer: PHYSICIAN ANESTH GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29032
Amount of Each Receipt this Period: 1500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
BRIAN CAMPBELL
Mailing Address 416 MEADOWBROOK LN
City: BIRMINGHAM | State: AL | Zip Code: 35213
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH RESOURCES MGT
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29290
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ALEX CARDENAS
Mailing Address 6823 LEFFLER LN
City: ROANOKE | State: VA | Zip Code: 24019
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH CONSULT OF VA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28612
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JAMES CARLIN
Mailing Address 7826 E TORIN ST
City: LONG BEACH | State: CA | Zip Code: 90808
FEC ID number of contributing federal political committee: C
Name of Employer: S CALIF PERMANENTE MED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28811
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
STEVEN CARSON
Mailing Address 7781 COLDSTREAM WOODS
City: CINCINNATI | State: OH | Zip Code: 45255
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC CINCINNATI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29372
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
THOMAS CASH
Mailing Address 1210 BUCKHEAD CIR
City: BIRMINGHAM | State: AL | Zip Code: 35216
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH & PAIN MEDICINE
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29012
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
GEORGE CHALOUB
Mailing Address 710 KENDRICK ST
City: PHILADELPHIA | State: PA | Zip Code: 19111
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29417
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
MARK CHAMBERS
Mailing Address 858 WOODBOURNE TRL
City: DAYTON | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH SERVICES NETWORK
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28918
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RUSSELL CHEANEY
Mailing Address 1411 GREENWAY DR
City: SHELBY | State: NC | Zip Code: 28150
FEC ID number of contributing federal political committee: C
Name of Employer: SHELBY ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29136
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
BRADLEY CHRISTIANSON
Mailing Address 4700 HARROGATE DR
City: NORMAN | State: OK | Zip Code: 73072
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29274
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 CHU
Mailing Address 8320 PLATEAU DR
City: SPRINGFIELD | State: OH | Zip Code: 45502
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH SPRINGFIELD
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28710
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM CIESLA
Mailing Address 311 WILLOW RUN CT
City: MILLERSVILLE | State: MD | Zip Code: 21108
FEC ID number of contributing federal political committee: C
Name of Employer: SEVERN ANESTH SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.28974
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
STEVEN COGGINS
Mailing Address 9042 NORTH POINT
City: BAYTOWN | State: TX | Zip Code: 77520
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29364
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CRAIG COLLINS
Mailing Address 8585 SALEM RD
City: CINCINNATI | State: OH | Zip Code: 45230
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC CINCINNATI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29373
Amount of Each Receipt this Period: 900.00

B. Full Name (Last, First, Middle Initial)
J JOHN COLLINS
Mailing Address 2761 EARHART CT
City: OREFIELD | State: PA | Zip Code: 18069
FEC ID number of contributing federal political committee: C
Name of Employer: ALLENTOWN ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29420
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
PHILIPPE COOPER
Mailing Address 11580 CANTERBURY DRIVE
City: MEQUON | State: WI | Zip Code: 53092
FEC ID number of contributing federal political committee: C
Name of Employer: SUMMIT ANESTHESIA INC.
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 24 2004
Transaction ID: SA11A1.28967
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 80
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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)
JEFFREY CROY
Mailing Address P.O. BOX 3218
City: ALBANY | State: OR | Zip Code: 97321
FEC ID number of contributing federal political committee: C
Name of Employer: ALBANY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29184
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
STEVE CROY
Mailing Address 20 ENDICOTT LN
City: HIGHWOOD | State: IL | Zip Code: 60040
FEC ID number of contributing federal political committee: C
Name of Employer: ACL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28752
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
DONALD DAVIS
Mailing Address 45 SHERINGTON PL
City: ATLANTA | State: GA | Zip Code: 30350
FEC ID number of contributing federal political committee: C
Name of Employer: CHILDREN'S HLTHCRE ATLAN
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28818
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

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

A. Full Name (Last, First, Middle Initial)
GWEN DAVIS
Mailing Address 45 SHERINGTON PL
City: ATLANTA | State: GA | Zip Code: 30350
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHSIDE ANESTH CONSUL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28616
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ROBERT DAY
Mailing Address 916 WELDON LN
City: BRYN MAWR | State: PA | Zip Code: 19010
FEC ID number of contributing federal political committee: C
Name of Employer: UNITED ANESTH SERVICES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.28977
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DAVID DELZELL
Mailing Address 1120 W BENNETT CT
City: DUNLAP | State: IL | Zip Code: 61525
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29409
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

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

A. Full Name (Last, First, Middle Initial)
BILL DEVORE
Mailing Address 383 TWIN OAKS DR
City: SPARTANBURG | State: SC | Zip Code: 29306
FEC ID number of contributing federal political committee: C
Name of Employer: FOOTHILLS ANES CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28725
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT DOELL
Mailing Address 4508 STAGECOACH RD
City: KINGSPORT | State: TN | Zip Code: 37664
FEC ID number of contributing federal political committee: C
Name of Employer: HOLSTON ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28623
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM DOMINGUEZ
Mailing Address 3205 LA MANCHA DR NW
City: ALBUQUERQUE | State: NM | Zip Code: 87104
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC OF NM
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29107
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
STEVE DONDLINGER
Mailing Address 5513 KNOLL DR
City: EDINA | State: MN | Zip Code: 55436
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29137
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DEANNA DORSEY
Mailing Address 6356 LA POSTA DR
City: EL PASO | State: TX | Zip Code: 79912
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH CONSULTS ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28813
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
GEORGE DOYKOS
Mailing Address 1201 45TH STREET
City: SACRAMENTO | State: CA | Zip Code: 95819
FEC ID number of contributing federal political committee: C
Name of Employer: CASE MED GRP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29075
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
VICTOR DUDZIK
Mailing Address 2816 WHITCHURCH LN
City: NAPERVILLE | State: IL | Zip Code: 60564
FEC ID number of contributing federal political committee: C
Name of Employer: DUPAGE VALLEY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29230
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DAVID DUGAN
Mailing Address 9306 E SHANNON WOODS
City: WICHITA | State: KS | Zip Code: 67226
FEC ID number of contributing federal political committee: C
Name of Employer: KANSAS PROF ANES & PAIN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28883
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ARTHUR DUNCAN
Mailing Address 307 MOCKINGBIRD GARDEN
City: LOUISVILLE | State: KY | Zip Code: 40207
FEC ID number of contributing federal political committee: C
Name of Employer: S INDIANA ANESTH CONSULT
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29179
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

