10/15/2009 17:22

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N. NORTHWEST HIGHWAY ADDRESS (number and street) Check if different than previously PARK RIDGE 60068 ΙĻ reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00255752 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. THOMAS CONWAY Type or Print Name of Treasurer Electronically Filed by THOMAS CONWAY 10 15 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 156

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

D D [®]D 0 1 09 2009 09 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 943984.31 January 1 (b) Cash on Hand at 1142212.26 Begining of Reporting Period 171056.48 1230410.26 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1313268.74 2174394.57 6(a) and 6(c) for Column B) 86779.35 947905.18 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1226489.39 1226489.39 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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. 06/2004) 3 / 156

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

	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)	145894.00	1037318.00
	(ii) Unitemized	25152.00	185060.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	171046.00	1222378.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	171046.00	1222378.50
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	5000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	10.48	3031.76
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))	171056.48	1230410.26
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	171056.48	1230410.26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 156

	Operating Expenditures: a) Shared Federal/Non-Federal		
(
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
(Expenditures	0.00	0.00
,	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
23. (Committees Contributions to	0.00	0.00
F	Federal Candidates/Committeesand Other Political Committees	78500.00	753500.00
	ndependent Expenditure	0.00	0.00
25. C	use Schedule E) Coordinated Expenditures Made by Party	0.00	
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
26. L	oan Repayments Made	0.00	0.00
)7 I	oans Made	0.00	0.00
28. F	Refunds of Contributions To:	0.00	0.00
(;	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
	(466 20(4), (5), 416 (5))		
. e	Other Disbursements	8279.35	194405.18
30. F	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	86779.35	947905.18
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	86779.35	947905.18

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)	171046.00	1222378.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	171046.00	1222378.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 156 (check only one) X 11a		
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to			
AMERICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) BASEM ABDELMALAK	Date of Receipt				
Mailing Address FOUNDATION ANES. 9500 EUCLID AVE	DEPT., E-3	1	09 01 2009		
City	State	Zip Code	Transaction ID: SA11AI.78095		
CLEVELAND FEC ID number of contributing federal political committee.	C	44195	Amount of Each Receipt this Period 41.00		
Name of Employer CLEVELAND CLINIC	Occupatio STAFF A	n NESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 369.00			
Full Name (Last, First, Middle Initial) AMR ABOULEISH	Date of Receipt				
Mailing Address 4303 EVERGREEN EL	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: SA11AI.78072		
HOUSTON FEC ID number of contributing federal political committee.	C	77059	Amount of Each Receipt this Period 25.00		
Name of Employer DEPARTMENT OF ANESTHESIOL- OGY	Occupatio PROFES	n SSOR, PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00			
Full Name (Last, First, Middle Initial) EDWARD ABRAHAM			Date of Receipt		
Mailing Address 6700 SW 74TH AVE					
City MIAMI	State FL	Zip Code 33143	Transaction ID: SA11AI.78960 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer SHERIDAN HEALTHCARE	Occupatio ANESTH	n IESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)			566.00		

	LOGISTS POLITICAL ACTION COMM				
Full Name (Last, First, Middle Initial) MINA FAWAZ AKHNOUKH Mailing Address 411 N NEW RIVER DR E City FORT LAUDERDALE FEC ID number of contributing federal political committee. Name of Employer ANESCO N'BROWARD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ROB ALEXANDER	APT 3302 State Zip Code FL 33301 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Date of Receipt M M M			
MINA FAWAZ AKHNOUKH Mailing Address 411 N NEW RIVER DR E City FORT LAUDERDALE FEC ID number of contributing federal political committee. Name of Employer ANESCO N BROWARD Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ROB ALEXANDER	State Zip Code FL 33301 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Transaction ID: SA11AI.78979 Amount of Each Receipt this Period			
FORT LAUDERDALE FEC ID number of contributing federal political committee. Name of Employer ANESCO N'BROWARD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ROB ALEXANDER	FL 33301 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼	Transaction ID: SA11AI.78979 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer ANESCO N'BROWARD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ROB ALEXANDER	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼				
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ROB ALEXANDER	ANESTHESIOLOGIST Aggregate Year-to-Date ▼				
Primary General Other (specify) Full Name (Last, First, Middle Initial) ROB ALEXANDER					
ROB ALEXANDER					
Mailing Address 2021 NODTH OCEAN DI	ROB ALEXANDER				
Walling Address 2001 NORTH OCEAN BL	09 / 28 / 2009				
City <u>FORT LAUDERDALE</u>	State Zip Code FL 33308	Transaction ID: SA11AI.79239 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 33300	500.00			
	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) DANIELA ALEXIANU		Date of Receipt			
Mailing Address 1310 E BLACKWOOD LN	Mailing Address 1310 E BLACKWOOD LN				
City SPOKANE	State Zip Code WA 99223	Transaction ID: SA11AI.78094 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
PHYSICIAN ANESTHESIA GROU- P. PS	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00				
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 156 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GUY ALIOTTA Mailing Address 25 KENNEDY DRIVE City MERIDEN FEC ID number of contributing federal political committee. Name of Employer MIDSTATE MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code CT 06450 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 747.00	Date of Receipt 0 9 0 1 2 0 0 9 Transaction ID: SA11AI.78120 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) PATRICK ALLAIRE Mailing Address 58991 290TH ST. City CAMBRIDGE FEC ID number of contributing federal political committee. Name of Employer MCFARLAND CLINIC Receipt For: Primary General Other (specify)	State Zip Code IA 50046 C Occupation PHYSICIAN Aggregate Year-to-Date 369.00	Date of Receipt M M M O D D O D 2 O D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ERICK ALLEN Mailing Address 6802 EDGEFIELD DF City AUSTIN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Receipt For: Primary General Other (specify)	State Zip Code TX 78731 C Occupation Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		624.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 156 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and add	lress of any political committee to	o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) MYLES ALPERT			Date of Receipt