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

A. Full Name (Last, First, Middle Initial)
JOHN ECKELS
Mailing Address 394 CRESTA VISTA DR
City: SAN FRANCISCO | State: CA | Zip Code: 94127
FEC ID number of contributing federal political committee: C
Name of Employer: ACAMG
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29259
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DALE EDWARDS
Mailing Address 6005 SHALA CIR
City: NASHPORT | State: OH | Zip Code: 43830
FEC ID number of contributing federal political committee: C
Name of Employer: ZANESVILLE ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28898
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN ELDER
Mailing Address 58 CHAPMAN LOOP
City: STEILACOOM | State: WA | Zip Code: 98388
FEC ID number of contributing federal political committee: C
Name of Employer: TACOMA ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29257
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN ELLSTROM
Mailing Address P.O. BOX 2991
City: EDWARDS | State: CO | Zip Code: 81632
FEC ID number of contributing federal political committee: C
Name of Employer: VAIL VALLEY ANESTH
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28545
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
STEVEN EYLER
Mailing Address 9252 SW WHISPERING FIR
City: BEAVERTON | State: OR | Zip Code: 97007
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28874
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
RICHARD FARAH
Mailing Address P.O. BOX 230269
City: ANCHORAGE | State: AK | Zip Code: 99523
FEC ID number of contributing federal political committee: C
Name of Employer: PAAMG
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29037
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
BRIAN FELIX
Mailing Address 4107 WOODBRIAR CT
City: SUGAR LAND | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: GHA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29370
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
LISA FERGUSON
Mailing Address 12 N 28TH ST
City: LAFAYETTE | State: IN | Zip Code: 47904
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29000
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
VICTOR FERGUSON
Mailing Address 12 N 28TH STREET
City: LAFAYETTE | State: IN | Zip Code: 47904
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29002
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) or each category of the Detailed Summary Page

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
STEVEN FOGEL
Mailing Address 8098 W MEADOW DR NE
City: ADA | State: MI | Zip Code: 49301
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29362
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DAVID FRANKVILLE
Mailing Address 1660 LA JOLLA RANCHO ROAD
City: LA JOLLA | State: CA | Zip Code: 92037
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH SERVICES MED GRP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 25 2004
Transaction ID: SA11A1.28973
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
LESLEY FRISKEL
Mailing Address 10301 HICKMAN MILLS DR
City: KANSAS CITY | State: MO | Zip Code: 64137
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC KANSAS CITY
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29152
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
JEFF FUQUA
Mailing Address 9166 HAILES ABBEY LN
City: KNOXVILLE | State: TN | Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: AMAET
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28746
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DONALD GALLIGAN
Mailing Address 894 S PARKGLEN PL
City: ANAHEIM | State: CA | Zip Code: 92808
FEC ID number of contributing federal political committee: C
Name of Employer: FULLERTON ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28513
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ANTHONY GIAMBERDINO
Mailing Address 38W824 RED GATE CT
City: ST CHARLES | State: IL | Zip Code: 60175
FEC ID number of contributing federal political committee: C
Name of Employer: VASC ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29353
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROSANNE GIANNUZZI
Mailing Address ONE INDEPENDENCE CT 909
City: HOBOKEN | State: NJ | Zip Code: 07030
FEC ID number of contributing federal political committee: C
Name of Employer: MONTCLAIR ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29306
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ALAN GLASER
Mailing Address 4666 GLEN CREST DR
City: ERIE | State: PA | Zip Code: 16509
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH CONSULTS OF ERIE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29051
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WIFREDO GONZALEZ
Mailing Address 243 TRAIL RIDGE
City: RUTHERFORDTON | State: NC | Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: RUTHERFORD ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28861
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
WAYNE GRAFF
Mailing Address 1751 HILLGATE DR
City: LEXINGTON | State: KY | Zip Code: 40515
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29246
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
RICHARD GREEN
Mailing Address 1651 VIEWCREST DR
City: BOUNTIFUL | State: UT | Zip Code: 84010
FEC ID number of contributing federal political committee: C
Name of Employer: MOUNTAIN WEST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28856
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN GRICE
Mailing Address 9175 OLD SOUTHWICK PASS
City: ALPHARETTA | State: GA | Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHSIDE ANESTH CONSUL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29398
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
WILLIAM GUPTILL
Mailing Address 8 CREEPING JENNY LN
City: TAUNTON | State: MA | Zip Code: 02780
FEC ID number of contributing federal political committee: C
Name of Employer: ST ANNE'S HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28886
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
COOPER HAGERTY
Mailing Address 804 REYNOLDS WAY
City: BIRMINGHAM | State: AL | Zip Code: 35242
FEC ID number of contributing federal political committee: C
Name of Employer: ARM
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29113
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL HANNAN
Mailing Address 28912 S 959 PR SE
City: KENNEWICK | State: WA | Zip Code: 99338
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28742
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
RUSSELL HARRIS
Mailing Address 500 S UNIVERSITY #505
City: LITTLE ROCK | State: AR | Zip Code: 72205
FEC ID number of contributing federal political committee: C
Name of Employer: LITTLE ROCK ANESTH SERV
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29205
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MARTIN HARRISON
Mailing Address 2980 JOYCE WAY
City: GOLDEN | State: CO | Zip Code: 80401
FEC ID number of contributing federal political committee: C
Name of Employer: PHYS ANESTH SERVICES
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29295
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MAURICE HART
Mailing Address 411 LAUREL ST #3170
City: DES MOINES | State: IA | Zip Code: 50314
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL CENTER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28716
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DOROTHY HARTMAN
Mailing Address 8225 PHEASANT RUN
City: FOGELSVILLE | State: PA | Zip Code: 18051
FEC ID number of contributing federal political committee: C
Name of Employer: ALLENTOWN ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28603
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
J MICHAEL HAY
Mailing Address 1631 OLDE HALEY DR
City: CENTERVILLE | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: FOREST GRAND ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29045
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DAVID HEATON
Mailing Address 5107 SUMMIT HILL
City: DALLAS | State: TX | Zip Code: 75287
FEC ID number of contributing federal political committee: C
Name of Employer: PINNACLE ANES CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29039
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) ▶

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

A. Full Name (Last, First, Middle Initial)
STEPHANIE HEINDEL
Mailing Address 430 HART RD
City: LEXINGTON | State: KY | Zip Code: 40502
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29411
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SAM HENNESSEE
Mailing Address 4965 WINTERGREEN LN
City: CARMEL | State: IN | Zip Code: 46033
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29253
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOHN HEUSNER
Mailing Address 3210 E DIANE CT
City: SPOKANE | State: WA | Zip Code: 99223
FEC ID number of contributing federal political committee: C
Name of Employer: PHYSICIAN ANESTH GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29387
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS HILL
Mailing Address 4617 21ST STREET CT NE
City: HICKORY | State: NC | Zip Code: 28601
FEC ID number of contributing federal political committee: C
Name of Employer: WESTERN PIEDMONT ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29304
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
KENNETH HOLLINGSWORTH
Mailing Address 72 RIVERS END DR
City: SEAFORD | State: DE | Zip Code: 19973
FEC ID number of contributing federal political committee: C
Name of Employer: MANTICOKE MEM HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28584
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY HOUSE
Mailing Address 714 PARK LAKE ST
City: ORLANDO | State: FL | Zip Code: 32803
FEC ID number of contributing federal political committee: C
Name of Employer: JLR MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28814
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNETH IMANAKA
Mailing Address 1100 BLACK WOOD PL
City: MODESTO | State: CA | Zip Code: 95355
FEC ID number of contributing federal political committee: C
Name of Employer: GOULD MEDICAL GRP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29404
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MITHCELL JABLONS
Mailing Address 35 TIMBERLINE WAY
City: WATCHUNG | State: NJ | Zip Code: 07069
FEC ID number of contributing federal political committee: C
Name of Employer: SUMMIT ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29066
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN JACOBS
Mailing Address P.O. BOX 2078
City: COLORADO SPRINGS | State: CO | Zip Code: 80901
FEC ID number of contributing federal political committee: C
Name of Employer: PIKES PEAK ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28864
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CYNTHIA JENSON
Mailing Address 72 VERNON ST
City: BANGOR | State: ME | Zip Code: 04401
FEC ID number of contributing federal political committee: C
Name of Employer: WATERVILLE ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29191
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JODIE JOHNSON
Mailing Address 702 BARNHILL DR RM 2001
City: INDIANAPOLIS | State: IN | Zip Code: 46202
FEC ID number of contributing federal political committee: C
Name of Employer: INDIANA UNIV ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28924
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
EDWIN JOHNSTON
Mailing Address 4817 OLD DALTON RD NE
City: ROME | State: GA | Zip Code: 30165
FEC ID number of contributing federal political committee: C
Name of Employer: COUSA ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28922
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)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
GARY KALAN
Mailing Address P.O. BOX 772
City: GREENWICH | State: CT | Zip Code: 06836
FEC ID number of contributing federal political committee: C
Name of Employer: GREENWICH ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29048
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
KAY KARASEK
Mailing Address 2310 BENT TREE CT
City: ST JOSEPH | State: MO | Zip Code: 64506
FEC ID number of contributing federal political committee: C
Name of Employer: HRMC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28685
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MOHAN KASARANENI
Mailing Address 75 COLTON RD
City: GLASTONBURY | State: CT | Zip Code: 06033
FEC ID number of contributing federal political committee: C
Name of Employer: NEW BRITAIN ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28837
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
VIDA KASUBA
Mailing Address 1453 BARNESDALE ST
City: PITTSBURGH | State: PA | Zip Code: 15217
FEC ID number of contributing federal political committee: C
Name of Employer: PITTSBURGH ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28486
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
THOMAS KELLY
Mailing Address 28170 DUKES LUMBER RD
City: LAUREL | State: DE | Zip Code: 19956
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH PRACTICE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29245
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MILLICENT KHAW
Mailing Address 4572 AUKAI AVE
City: HONOLULU | State: HI | Zip Code: 96818
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29053
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH KIM
Mailing Address 15245 SANTA MARIA CT
City: BROOKFIELD | State: WI | Zip Code: 53005
FEC ID number of contributing federal political committee: C
Name of Employer: SUMMIT ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29084
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
OLEN KITCHINGS
Mailing Address 4303 HIGH BLUFF CIR
City: TEMPLE | State: TX | Zip Code: 76502
FEC ID number of contributing federal political committee: C
Name of Employer: SCOTT & WHITE CLINIC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28525
Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
CHIP KLUNICK
Mailing Address 2103 SEABOARD
City: MIDLAND | State: TX | Zip Code: 79705
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28512
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 80
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
ANDREW KNIGHT
Mailing Address 224 CHEVAL LN
City: WALNUT CREEK | State: CA | Zip Code: 94596
FEC ID number of contributing federal political committee: C
Name of Employer: MACMGI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28686
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
TODD KNOX
Mailing Address 2916 NEWPORT DR
City: SPRINGFIELD | State: IL | Zip Code: 62702
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH SPRINGFIELD
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29214
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH KRAS
Mailing Address 9515 OLD BONHOMME RD
City: OLIVETTE | State: MO | Zip Code: 63132
FEC ID number of contributing federal political committee: C
Name of Employer: WASHINGTON UNIV ST LOUIS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29110
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JONATHAN KROHN
Mailing Address 1775 DEMPSTER ST
City: PARK RIDGE | State: IL | Zip Code: 60068
FEC ID number of contributing federal political committee: C
Name of Employer: PRAA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29195
Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
ALAN KROLL
Mailing Address 3014 NW 56TH BLVD
City: GAINESVILLE | State: FL | Zip Code: 32606
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC N FLORIDA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28628
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
PAUL KUZMA
Mailing Address 15 DOVE RUN
City: PINEHURST | State: NC | Zip Code: 28374
FEC ID number of contributing federal political committee: C
Name of Employer: PINEHURST ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29005
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 80
(check only one)