	Mailing Address 2655 BOLERO DRIVE		7:n Code	09 13 2009
	City NAPLES	State FL	Zip Code 34109	Transaction ID: SA11AI.78564 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA ASSOCIATES OF NAPLES Receipt For: □ Primary □ General □ Other (specify) ▼		ESIOLOGIST Year-to-Date 250.00	
_ 3.	Full Name (Last, First, Middle Initial) ERIC AMADOR Mailing Address 5323 ORCHARD PAR	Date of Receipt		
		09 08 2009		
	City SANTA BARBARA	State CA	Zip Code 93111	Transaction ID: SA11AI.78335 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AMGSB	Occupation ANESTHI	ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) CHRISTOPHER AMBROZE Mailing Address 262 BREAD AND CHEESE HOLLOW ROAD			Date of Receipt 0 9 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.78548
	NORTHPORT FEC ID number of contributing federal political committee.	C	11768	Amount of Each Receipt this Period 250.00
	Name of Employer ROCKVILLE ANESTHESIA GROUP	Occupation ANESTHI	ESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 156 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	IMITTEE		
Δ.	Full Name (Last, First, Middle Initial) JOHN AMMON	Date of Receipt		
	Mailing Address 301 W. MCLELLAN E	09 / 21 / 2009		
	City PHOENIX	State AZ	Zip Code 85013	Transaction ID: SA11AI.78929
	FEC ID number of contributing federal political committee.	C	83013	Amount of Each Receipt this Period 250.00
	Name of Employer VALLEY ANES. CONSULTANTS, LTD.	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) DEAN ANDROPOULOS Mailing Address 6621 FANNIN	Date of Receipt		
	Mailing Address 6621 FAINININ			09 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.79100
	HOUSTON FEC ID number of contributing federal political committee.	C	77030	Amount of Each Receipt this Period 250.00
	Name of Employer BAYLOR COLL OF MED	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) SAMIR ANSARA			Date of Receipt
	Mailing Address 2731 N.E. THIRD ST.			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City POMPANO BEACH	State FL	Zip Code 33062	Transaction ID: SA11AI.79237 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES ASSOC GR MIAMI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
-	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and second seco	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE					
Full Name (Last, First, Middle Initial) MARK ARNALL Mailing Address 2000 PEPPERELL PK	MARK ARNALL				
City OPELIKA	State AL	Zip Code 36801	Transaction ID: SA11AI.78869 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer ANES ASSOC E ALABAMA		HESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) JOSEPH ARNDT Mailing Address 2015 F. CLENNINDS	JOSEPH ARNDT				
Mailing Address 3015 E. GLENHURS	State	Zip Code	0 9 2 5 2 0 0 9 Transaction ID: SA11AI.79146		
APPLETON FEC ID number of contributing federal political committee.	C	54913	Amount of Each Receipt this Period 250.00		
Name of Employer APPLETON AREA ANES	Occupation ANESTH	on HESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) JAMES ARTUSO			Date of Receipt		
Mailing Address 1844 WINDSONG LN			09 15 2009		
City <u>LANCASTER</u>	State PA	Zip Code 17602	Transaction ID: SA11AI.78633 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer ANES ASSOC LANCASTER	Occupation ANESTH	on HESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional) .			1000.00		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·				
AMERICAN SOCIETY OF ANEST	HESIOLOGISTS POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) DOUGLAS BACON	DOUGLAS BACON				
	200 FIRST STREET SW, CH1-140				
City	State Zip Code	Transaction ID: SA11AI.78079			
ROCHESTER	MN 55905	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.00			
Name of Employer MAYO CLINIC COLLEGE OF ME-	Occupation ANESTHESIOLOGIST				
DICINE Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	664.00]			
Full Name (Last, First, Middle Initial) JOHN BADAL		Date of Receipt			
Mailing Address 483 N DAYSTAR I	Mailing Address 483 N DAYSTAR MOUNTAIN DR				
City	State Zip Code	0 9 1 1 2 0 0 9 Transaction ID: SA11AI.78514			
TUCSON	AZ 85745	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer UNIV PHYS HLTHCARE	Occupation ANESTHESIOLOGIST				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) NARAYAN BALIGA	l	Date of Receipt			
Mailing Address 1655 34TH AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.78144			
KENOSHA	WI 53144	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer MIDWEST PHYSICIANS ANESTH- ESIA SERVICE	Occupation ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	al)	583.00			
TOTAL This Period (last page this line nur	mber only)				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	5X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 156 (check only one)		
Any information copied from such Reports or for commercial purposes, other than using	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS	POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) ARNA BANERJEE			Date of Receipt		
	Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL				
City NASHVILLE	State TN	Zip Code 37212	Transaction ID: SA11AI.78093 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	07212	83.00		
Name of Employer VANDERBILT UNIVERSITY MED- JCAL CENTER	Occupation PHYSICIA				
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 747.00]		
Full Name (Last, First, Middle Initial) SHAWN BANKS	Date of Receipt				
Mailing Address 601 NE 36TH ST APT 3407			09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MIAMI	State FL	Zip Code 33137	Transaction ID: SA11AI.78138		
FEC ID number of contributing federal political committee.	C	33137	Amount of Each Receipt this Period 83.00		
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIA				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 747.00			
Full Name (Last, First, Middle Initial) CAROLYN BANNISTER			Date of Receipt		
Mailing Address 5102 CHASTLET	0 9 0 1 2 0 0 9				
City STONE MOUNTAIN	State GA	Zip Code 30087	Transaction ID: SA11AI.78073		
FEC ID number of contributing federal political committee.	C	30087	Amount of Each Receipt this Period 83.00		
Name of Employer EMORY HEALTHCARE	Occupation MD				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 747.00			
SUBTOTAL of Receipts This Page (optio			249.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 156 (check only one) X	
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)		5 FOLITICAL ACTION COM	WITTEE	
A. RISE BARKHOFF Mailing Address 27455 MEADOWOOD			Date of Receipt	
			09 08 7 2009	
City <u>METTAWA</u>	State IL	Zip Code 60048	Transaction ID: SA11AI.78326 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) JARED BARLOW			Date of Receipt	
Mailing Address 41 MORNINGSIDE DR			09 / 11 / 2009	
City GRAND ISLAND	State NY	Zip Code 14072	Transaction ID: SA11AI.78489	
FEC ID number of contributing federal political committee.	C	14072	Amount of Each Receipt this Period 250.00	
Name of Employer AMBULATORY MEDICAL ANESTH- ESIA SERVICES	Occupatio ANESTH	n IESIOLOGISTS		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) THOMAS BARLOW			Date of Receipt	
Mailing Address 17080 RED OAK DR				
City	State	Zip Code	0 9 2 4 2 0 0 9 Transaction ID: SA11AI.79098	
HOUSTON FEC ID number of contributing federal political committee.	C	77090	Amount of Each Receipt this Period 1000.00	
Name of Employer RED OAK ANESTH	Occupatio ANESTH	n IESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional) .			1750.00	
TOTAL This Period (last page this line number	r only)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial projects, other than using the name and address of any policial committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE ALAILE BARRETT Mailing Address 1980 MOUNTJOY PL. City State Zip Code KY 40503 FEC ID number of contributing federal political committee. Name of Employer Address 7413 TEASWOOD DR City State Zip Code TY 73304 FUI Name (Last, First, Middle Initial) STEPHEN BARRIPOSO Mailing Address 7413 TEASWOOD DR City State Zip Code TY 73304 FEC ID number of contributing federal political committee. City State Zip Code TY 73304 FEC ID number of contributing federal political committee. City State Zip Code TY 73304 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date TY 73304 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date TY 73304 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date TY 73304 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date TY 73304 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date TY 73300 Date of Receipt Type Type Type Type Type Type Type Type	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 156 (check only one) X
Full Name (Last, First, Middle Initial) LAURIE BARRETT Mailing Address 1980 MOUNTJOY PL. City State Zip Code LEXINGTON KY 40503 FEC ID number of contributing federal political committee. PHYSICIAN Receipt For: Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN BARROSO Mailing Address 7413 TEASWOOD DR City State Zip Code TX 77304 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.78453 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) STEPHEN BARROSO Mailing Address 7413 TEASWOOD DR City State Zip Code TX 77304 FEC ID number of contributing federal political committee. C Cocupation PHYSICIAN Receipt For: Perimary General Office (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN BARROSO Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) STEPHEN BARROSO Date of Receipt Tx 7304 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.78371 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.78400 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.78400 Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Cocupation AMESTHESIOLOGIST Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Employer Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Cocupation AMESTHESIOLOGIST Aggregate Year-to-Date ▼ Full Name of Employer Aggre	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Primary General Aggregate Year-to-Date ▼	Full Name (Last, First, Middle Initial) LAURIE BARRETT Mailing Address 1980 MOUNTJOY I City LEXINGTON FEC ID number of contributing federal political committee.	PL. State Zip Code KY 40503	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 1 1 2 0 0 9 Transaction ID: SA11AI.78453 Amount of Each Receipt this Period
Mailing Address 7413 TEASWOOD DR City State Zip Code TX 77304 FEC ID number of contributing federal political committee. City State Zip Code TX 77304 FEC ID number of contributing federal political committee. Name of Employer GHA City State Zip Code TX 77304 Receipt For: Primary General Other (specify) ▼ City State Zip Code Tx 77304 PAGGRESS LANE City State Zip Code Tx 77304 Date of Receipt Transaction ID: SA11AI.79371 Amount of Each Receipt this Period Date of Receipt Tx 77304 Date of Receipt Tx 77304 Amount of Each Receipt Tx 77304 Date of	Receipt For: Primary General	PHYSICIAN Aggregate Year-to-Date ▼]
City State Zip Code TX 77304 FEC ID number of contributing federal political committee. Name of Employer GHA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD BARTKOWSKI Mailing Address 408 ROGERS LANE City State Zip Code WALLINGFORD PA 19086 FEC ID number of contributing federal political committee. City State Zip Code WALLINGFORD PA 19086 FEC ID number of contributing federal political committee. Name of Employer TJUI Receipt For: Primary General Occupation ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 1500.00	STEPHEN BARROSO	DR	M M / D D / Y Y Y Y
Name of Employer GHA Receipt For: Primary General Other (specify) ▼ State Zip Code WALLINGFORD PA 19086 FEC ID number of contributing federal political committee. Name of Employer TJUI Receipt For: QCcupation PHYSICIAN Aggregate Year-to-Date ▼ Date of Receipt M M M D D D D D D D D D D D D D D D D	CONROE FEC ID number of contributing	TX 77304	Transaction ID: SA11AI.79371 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) RICHARD BARTKOWSKI Mailing Address 408 ROGERS LANE City WALLINGFORD PA 19086 FEC ID number of contributing federal political committee. Name of Employer TUUI Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	Name of Employer GHA	Occupation PHYSICIAN	
RICHARD BARTKOWSKI Mailing Address 408 ROGERS LANE City State Zip Code WALLINGFORD PA 19086 FEC ID number of contributing federal political committee. Name of Employer TJUI Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.78400 Amount of Each Receipt this Period 500.00	Primary General]
WALLINGFORD PA 19086 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer TJUI Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 500.00	RICHARD BARTKOWSKI	E	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer TJUI Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		•	
ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	FEC ID number of contributing		
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Name of Employer TJUI	· · ·	7
SUBTOTAL of Receipts This Page (optional)	Primary General	Aggregate Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional	ıl)	1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 16 / 156 (check only one) X
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	o solicit contributions from such committee.		
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLIT	ICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) JONATHAN BAYBA			Date of Receipt
	Mailing Address 3307 N 4TH AVE			09 08 2009
	City	State Zip (Transaction ID: SA11AI.78348
	WAUSAU	WI 5440	01	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CENTRAL WISCONSIN ANES	Occupation ANESTHESIOLO	GIST	
	Receipt For:	Aggregate Year-to-D	Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) TERESA BEAN	Date of Receipt		
	Mailing Address 16 WESTWAY RD.	09 / 09 / 2009		
	City	State Zip (Transaction ID: SA11AI.79349
	WAYLAND	MA 017	78	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer DEPT OF ANESTHESIA AT BWH	Occupation ANESTHESIOLC	GIST	
	Receipt For: Primary General	Aggregate Year-to-D	Date ▼	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) JON BECK	1		Date of Receipt
	Mailing Address 401 CASTLE CREEK	RD		09 25 2009
	City	·	Code	Transaction ID: SA11AI.79164
	ASPEN	CO 816	11	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ASPEN ANESTHESIA	Occupation ANESTHESIOLC	OGIST	
	Receipt For:	Aggregate Year-to-D	Date ▼	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional) .	I		1000.00

SIOUX FALLS FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA PHYSICIANS LTD. Receipt For: Primary	A (FEC Form 3X) ECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Date of Receipt Mailing Address 3568 SPENCER BLVD.	ourposes, other than using the name and addr MMITTEE (In Full)	solicit contributions from such committee.	