X 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)
LAURENCE LANG
Mailing Address 4162 MARY ELLEN AVE
City: STUDIO CITY | State: CA | Zip Code: 91604
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28626
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DENISE LARUE
Mailing Address 11 HIGH BLUFF RD
City: CAPE ELIZABETH | State: ME | Zip Code: 04107
FEC ID number of contributing federal political committee: C
Name of Employer: SPECTRUM MEDICAL GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29255
Amount of Each Receipt this Period: 700.00

C. Full Name (Last, First, Middle Initial)
PHONG LE
Mailing Address 3361 HOLLOWSPRING DR
City: DEWITT | State: MI | Zip Code: 48820
FEC ID number of contributing federal political committee: C
Name of Employer: LANSING ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29025
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 80
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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)
SUSAN LECLAIR
Mailing Address 11833 SW THELEN LN
City: PORTLAND | State: OR | Zip Code: 97219
FEC ID number of contributing federal political committee: C
Name of Employer: OREGON ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28843
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RICHARD LENZ
Mailing Address 3790 TIMBERS EDGE LN
City: GLENVIEW | State: IL | Zip Code: 60025
FEC ID number of contributing federal political committee: C
Name of Employer: ELMHURST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28730
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
BRUCE LERNER
Mailing Address 8953 LINDEN LN
City: PRAIRIE VILLAGE | State: KS | Zip Code: 66207
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29076
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) or each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
WAI KWONG LEUNG
Mailing Address 1798 WILDFLOWER CIR
City: YUBA CITY | State: CA | Zip Code: 95993
FEC ID number of contributing federal political committee: C
Name of Employer: FREMONT RIDEOUT MED GRP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28906
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
JAMES LOFTUS
Mailing Address 8 W 76TH ST
City: HARVEY CEDARS | State: NJ | Zip Code: 08008
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28690
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL LOPEZ
Mailing Address 5700 E PIMA #E
City: TUCSON | State: AZ | Zip Code: 85712
FEC ID number of contributing federal political committee: C
Name of Employer: OLD PUEBLO ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28815
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
JEFFREY LU
Mailing Address 3780 FOREST HILLS DR
City: SALT LAKE CITY | State: UT | Zip Code: 84106
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF UTAH MED SCHL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28595
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DONNA LUCAS
Mailing Address 100 ST ANDREWS DR
City: PITTSBURGH | State: PA | Zip Code: 15205
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH HILLS ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28576
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JEFFREY LYNCH
Mailing Address 2 RIDGE CT
City: MEDFORD | State: NJ | Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29232
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
TIMOTHY LYONS
Mailing Address P.O. BOX 509
City: PLYMOUTH | State: NH | Zip Code: 03264
FEC ID number of contributing federal political committee: C
Name of Employer: SPEARE MEMORIAL HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 15 2004
Transaction ID: SA11A1.28634
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
NEIL MACDONALD
Mailing Address 3246 LINKS MANOR DR
City: SALEM | State: VA | Zip Code: 24153
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH CONSULTS OF VA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29282
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ROBERT MADDOCK
Mailing Address 1165 SETTLERS RD
City: MEDINA | State: MN | Zip Code: 55340
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTHESIOLOGY PA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29071
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
DAVID MAGUIRE
Mailing Address 8 TALON CT
City: SEWELL | State: NJ | Zip Code: 08080
FEC ID number of contributing federal political committee: C
Name of Employer: JEFFERSON UNIV
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29042
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
BRUCE MALMER
Mailing Address 45 LINDEN ST
City: BANGOR | State: ME | Zip Code: 04401
FEC ID number of contributing federal political committee: C
Name of Employer: SPECTRUM MEDICAL GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29007
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
STEVEN MANDELBERG
Mailing Address 336 FOREST ST
City: OAKLAND | State: CA | Zip Code: 94618
FEC ID number of contributing federal political committee: C
Name of Employer: ALAMEDA ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28805
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
SHAWN MARSH
Mailing Address 333 W HAMPDEN AVE #600
City: ENGLEWOOD | State: CO | Zip Code: 80110
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTH DENVER ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28784
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY MARTIN
Mailing Address 6 CARMEL LN
City: LITTLE ROCK | State: AR | Zip Code: 72212
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF ARKANSAS MED SCI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29379
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LINDA MASTROIANNI
Mailing Address 11 OLDE COUNTRY RD
City: WOODBRIDGE | State: CT | Zip Code: 06525
FEC ID number of contributing federal political committee: C
Name of Employer: HARTFORD ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28903
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

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FOR LINE NUMBER: PAGE 50 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DONALD MATHEWS
Mailing Address 75 LIVINGSTON ST., 12AC
City: BROOKLYN | State: NY | Zip Code: 11201
FEC ID number of contributing federal political committee: C
Name of Employer: GREENWICH MEDICAL ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29224
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
PHILIP MCELROY
Mailing Address 1664 JARRETTOWN RD
City: DRESHER | State: PA | Zip Code: 19025
FEC ID number of contributing federal political committee: C
Name of Employer: FRANKFORD HOSPITAL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28827
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
EDWARD MCGOUGH
Mailing Address 120 S BEND DR
City: PONTE VEDRA BEACH | State: FL | Zip Code: 32082
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28507
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) or each category of the Detailed Summary Page

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(check only one)
X 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)
JOHN MCMANAMY
Mailing Address 210 HIGH ST
City: NEWBURYPORT | State: MA | Zip Code: 01950
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28859
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
HARPAUL MEHROK
Mailing Address 3315 WATT AVE
City: SACRAMENTO | State: CA | Zip Code: 95821
FEC ID number of contributing federal political committee: C
Name of Employer: CASE MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28549
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WARREN MILLS
Mailing Address 328 GLEN EAGLES RD W
City: STATESVILLE | State: NC | Zip Code: 28625
FEC ID number of contributing federal political committee: C
Name of Employer: IREDELL ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29270
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 80
(check only one)