Receipt For:	State S of contributing committee. State SD Coccupation	57103	M M / D D / Y Y Y Y
Amount of Each Receipt Date of Receipt	General Aggregate \ ecify) ▼	'ear-to-Date ▼	
BIRMINGHAM AL 35235 Amount of Each Receipt FEC ID number of contributing federal political committee. Name of Employer ANESTH GROUP EAST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) JOEL BENNETT Mailing Address 3809 FRENCH HORN CT. City State Zip Code VA 23233 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General Occupation AMOUNT of Each Receipt Transaction ID: SA11 Amount of Each Receipt Amount of Each Receipt Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	<u>'</u>	1	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANESTH GROUP EAST Receipt For: Primary General Other (specify) ▼ ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 3809 FRENCH HORN CT. City State Zip Code Transaction ID: SA11 Amount of Each Receipt RECEID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		•	Transaction ID: SA11AI.78459
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Full Name (Last, First, Middle Initial) JOEL BENNETT Mailing Address 3809 FRENCH HORN CT. City State Zip Code Transaction ID: SA11 Amount of Each Receipt PEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	r of contributing	35235	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Full Name (Last, First, Middle Initial) JOEL BENNETT Mailing Address 3809 FRENCH HORN CT. City State Zip Code RICHMOND VA 23233 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: SA11 Amount of Each Receipt Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	yer Occupation UP EAST	SIOI OGIST	
JOEL BENNETT Mailing Address 3809 FRENCH HORN CT. City State Zip Code RICHMOND VA 23233 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General Date of Receipt M M M O 0 9 0 8 Transaction ID: SA11 Amount of Each Receipt C Aggregate Year-to-Date ▼	General Aggregate \	ear-to-Date ▼	
City State Zip Code Transaction ID: SA11 RICHMOND VA 23233 FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General O 9 0 8 Transaction ID: SA11 Amount of Each Receipt Amount of Each Receipt Factor	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
RICHMOND VA 23233 Amount of Each Receipt For: Primary General Amount of Each Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	3809 FRENCH HORN CT.		
FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANES ASSOC Receipt For: Primary General C Occupation PHYSICIAN Aggregate Year-to-Date		•	Transaction ID: SA11AI.78406
Receipt For: Primary Aggregate Year-to-Date Aggregate Year-to-Date 250,00	r of contributing	23233	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Aggregate Year-to-Date 750,00	yer ALTH ANES ASSOC PHYSICIA	N	_
Other (specify) ▼	General Aggregate \		
SUBTOTAL of Receipts This Page (optional)	eceipts This Page (optional)	······	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 156 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) DAVID BERGER			Date of Receipt
Mailing Address 7 SANDRA CT			09 18 2009
City GLEN COVE	State NY	Zip Code 11542	Transaction ID: SA11AI.78867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11042	250.00
Name of Employer NAPA	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ARTHUR BERGH			Date of Receipt
Mailing Address 3300 GALLOWS RD., ANES. DEPT.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FALLS CHURCH	State VA	Zip Code 22042	Transaction ID: SA11AI.78113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	22072	125.00
Name of Employer FAIRFAX ANES. ASSOC.	Occupation ANFSTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOSEPH BERNSTEIN			Date of Receipt
Mailing Address PO BOX 700138			0 9 0 7 2 0 0 9
City OOSTBURG	State WI	Zip Code 53070	Transaction ID: SA11AI.78281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33070	500.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	ıal)		875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 156 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TRACEY BERRY Mailing Address 130 N. RIVER DR.			Date of Receipt 0 9 1 1 1 2 0 0 9
City ROSEBURG FEC ID number of contributing	State OR	Zip Code 97470	Transaction ID: SA11AI.78538 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) CAROLYN BIEBAS Mailing Address 2504 VELASQUEZ DR.			Date of Receipt 0 9 2 2 2 0 0 9
City AUSTIN FEC ID number of contributing	State TX	Zip Code 78703	Transaction ID: SA11AI.78952 Amount of Each Receipt this Period 250.00
Rame of Employer AUSTIN ANESTHESIOLOGY GRO- UP Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation PHYSICI	n AN-ANESTHESOLOGIST Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RAVNEET BIRING Mailing Address 8140 N MOPAC EX	PY STE 3-210		Date of Receipt
City AUSTIN FEC ID number of contributing federal political committee.	State TX	Zip Code 78759	Transaction ID: SA11AI.79402 Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GR- OUP, L.L.P. Receipt For: Primary General Other (specify)	Occupation ANESTH	n ESIOLOGIST • Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 156 (check only one) X
A	ny information copied from such Reports and Strong commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) TIMOTHY BITTENBINDER			Date of Receipt
	Mailing Address 5014 ASCOT PARKW		7:0	09 / 01 / 2009
	City TEMPLE	State TX	Zip Code 76502	Transaction ID: SA11AI.78076 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer SCOTT AND WHITE MEMORIAL HOSPITAL ANES	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
	Full Name (Last, First, Middle Initial) WILLIAM BLACKBURN			Date of Receipt
	Mailing Address 190 CEDARBEND DF	09 04 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78258
	FLORENCE	AL	35634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer AMC	Occupatio PHYSICI		
	Receipt For:	+ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) MARC BLOOMSTON			Date of Receipt
	Mailing Address 52 MEDICAL PARK E	09 11 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78471
	BIRMINGHAM	AL	35235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTH GROUP EAST	_ '	ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		1583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to IESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH BOCHENEK Mailing Address 2000 SPRUCE DR City LAFAYETTE FEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Receipt For: Primary General Other (specify)	State Zip Code IN 47905 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NEAL BODNER Mailing Address 13152 SW 40TH. S City DAVIE FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCORP Receipt For: Primary General Other (specify)	T. State Zip Code FL 33330 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BRUCE BOLTON Mailing Address 2517 NE HAMBLET City PORTLAND FEC ID number of contributing federal political committee. Name of Employer OAG Receipt For: Primary General Other (specify)	State Zip Code OR 97212 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 2 0 0 9 Transaction ID: SA11AI.79086 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