X 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 MINTZ
Mailing Address 200 READING BLVD
City: WYOMISSING | State: PA | Zip Code: 19610
FEC ID number of contributing federal political committee: C
Name of Employer: READING ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28528
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
HARRY MINTZER
Mailing Address 125 GRAMPIAN BLVD
City: WILLIAMSPORT | State: PA | Zip Code: 17701
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC WMSPT
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28518
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DANIEL MITHCELL
Mailing Address 3426 W 164TH TERR
City: STILWELL | State: KS | Zip Code: 66085
FEC ID number of contributing federal political committee: C
Name of Employer: MIDWEST ANESTH
Occupation: ANESTHESIDLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29382
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 80
(check only one)

X 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)
ROSS MOORE
Mailing Address 85 PINEAPPLE ST
City: BROOKLYN | State: NY | Zip Code: 11201
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28613
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
THOMAS MOORE
Mailing Address 5307 TRACE RIDGE CIR
City: BIRMINGHAM | State: AL | Zip Code: 35244
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV ALABAMA BIRMINGHAM
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29366
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
GEORGE MORESEA
Mailing Address 1232 ASHWOOD RD
City: AKRON | State: OH | Zip Code: 44312
FEC ID number of contributing federal political committee: C
Name of Employer: STARK COUNTY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29421
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 80
(check only one)

X 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)
WYN MORTIMER
Mailing Address 982 HOOD RD
City: FAYETTEVILLE | State: GA | Zip Code: 30214
FEC ID number of contributing federal political committee: C
Name of Employer: GEORGIA PERIOP ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29116
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
BRIAN MURPHY
Mailing Address 69 BRIARWOOD DR
City: WHEELING | State: WV | Zip Code: 26003
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL PARK ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28866
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
TIM MURRAY
Mailing Address 57217 200TH ST
City: MANKATO | State: MN | Zip Code: 56001
FEC ID number of contributing federal political committee: C
Name of Employer: MANKATO ANESTH ASSOC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28912
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 80
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH NEAL
Mailing Address 11277 MARINE VIEW DR SW
City: SEATTLE | State: WA | Zip Code: 98146
FEC ID number of contributing federal political committee: C
Name of Employer: VIRGINIA MASON
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29284
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MARK NELSON
Mailing Address 5500 HEATHROW RD
City: KNOXVILLE | State: TN | Zip Code: 37919
FEC ID number of contributing federal political committee: C
Name of Employer: KNOXVILLE ANESTH GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29358
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
HUONG NGUYEN
Mailing Address 4061 W POST RD
City: CHANDLER | State: AZ | Zip Code: 85226
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 26 2004
Transaction ID: SA11A1.28987
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT ODELL
Mailing Address 9632 GRAND ISLE LN
City: LAS VEGAS | State: NV | Zip Code: 89144
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29150
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ROBERT OLIVER
Mailing Address 496 RANDALL RD
City: NORTH AUGUSTA | State: SC | Zip Code: 29860
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29059
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DALE OSTRANDER
Mailing Address 556 SHORELINE DR
City: DECATUR | State: IL | Zip Code: 62521
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH DECATUR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29309
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
CRAIG PADAVICH
Mailing Address 4212 BARGE ST
City: YAKIMA | State: WA | Zip Code: 98908
FEC ID number of contributing federal political committee: C
Name of Employer: PAA
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29313
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL PANGER
Mailing Address 146 WHISPERING WOODS
City: CHARLESTON | State: WV | Zip Code: 25304
FEC ID number of contributing federal political committee: C
Name of Employer: GENERAL ANESTH SERVICES
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28910
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ANDREW PATE
Mailing Address 2059 SKYHAWK CT
City: MT PLEASANT | State: SC | Zip Code: 29466
FEC ID number of contributing federal political committee: C
Name of Employer: CHARLESTON ANESTH GRP
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29228
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
SONYA PEASE
Mailing Address 3540 PALM DR
City: W PALM BEACH | State: FL | Zip Code: 33404
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH & CRITICAL CARE SPE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28841
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ERIC PEDICINI
Mailing Address 640 KENILWORTH TERR
City: KENILWORTH | State: IL | Zip Code: 60043
FEC ID number of contributing federal political committee: C
Name of Employer: PARK RIDGE ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 21 2004
Transaction ID: SA11A1.28786
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
CHARLES POOLE
Mailing Address 4 WINDWOOD DR
City: JACKSON | State: TN | Zip Code: 38305
FEC ID number of contributing federal political committee: C
Name of Employer: PROFESSIONAL ANES ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29149
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT POWERS
Mailing Address P.O. BOX 7288
City: LITTLE ROCK | State: AR | Zip Code: 72217
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28926
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
WILFRED PRADOS
Mailing Address 2809 PADEN WAY
City: BIRMINGHAM | State: AL | Zip Code: 35226
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH & PAIN MEDICINE
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29367
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LYLE PRAIRIE
Mailing Address 17 WIND TREE CIR
City: PITTSFORD | State: NY | Zip Code: 14534
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC ROCHESTER
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29215
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 80
(check only one)

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

A. Full Name (Last, First, Middle Initial)
JWALA PRASAD
Mailing Address 11525 IRONLIEGE LN
City: CINCINNATI | State: OH | Zip Code: 45249
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC CINCINNATI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29371
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JOHN PRICE
Mailing Address 11 ANNANDALE
City: NASHVILLE | State: TN | Zip Code: 37215
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29335
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DONALD RAITHEL
Mailing Address 8872 MONTE DR
City: CINCINNATI | State: OH | Zip Code: 45242
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC CINCINNATI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29377
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
MARC REICHEL
Mailing Address 805 RIBAUT RD
City: BEAUFORT | State: SC | Zip Code: 29902
FEC ID number of contributing federal political committee: C
Name of Employer: LOW COUNTRY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28629
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
JASON RIGOL
Mailing Address 3117 PALM VISTA DR
City: METAIRIE | State: LA | Zip Code: 70003
FEC ID number of contributing federal political committee: C
Name of Employer: LSU HEALTH SCIENCES CTR
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29311
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ROBERT RINGERING
Mailing Address 12 PLAINS RD PMB 320
City: ESSEX | State: CT | Zip Code: 06426
FEC ID number of contributing federal political committee: C
Name of Employer: NORWICH ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28859
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
VANCE ROBIDEAUX
Mailing Address 2508 CROSSING DR
City: EDMOND | State: OK | Zip Code: 73013
FEC ID number of contributing federal political committee: C
Name of Employer: AFFILIATED ANESTH
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29405
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ROBERT ROETTGER
Mailing Address 9051 ITASCA TRAIL N
City: GRANT | State: MN | Zip Code: 55082
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28877
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
LORI ROGERS
Mailing Address 117 RIDGEWOOD DR
City: METAIRIE | State: LA | Zip Code: 70005
FEC ID number of contributing federal political committee: C
Name of Employer: ACS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28904
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
MARK ROMANOFF
Mailing Address 19939 SANDYEDGE DR
City: CORNELIUS | State: NC | Zip Code: 28031
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTHEAST ANES CONSULT
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28647
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
PAUL ROSE
Mailing Address 14485 NW BELLE PL
City: BEAVERTON | State: OR | Zip Code: 97006
FEC ID number of contributing federal political committee: C
Name of Employer: OAG
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29114
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DONALD RUHLAND
Mailing Address 5021 COPA DEL ONO
City: ANAHEIM | State: CA | Zip Code: 92807
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.28979
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
LYNN RUSY
Mailing Address 3629 NAGAWICKA SHORES
City: HARTLAND | State: WI | Zip Code: 53029
FEC ID number of contributing federal political committee: C
Name of Employer: CHILDRENS HOSP WISCONSIN
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29306
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
LYLE SALTZMAN
Mailing Address 562 LANTERNBACK ISLAND
City: SATELLITE BEACH | State: FL | Zip Code: 32937
FEC ID number of contributing federal political committee: C
Name of Employer: BREVARD ANESTH SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28580
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOHN SCHEUB
Mailing Address 4755 CRESTED BUTTE TRL
City: ROCKFORD | State: IL | Zip Code: 61114
FEC ID number of contributing federal political committee: C
Name of Employer: ROCKFORD ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28884
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 80
(check only one)

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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 SCHMIDT
Mailing Address P.O. BOX 1261
City: CODY | State: WY | Zip Code: 82414
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29349
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RAINER SCHMIDT
Mailing Address 32 WARNER RD
City: GROSSE POINTE FARM | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: ST JOHN ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29269
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARK SCHNEIDER
Mailing Address 1019 ORIENTE AVE
City: GREENVILLE | State: DE | Zip Code: 19807
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTHESIA SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29235
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
KEITH SCHRADER
Mailing Address 1304 OAK ST
City: MELBOURNE | State: FL | Zip Code: 32901
FEC ID number of contributing federal political committee: C
Name of Employer: BREVARD ANESTH SERVICES
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29160
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ALVARO SEGURA-VASI
Mailing Address 2701 MALL RD PMB 204
City: FLORENCE | State: AL | Zip Code: 35630
FEC ID number of contributing federal political committee: C
Name of Employer: BEER SIMON WILLIAMS ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29389
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
GARY SHANKS
Mailing Address 5333 CROW CREEK RD
City: BETTENDORF | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH & ANALGESIA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29356
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
JIM SHANKS
Mailing Address 820 GLEN WILLOW DR
City: KNOXVILLE | State: TN | Zip Code: 37922
FEC ID number of contributing federal political committee: C
Name of Employer: MMC ANESTHESIA
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29200
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JAMES SHEA
Mailing Address 1236 PISMO ST
City: SAN LUIS OBISPO | State: CA | Zip Code: 93401
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28823
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
TIM SHIPE
Mailing Address 1304 MASTERS CT
City: CHESAPEAKE | State: VA | Zip Code: 23320
FEC ID number of contributing federal political committee: C
Name of Employer: CAI
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29199
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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
LISA SHOCKLEY
Mailing Address 1029 STAGSHAW LN
City: KINGSPORT | State: TN | Zip Code: 37660
FEC ID number of contributing federal political committee: C
Name of Employer: HOLSTON ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28758
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS SINCLAIR
Mailing Address 74 TIDEWIND
City: IRVINE | State: CA | Zip Code: 92612
FEC ID number of contributing federal political committee: C
Name of Employer: NEWPORT HARBOR ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28587
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
J PAUL SLAVENAS
Mailing Address P.O. BOX 363
City: DEERFIELD | State: IL | Zip Code: 60015
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH CONSULTANTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29216
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN SLAVIK
Mailing Address 808 SHADOWSTONE PL
City: NASHVILLE | State: TN | Zip Code: 37220
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL GRP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29122
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DAVID SMITH
Mailing Address 405 W HILLWOOD DR
City: NASHVILLE | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL GROUP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28527
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
SCOTT SMITH
Mailing Address 4515 PRENTICE #201
City: DALLAS | State: TX | Zip Code: 75206
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28899
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT SNYDER
Mailing Address 2367 DEER VALLEY
City: MIDLAND | State: MI | Zip Code: 48642
FEC ID number of contributing federal political committee: C
Name of Employer: MMAG
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29218
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
SCOTT SPRINGMAN
Mailing Address 5721 SUMMERHILL CT
City: FITCHBURG | State: WI | Zip Code: 53711
FEC ID number of contributing federal political committee: C
Name of Employer: UW MEDICAL FOUNDATION
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 18 2004
Transaction ID: SA11A1.28641
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ROHAN SUNDARALINGAM
Mailing Address 884 N PAULINA ST #3
City: CHICAGO | State: IL | Zip Code: 60622
FEC ID number of contributing federal political committee: C
Name of Employer: LUTHERAN GENERAL HOSP
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29008
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 80
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENT SWANSON
Mailing Address 154 ALVISO
City: CAMARILLO | State: CA | Zip Code: 93010
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: REAL ESTATE PROFESSIONAL
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 21 2004
Transaction ID: SA11A1.28786
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
WILFRED SZERENYI
Mailing Address 350 HAWTHORNE CT
City: DELAFIELD | State: WI | Zip Code: 53018
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28863
Amount of Each Receipt this Period: 450.00

C. Full Name (Last, First, Middle Initial)
PATRICK TENNANT
Mailing Address 40 FIELDSTONE DR
City: EASTON | State: CT | Zip Code: 06612
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29331
Amount of Each Receipt this Period: 500.00