1 1	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ANTHONY BONANNO		Date of Receipt
Mailing Address 17 PONDVIEW City	State Zip Code	0 9 1 1 2 0 0 9 Transaction ID: SA11AI.78502
SAINT JAMES	NY 11780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SUFFOLK ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GWENDOLYN BOYD	Date of Receipt	
Mailing Address 619 19TH ST S # JT: ANESTHESIA DEPA	09 01 2009	
City <u>BIRMINGHAM</u>	State Zip Code AL 35249	Transaction ID: SA11AI.78099
FEC ID number of contributing federal political committee.	AL 35249	Amount of Each Receipt this Period 300.00
Name of Employer UNIVERSITY OF ALABAMA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) PETER BOZEMAN		Date of Receipt
Mailing Address 2776 ASPEN RD.		09 08 YYYYY 09 08 2009
City ANN ARBOR	State Zip Code MI 48108	Transaction ID: SA11AI.78386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any persign the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BARBARA BRANDOM Mailing Address 1118 KING AVE City PITTSBURGH FEC ID number of contributing federal political committee.	State Zip Code PA 15206	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer UNIVERSITY OF PITTSBURGH PHYSICIANS Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1375.00	
Full Name (Last, First, Middle Initial) BRYAN BRIDGES Mailing Address 8 HALF PENNY LN	N	Date of Receipt 0 9 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.79036
EXETER FEC ID number of contributing federal political committee.	NH 03833	Amount of Each Receipt this Period 250.00
Name of Employer EXETER HOSPITAL	Occupation	
Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KATHRYN BROCK		Date of Receipt
Mailing Address 1600 7TH AVE S S PEDIATRIC ANES		09 21 2009
City	State Zip Code	Transaction ID: SA11AI.78928
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35233	Amount of Each Receipt this Period 250.00
Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, PC Pagaint For	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Passinto This Pass (culture	al)	625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 156 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) WILLIAM BROSNAHAN			Date of Receipt
Mailing Address 6 FOSTER DRIVE			09 / 09 / 2009
City	State	Zip Code	Transaction ID: SA11AI.78438
DES MOINES	IA	50312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ASSOC. ANESTH.	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) RONALD BROWN	1		Date of Receipt
Mailing Address 1 MOBILE INFIRMAR	Y CIR., 2ND		09 / 30 / 4 9 9
City	State	Zip Code	Transaction ID: SA11AI.79458
MOBILE	AL	36607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ANESTHESIA SERVICES	Occupation ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) WILLIAM BROWN			Date of Receipt
Mailing Address 1081 BLAKEWAY ST			09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.78755
CHARLESTON	SC	29492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer TRIDENT ANESTHESIA GROUP, LLC	Occupation ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional) .			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 156 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) ELIZABETH BUCHHOLZ Mailing Address 1905 MANANA ST.		Date of Receipt
City	State Zip Code	0 9 2 1 2 0 0 9 Transaction ID: SA11AI.78948
AUSTIN	TX 78730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) IRA BUCHWALD	Date of Receipt	
Mailing Address 540 REDDING VIEW	09 / 03 / 4 9 9	
City	State Zip Code	Transaction ID: SA11AI.78228
<u>ATLANTA</u>	GA 30328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHILDRENS HEALTHCARE OF ATLANTA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	7
Full Name (Last, First, Middle Initial)		
NOAH BUNKER Mailing Address 8140 N. MOPAC, #3	-210	Date of Receipt 0 9 2 0 2 0 0 9
City AUSTIN	State Zip Code TX 78759	Transaction ID: SA11AI.78918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP, LLP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 156 (check only one) X
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESI	OLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) WILLIAM CAMPBELL Mailing Address 4965 S. NICOLET DR.			Date of Receipt
		0: :	7.0.1	09 11 2009
	City NEW BERLIN	State WI	Zip Code 53151	Transaction ID: SA11AI.78487 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES ASSOC OF WI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) CHRISTEL CARLSON			Date of Receipt
	Mailing Address 10710 S SHERMAN RD	09 / 01 / 4 2009		
	City SPOKANE	State WA	Zip Code 99224	Transaction ID: SA11AI.78087
	FEC ID number of contributing federal political committee.	C	33224	Amount of Each Receipt this Period 83.00
	Name of Employer PHYSICIAN ANESTHESIA GROUP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 581.00	
C.	Full Name (Last, First, Middle Initial) PAUL CARRELL			Date of Receipt
Ο.	Mailing Address 3101 TORO CANYON F	09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City AUSTIN	State TX	Zip Code 78746	Transaction ID: SA11AI.78810 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP, LLP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			833.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 156 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personen name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINE CARSTENSEN Mailing Address 411 LAUREL, STE. 3 City DES MOINES FEC ID number of contributing federal political committee. Name of Employer MEDICAL CENTER ANESTHESIO-LOGISTS, P.C. Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK CERASO Mailing Address 2734 S. VINE STREE City DENVER FEC ID number of contributing federal political committee. Name of Employer SO DENVER ANESTH Receipt For: Primary General Other (specify)	State Zip Code CO 80210 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) IAN CHAIT Mailing Address 1430 CATALINA AVE City SEAL BEACH FEC ID number of contributing federal political committee. Name of Employer ALLIED ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code CA 90740 C Occupation ANESTHESILOGY Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 156 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JAMES CHAPIN			Date of Receipt
Mailing Address 2003 RINGTAIL RI	DGE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUSTIN	State TX	Zip Code 78746	Transaction ID: SA11AI.78697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70740	250.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP LLP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN CHARAPATA			Date of Receipt
Mailing Address 18118 S SUNSET	DR		0 9 1 1 1 2 0 0 9
City	State KS	Zip Code	Transaction ID: SA11AI.78498
OLATHE FEC ID number of contributing federal political committee.	C	66062	Amount of Each Receipt this Period 300.00