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) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
SCOTT THOMPSON
Mailing Address 1215 PLEASANT ST #400
City: DES MOINES | State: IA | Zip Code: 50309
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOC ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28651
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DAVID THRUSH
Mailing Address 865 SEDDON COVE WAY
City: TAMPA | State: FL | Zip Code: 33602
FEC ID number of contributing federal political committee: C
Name of Employer: USF
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29391
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ELISE TOMARAS
Mailing Address 3975 FERNWAY CT
City: ATLANTA | State: GA | Zip Code: 30319
FEC ID number of contributing federal political committee: C
Name of Employer: AMBULATORY ANESTH SPEC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28861
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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL TOMLIN
Mailing Address 3683 POWER PL
City: CARMEL | State: IN | Zip Code: 46033
FEC ID number of contributing federal political committee: C
Name of Employer: NAS LLC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29049
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JB TURULA
Mailing Address 133 E FREDERICK
City: LANCASTER | State: PA | Zip Code: 17602
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH ASSOC LANCASTER
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28892
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
PAM VARNER
Mailing Address 3500 PINE RIDGE RD
City: BIRMINGHAM | State: AL | Zip Code: 35213
FEC ID number of contributing federal political committee: C
Name of Employer: UNIV OF AL SCHL OF MED
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28833
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER VASIL
Mailing Address 15500 SHANNON HEIGHTS
City: LOS GATOS | State: CA | Zip Code: 95032
FEC ID number of contributing federal political committee: C
Name of Employer: GROUP ANESTH SERVICES
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2004
Transaction ID: SA11A1.28493
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DAVID VICKERS
Mailing Address 216 CHEEKWOOD CT
City: FRANKLIN | State: TN | Zip Code: 37069
FEC ID number of contributing federal political committee: C
Name of Employer: NASHVILLE ANESTH SERV
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29123
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
NANCY VILLALOBOS
Mailing Address 4950 LUXEMBURG SE
City: GRAND RAPIDS | State: MI | Zip Code: 49548
FEC ID number of contributing federal political committee: C
Name of Employer: ANESTH MEDICAL CONSULTS
Occupation: ANESTHESIOLOGIST
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28950
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
BEN WALKER
Mailing Address 721 MADISON ST
City: HUNTSVILLE | State: AL | Zip Code: 35801
FEC ID number of contributing federal political committee: C
Name of Employer: HUNTSVILLE ANESTH CONSUL
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 30 2004
Transaction ID: SA11A1.29402
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL WALSH
Mailing Address 200 1ST ST SW
City: ROCHESTER | State: MN | Zip Code: 55905
FEC ID number of contributing federal political committee: C
Name of Employer: MAYO CLINIC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 13 2004
Transaction ID: SA11A1.28601
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY WEINSTEIN
Mailing Address 11 ANTHONY AVE
City: EDISON | State: NJ | Zip Code: 08820
FEC ID number of contributing federal political committee: C
Name of Employer: EDISON ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 04 29 2004
Transaction ID: SA11A1.29262
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM WHITE
Mailing Address 2705 SYCAMORE WOODS CT
City: LOUISVILLE | State: KY | Zip Code: 40241
FEC ID number of contributing federal political committee: C
Name of Employer: BAPTIST ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 23 2004
Transaction ID: SA11A1.28803
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
NATHAN WILLIAMS
Mailing Address 12005 CANYON VISTA RD
City: LAS CRUCES | State: NM | Zip Code: 88011
FEC ID number of contributing federal political committee: C
Name of Employer: MESILLA VALLEY ANESTH
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29239
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JAMES WINKLEY
Mailing Address 10631 BEECHKNOLL LN
City: POTOMAC | State: MD | Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: US ARMY
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 27 2004
Transaction ID: SA11A1.29055
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 80
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
HAK WONG
Mailing Address 336 W WELLINGTON AVE
City: CHICAGO | State: IL | Zip Code: 60657
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHWESTERN MED FACUL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 04 20 2004
Transaction ID: SA11A1.28736
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
JOEL YARMUSH
Mailing Address 1 HOOPER AVE
City: WEST ORANGE | State: NJ | Zip Code: 07052
FEC ID number of contributing federal political committee: C
Name of Employer: PARK SLOPE ANESTH ASSOC
Occupation: ANESTHESIOLOGIST
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 28 2004
Transaction ID: SA11A1.29287
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
GARY ZHOU
Mailing Address 77 BLUE HILLS DR
City: GUILFORD | State: CT | Zip Code: 06437
FEC ID number of contributing federal political committee: C
Name of Employer: MERIDEN WALLINGFORD ANES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 26 2004
Transaction ID: SA11A1.29026
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶	**1050.00**
TOTAL This Period (last page this line number only) ▶	**77350.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 80
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A. Full Name (Last, First, Middle Initial)
NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City	State	Zip Code
CHICAGO	IL	60675

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1416.48

Date of Receipt
04 30 2004

Transaction ID: SA17.29505

Amount of Each Receipt this Period
322.95

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional) ▶	322.95
TOTAL This Period (last page this line number only) ▶	322.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
ALEXANDER FOR SENATE

Mailing Address 611 COMMERCE ST #2920

City: NASHVILLE | State: TN | Zip Code: 37203

Purpose of Disbursement: GENERAL DEBT RETIREMENT

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: TN District:

Disbursement For: 2002 — Primary / X General / Other (specify)

Transaction ID: SB23.29476
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address P.O. BOX 869

City: WESTMINSTER | State: SC | Zip Code: 29693

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: SC District: 3

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: SB23.29452
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City: ENNIS | State: TX | Zip Code: 75120

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: TX District: 6

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: SB23.29474
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 5000.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
BATTLE BORN PAC

Mailing Address 1155 21ST STREET NW #300

City: WASHINGTON | State: DC | Zip Code: 20036

Purpose of Disbursement: 2004 CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.29436
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 2500.00

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

Mailing Address 3323 N WASHINGTON BLVD

City: ARLINGTON | State: VA | Zip Code: 22201

Purpose of Disbursement:

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: TX District: 8

Disbursement For: 2004 ☐ Primary X General ☐ Other (specify)

Transaction ID: SB23.29472
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
COMM FOR PRESERVATION OF CAPITALISM

Mailing Address P.O. BOX 22614

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Disbursement: 2004 CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.29448
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
DAVID SCOTT FOR CONGRESS

Mailing Address 162 HURT ST NE

City ATLANTA | State GA | Zip Code 30307

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 13

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29485
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 2500.00

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

Mailing Address 162 HURT ST NE

City ATLANTA | State GA | Zip Code 30307

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 13

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.29487
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
DAVID VITTER FOR US SENATE

Mailing Address P.O. BOX 8175

City METAIRIE | State LA | Zip Code 70011

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: LA District:

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.29502
Date of Disbursement: 04 / 01 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
DEMINT FOR SENATE

Mailing Address 701 GERVAIS ST #150-178

City: COLUMBIA | State: SC | Zip Code: 29201

Purpose of Disbursement: PRIMARY

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: SC — District:

Disbursement For: 2004 — Primary / General / X Other (specify) ▼ Runoff

Transaction ID: SB23.29489
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 5000.00

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

Mailing Address P.O. BOX 636

City: ANNANDALE | State: VA | Zip Code: 22003

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President — State: CA — District: 14

Disbursement For: 2004 — Primary / X General / Other (specify) ▼

Transaction ID: SB23.29456
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 85223

City: LAS VEGAS | State: NV | Zip Code: 89185

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / X Senate / President — State: NV — District:

Disbursement For: 2004 — Primary / X General / Other (specify) ▼

Transaction ID: SB23.29442
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1500.00

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address 209 PENNSYLVANIA AVE SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MO District: 7

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29438
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 2500.00

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

Mailing Address P.O. BOX 2776

City: ARLINGTON | State: VA | Zip Code: 22202

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 3

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29458
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address P.O. BOX 2776

City: ARLINGTON | State: VA | Zip Code: 22202

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 3

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29460
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

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

Mailing Address P.O. BOX 2776

City ARLINGTON | State VA | Zip Code 22202

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 3

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.29462
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
9000.00

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

Mailing Address P.O. BOX 12612

City SAN ANTONIO | State TX | Zip Code 78212

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 20

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.29464
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
1500.00

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

Mailing Address P.O. BOX 6428

City ROCHESTER | State MN | Zip Code 55903

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MN District: 1

Disbursement For: 2004 / Primary / X General / Other (specify)

Transaction ID: SB23.29444
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

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

Mailing Address P.O. BOX 6930

City ROUND ROCK | State TX | Zip Code 78683

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 31

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.29468
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

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

Mailing Address P.O. BOX 37091

City CHARLOTTE | State NC | Zip Code 28237

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: NC District: 9

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: SB23.29431
Date of Disbursement 04 / 29 / 2004

Amount of Each Disbursement this Period
1850.00

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

Mailing Address P.O. BOX 37091

City CHARLOTTE | State NC | Zip Code 28237

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: NC District: 9

Disbursement For: 2004
Primary X General
Other (specify)

Transaction ID: SB23.29433
Date of Disbursement 04 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3850.00**

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

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

A. Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address P.O. BOX 16021

City: ALEXANDRIA | State: VA | Zip Code: 22902

Purpose of Disbursement:

Candidate Name:

Category/ Type:

Office Sought: X House / Senate / President
State: GA District: 10

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29454
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address 76 MAGNOLIA TERR

City: SPRINGFIELD | State: MA | Zip Code: 01108

Purpose of Disbursement:

Candidate Name:

Category/ Type:

Office Sought: X House / Senate / President
State: MA District: 2

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.29455
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PRYCE PROJECT

Mailing Address 2042 PEACH ORCHARD DR #316

City: FALLS CHURCH | State: VA | Zip Code: 22043

Purpose of Disbursement:
2004 CONTRIBUTION

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.29446
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

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

Mailing Address P.O. BOX 15368

City ROCHESTER | State NY | Zip Code 14615

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: NY District: 26

Disbursement For: 2004
X Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.29466
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SEARCHLIGHT PAC

Mailing Address 818 CONNECTICUT AVE NW #1100

City WASHINGTON | State DC | Zip Code 20006

Purpose of Disbursement
2004 CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.29440
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
5000.00

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

Mailing Address 12 KENWOOD RD

City AUBURN | State NY | Zip Code 13021

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: NY District: 24

Disbursement For: 2004
X Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.29470
Date of Disbursement 04 / 15 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

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

Mailing Address P.O. BOX 1974

City: SYRACUSE | State: NY | Zip Code: 13201

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: NY District: 25

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.28429
Date of Disbursement
04 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	52350.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)
KENWOOD COUNTRY CLUB

Mailing Address 5601 RIVER RD

City: BETHESDA | State: MD | Zip Code: 20816

Purpose of Disbursement: 04 DEM CONGRESS COMM FUNDRAISER

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.29483
Date of Disbursement: 04 / 15 / 2004

Amount of Each Disbursement this Period: 200.00

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

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.29506
Date of Disbursement: 04 / 30 / 2004

Amount of Each Disbursement this Period: 1443.65

SUBTOTAL of Disbursements This Page (optional) ▶	1643.65
TOTAL This Period (last page this line number only) ▶	1643.65

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

FEC IDENTIFICATION NUMBER
C C00255752

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
TODD & CASTELLANOS CREATIVE GROUP

Mailing Address
1717 KING ST

City: ALEXANDRIA
State: VA
Zip Code: 22314

Purpose of Expenditure
RADIO MEDIA BUYS

Category/ Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
TOM PRICE

Calendar Year-To-Date Per Election for Office Sought: 91500.00

Date: M M / D D / Y Y Y Y
04 / 01 / 2004

Amount: 91500.00

Transaction ID: SE24.29492

Office Sought: X House / Senate / Presidential
State: GA
District: 6

Check One: X Support / Oppose

Disbursement For: X Primary / General 2004 / Other (specify) : _____

(a) **SUBTOTAL** of Itemized Independent Expenditures	**91500.00**
(b) **SUBTOTAL** of Unitemized Independent Expenditures	**0.00**
(c) **TOTAL** Independent Expenditures	**91500.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M / D D / Y Y Y Y