Name of Employer ANES ASSOC OF KC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) CHARLES CHASE			Date of Receipt
Mailing Address 2065 VENETIAN W	/AN		0 9 0 2 2 0 0 9
City WINTER PARK	State FL	Zip Code 32789	Transaction ID: SA11AI.78195
FEC ID number of contributing federal political committee.	C	32709	Amount of Each Receipt this Period 500.00
Name of Employer AGO	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		1050.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to SIOLOGISTS POLITICAL ACTION COMI	
Full Name (Last, First, Middle Initial)	SIGLOGISTS FOLITICAL ACTION CON	
JOHN CHATELAIN Mailing Address 1319 S.9TH ST.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City FARGO	State Zip Code ND 58103	Transaction ID: SA11AI.78085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer MERITCARE MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	
Full Name (Last, First, Middle Initial) SUBBA CHENUMOLU Mailing Address 1510 CHANDLER RD	SE	Date of Receipt
City	State Zip Code	0 9 3 0 2 0 0 9 Transaction ID: SA11AI.79408
HUNTSVILLE	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer COMPRE ANES SERV	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) SAMUEL CHERRY		Date of Receipt
Mailing Address 149 LUCERNE BLVD.		09 / 01 / Y Y Y Y Y Y
City BIRMINGHAM	State Zip Code AL 35209	Transaction ID: SA11AI.78071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERSITY OF ALABAMA MED- ICAL CENTER D	Occupation ANESTHESIOLOGIST - ASST PROF	:
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
SUBTOTAL of Receipts This Page (optional)		1124.00
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	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ESIOLOGISTS POLITICAL ACTION (
ALBERT CHO Mailing Address 2094 W 29TH AVE		Date of Receipt M
City EUGENE	State Zip Code OR 97405	Transaction ID: SA11AI.78145 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SCARED HEART MEDICAL, DEPT OF ANES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) WILLIAM CIESLA Mailing Address PO BOX 1587		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MILLERSVILLE	State Zip Code MD 21108	Transaction ID: SA11AI.78268
FEC ID number of contributing federal political committee.	C 21100	Amount of Each Receipt this Period 250.00
Name of Employer SEVERN ANESTHESIA SERVICE- S, PA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) HOWARD CLARK Mailing Address 4227 S MERIDIAN S	STE C-152	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PUYALLUP	State Zip Code WA 98373	Transaction ID: SA11AI.79275 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer RAA	Occupation MD	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 156 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ROBERT CLARK			Date of Receipt
Mailing Address 4707 SLALOM RUN S	SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.78474
OWENS CROSS ROADS	AL	35763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer COMP ANESTH SERV	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JEFFREY CLAYTON			Date of Receipt
Mailing Address 4289 ALTON CT.			09 / 11 / 2009
City SACRAMENTO	State CA	Zip Code	Transaction ID: SA11AI.78519
FEC ID number of contributing federal political committee.	C	95864	Amount of Each Receipt this Period 350.00
Name of Employer CASE MED GRP	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) JACOB COHEN			Date of Receipt
Mailing Address 7381 DAISYS WOOD	LN		09 08 2009
City	State	Zip Code	Transaction ID: SA11AI.78333
GATES MILLS	OH	44040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PROF ANES SERV	, '	IESIOLOGIST	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)	1		1600.00
TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	dress of any political committee to	solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) SHERRY COHEN Mailing Address 2358 NW 14TH PL City GAINESVILLE FEC ID number of contributing federal political committee. Name of Employer SPOUSE Receipt For: Primary General Other (specify)	State FL C Occupatio N/A Aggregate	Zip Code 32605 n e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
В.	Full Name (Last, First, Middle Initial) KELLY CONATY Mailing Address 2305 LONGLEAF WAY City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, P.C. Receipt For: Primary General Other (specify)	State AL C Occupatio ANESTH	Zip Code 35243 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Full Name (Last, First, Middle Initial) ROBERT CONSTANTINE Mailing Address 205 JANET DR. City SYRACUSE FEC ID number of contributing federal political committee. Name of Employer ANES GRP ONONDAGA Receipt For: Primary General Other (specify)	State NY C Occupatio PHYSICI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		<u> </u>	1000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 156 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) DEBORAH COOPER			Date of Receipt
Mailing Address 6941 SABLE RIDG	E LN.		M M / D D / Y Y Y Y Y Y O O O O
City NAPLES	State FL	Zip Code 34109	Transaction ID: SA11AI.78579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ANESTHESIA ASSOCIATES OF NAPLES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PHILIPPE COOPER			Date of Receipt
Mailing Address 11560 CANTERBU	0 9 1 3 2 0 0 9		
City MEQUON	State W1	Zip Code 53092	Transaction ID: SA11AI.78558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33032	250.00
Name of Employer AURORA HEALTHCARE	Occupation PHYSICI		_
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN CORN			Date of Receipt
Mailing Address BRIGHAM WOMEN 75 FRANCIS ST., H	NS HOSP., ANE	ES. DEPT D.SCH.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BOSTON	State MA	Zip Code 02115	Transaction ID: SA11AI.78920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OE110	500.00
Name of Employer BRIGHAM WOMENS HOSPITAL	Occupation PHYSCIA		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JERRAL COX Mailing Address PEDIATRIC ANESTH 1600 7TH AVE. S., SI City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES Receipt For: Primary General Other (specify)	State AL Occupation ANESTH	Zip Code 35233 n IESIOLOGIST e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DONALD CRINO Mailing Address 5417 SOUTH ONEID City GREENWOOD VILLAGE FEC ID number of contributing federal political committee. Name of Employer SOUTH DENVER ANES. Receipt For: Primary General Other (specify)	State CO C Occupation ANESTH	Zip Code 80111 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M O B O B O D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) RICHARD CROSS Mailing Address 619 S. 19TH ST., JT City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer UAB DEPT. OF ANESTHESIOLO- GY Receipt For: Primary General Other (specify)	State AL C Occupation ANESTH	Zip Code 35249 n IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y O 9 16 2009 Transaction ID: SA11AI.78694 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .			1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 156 (check only one) X
C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ESIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) LASZLO CSERNAK			Date of Receipt
	Mailing Address 2509 E CHERRYWO			09 17 2009
	City CHANDLER	State AZ	Zip Code 85249	Transaction ID: SA11AI.78752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIA RESOURCES	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) STEPHAN CURRY			Date of Receipt
	Mailing Address 292 CUMBERLAND I	HEAD RD		09 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.79169
	PLATTSBURGH FEC ID number of contributing federal political committee.	C	12901	Amount of Each Receipt this Period 500.00
	Name of Employer CHAMPLAIN VALLEY PHYSICIAN HOSPITAL	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ c.	Full Name (Last, First, Middle Initial) B. WILL CURTIS			Date of Receipt
	Mailing Address 421 W 3RD ST APT	1910		09 18 2009
	City AUSTIN	State TX	Zip Code 78701	Transaction ID: SA11AI.78830 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78701	500.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT DANIEL Mailing Address 2260 GUILFORD LA	ANE		Date of Receipt 0 9 2 9 2 0 0 9
City LEXINGTON FEC ID number of contributing	State KY	Zip Code 40513	Transaction ID: SA11AI.79284 Amount of Each Receipt this Period 500.00
Name of Employer BLUEGRASS ANESTHESIA SERV- ICES, PSC Receipt For: Primary General Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) JAD DAVIS Mailing Address 2319 WOODWAY			Date of Receipt 0 9 2 4 2 0 0 9
City ROUND ROCK FEC ID number of contributing	State TX	Zip Code 78681	Transaction ID: SA11AI.79074 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) LEE DAVIS Mailing Address 3935 CLUB DR.			Date of Receipt
City ATLANTA FEC ID number of contributing federal political committee.	State GA	Zip Code 30319	Transaction ID: SA11AI.78397 Amount of Each Receipt this Period 250.00
Name of Employer NAC Receipt For: Primary General Other (specify) ▼	- , '	ESIOLOGIST Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional))		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 156 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID DESERTSPRING Mailing Address 5506 RAY NASH D City	DR NW State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
GIG HARBOR FEC ID number of contributing federal political committee.	WA C	98335	Amount of Each Receipt this Period 500.00
Name of Employer DAVID DESERTSPRING, MD Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) GEORGE DEVELASCO Mailing Address 2100 S OCEAN LN	I APT 1609		Date of Receipt 0 9 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.78411
FORT LAUDERDALE FEC ID number of contributing federal political committee.	FL C	33316	Amount of Each Receipt this Period 250.00
Name of Employer CLEVELAND CLINIC FLORIDA	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BRIAN DEWAN	l		Date of Receipt
Mailing Address 5805 GENTLE BRI	EEZE TERR.		09 30 2009
City AUSTIN	State TX	Zip Code	Transaction ID: SA11AI.79411
FEC ID number of contributing federal political committee.	C	78731	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00
TOTAL This Period (last page this line num	nber only)	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ANDREW DICKENS		Date of Receipt
Mailing Address 2 STONEWOOD C	CT	09 30 2009
City	State Zip Code	Transaction ID: SA11AI.79418
COLUMBUS	GA 31904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANES ASSOC COLUMBUS	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTIAN DIEZ	I	Date of Receipt
Mailing Address 3000 BIRD AVE UN	NIT 1	0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78137
COCONUT GROVE	FL 33133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer UNIVERISTY OF MIAMI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) KHOA DO		Date of Receipt
Mailing Address 1753 GAYLORD D	R	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78906
AUSTIN FEC ID number of contributing	TX 78728	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	833.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39/156 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) DAVID DONIELSON			Date of Receipt
Mailing Address 4501 SHADOW W	OOD DR		09 08 2009
City EUGENE	State OR	Zip Code 97405	Transaction ID: SA11AI.78401 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NORTHWEST ANES PHYS	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) THOMAS DOSLAND			Date of Receipt
Mailing Address 9780 HIDDEN GLA	ADE RD.		0 9 0 7 2 0 0 9
City ST. PAUL	State MN	Zip Code 55110	Transaction ID: SA11AI.78282
FEC ID number of contributing federal political committee.	C	33110	Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PA	Occupation ANESTH	n ESIOLOGIST	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) JOHN DOUGLAS			Date of Receipt
Mailing Address PO BOX 3294			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.78744
TUPELO FEC ID number of contributing	MS	38803	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer TUPELO ANES GRP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)		500.00	
			1000.00

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES Full Name (Last, First, Middle Initial) MICHAEL DUNCAN Mailing Address 18616 WOLF CREEK I City EDMOND FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH Receipt For: Primary General	DR State OK Occupation ANESTHES	Zip Code 73003	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL DUNCAN Mailing Address 18616 WOLF CREEK [City EDMOND FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH Receipt For:	State OK C Occupation ANESTHES	Zip Code 73003 SIOLOGIST ear-to-Date ▼	Date of Receipt O 9
City EDMOND FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH Receipt For:	State OK C Occupation ANESTHES	73003 SIOLOGIST par-to-Date ▼	Transaction ID: SA11AI.78995 Amount of Each Receipt this Period
EDMOND FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH Receipt For:	OK C Occupation ANESTHES	73003 SIOLOGIST par-to-Date ▼	Amount of Each Receipt this Period
Name of Employer AFFIL ANESTH Receipt For:	Occupation ANESTHES	ear-to-Date ▼	250.00
AFFIL ANESTH Receipt For:	ANESTHES	ear-to-Date ▼]
	Aggregate Ye]
Other (specify) ▼			
Full Name (Last, First, Middle Initial) STEPHEN DUNGAR			Date of Receipt
Mailing Address 1324 OAKCREST CT			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.78581
APPLETON FEC ID number of contributing federal political committee.	C	54914	Amount of Each Receipt this Period 500.00
Name of Employer APPLETON ANESTH	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CEDRIC DUPONT			Date of Receipt
Mailing Address 8140 N MO PAC EXPY	/ STE 3-210		09 18 2009
City	State	Zip Code	Transaction ID: SA11AI.78826
AUSTIN FEC ID number of contributing federal political committee.	C	78759	Amount of Each Receipt this Period 1000.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) I category of the I Summary Page	FOR LINE NUMBER: PAGE 41/156 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be solo	d or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	•	•	
,			
Full Name (Last, First, Middle Initial) BRUCE DURKEE			Date of Receipt
Mailing Address 1900 SWIFT, SUITE	203		09 13 2009
City	State Zip Co	ode	Transaction ID: SA11AI.78562
KANSAS CITY	MO 64116	3	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NORTHLAND ANESTHESIOLOGY INC.	Occupation PHYSICIAN		
Receipt For: Primary General	Aggregate Year-to-Da	1 1 1 1 1	1
Other (specify) ▼	0 0 0 0	500.00	
Full Name (Last, First, Middle Initial) JAMES EARLEY	•		Date of Receipt
Mailing Address 4200 W MEMORIAL	RD STE 703		09 28 2009
City	State Zip Co		Transaction ID: SA11AI.79245
OKLAHOMA CITY	OK 73120)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AFFILIATED ANESTH	Occupation ANESTHESIOLOG	GIST	
Receipt For:	Aggregate Year-to-Da	ate V	
Primary General Other (specify)	0 0 0 0	250.00	
Full Name (Last, First, Middle Initial) STANLEY ECKERT			Date of Receipt
Mailing Address 7713 SANDIA LOOP			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co		Transaction ID: SA11AI.78999
AUSTIN	TX 78735	5	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTHESIOLOG	GIST	
Receipt For:	Aggregate Year-to-Da	ate 🔻	
Primary General Other (specify) ▼	0 0 0 0	500.00	
			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COMP	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH EDDINGS Mailing Address 404 TALKEETNA City CEDAR PARK FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGIST GROUP Receipt For: Primary General	State Zip Code TX 78613 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) DAVID EGLI Mailing Address 120 RED OAK LN. City MANKATO	State Zip Code MN 56001	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MANKATO ANES ASSOC Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 300.00	300.00
Full Name (Last, First, Middle Initial) WILLIAM EILERS Mailing Address 502 INDIGO LN City GEORGETOWN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIA GROUP	State Zip Code TX 78628 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 156 (check only one) X 11a
0	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) WILLIAM EILERS Mailing Address 502 INDIGO I N			Date of Receipt
		Stata	7in Codo	0 9 1 7 2 0 0 9 2 0 0 9
	City GEORGETOWN	State TX	Zip Code 78628	Transaction ID: SA11AI.78769 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (cpecify)	Aggregate	e Year-to-Date ▼ 500.00	1
_	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) MILO ENGOREN			Date of Receipt
	Mailing Address 2702 JOELLE DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.78642
	TOLEDO FEC ID number of contributing federal political committee.	OH C	43617	Amount of Each Receipt this Period 250.00
	Name of Employer AAT	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
С. С.	Full Name (Last, First, Middle Initial) F. KAYSER ENNEKING			Date of Receipt
	Mailing Address DEPT OF ANESTHES BOX 100254	SIOLOGY		09 / 15 / Y Y Y Y Y Y Y
	City GAINESVILLE	State FL	Zip Code 32610	Transaction ID: SA11AI.78686 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.00.0	500.00
	Name of Employer UNIVERSITY OF FLORIDA MED CTR	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 156 (check only one) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
<u>ہے</u> 4.	Full Name (Last, First, Middle Initial) FOREST EVANS Mailing Address 1501 BELTLINE BLVD			Date of Receipt
	Maining Address 1901 BELTEINE BEVD			09 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.78956
	COLUMBIA	SC	29205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANESTHESIOLOGY CONSULTANTS OF COLUMBIA		IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) JORGE FARAH			Date of Receipt
	Mailing Address 3621 N. PROSPECT D	09 / 28 / 2009		
	City	State	Zip Code	Transaction ID: SA11AI.79225
	MIAMI	FL	33133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AAGM	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) JEREMY FARKAS			Date of Receipt
	Mailing Address 12075 SW 71ST CT.			09 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.79235
	MIAMI	FL	33156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC GR MIAMI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
r	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 156 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) S. DRAKE FASON			Date of Receipt
	Mailing Address 3410 FOOTHILL TEF	RR.		09 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.79396
	AUSTIN	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) SCOTT FIELDEN			Date of Receipt
	Mailing Address 3010 W CHARLESTO	ON BLVD ST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State LAS VEGAS NV FEC ID number of contributing federal political committee.		Zip Code	Transaction ID: SA11AI.78118
			89102	Amount of Each Receipt this Period
				83.00
	Name of Employer ANESTHESIOLOGY CONSULTANT- S, INC. CREDE	Occupatio PHYSICI	AN	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		587.00	
_	Full Name (Last, First, Middle Initial) KURT FINK			Date of Receipt
	Mailing Address P.O. BOX 1851			09 28 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.79249
	BROOKLINE	MA	02446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BRIGHAM & WOMEN'S HOSP		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .			1083.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 156 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) MICHAEL FLANAGAN			Date of Receipt
	Mailing Address P.O. BOX 9011	Ctata	7:n Code	09 15 2009
	City DOTHAN	State AL	Zip Code 36304	Transaction ID: SA11AI.78682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer ANES CONSULT MED GRP	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) REID FLETCHER			Date of Receipt
	Mailing Address 1 HOSPITAL DR SW CRESTWOOD MEDI	09 28 2009		
	City State HUNTSVILLE AL		Zip Code 35801	Transaction ID: SA11AI.79264
	FEC ID number of contributing federal political committee.	C	33001	Amount of Each Receipt this Period 250.00
	Name of Employer ALABAMA ANESTHESIA OF HU- NTSVILLE	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) RICHARD FLOWERDEW			Date of Receipt
	Mailing Address 38 HEDGEROW DR.			09 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.78084
	FALMOUTH FEC ID number of contributing federal political committee.	C	04105	Amount of Each Receipt this Period 83.00
	Name of Employer SPECTRUM MEDICAL GROUP	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
	SUBTOTAL of Receipts This Page (optional)			833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL FORSYTHE Mailing Address 9571 CARISSA RD. City BOYNTON BEACH FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCORP Receipt For: Primary General Other (specify)		Zip Code 33436 In BESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 7 2 0 0 9 Transaction ID: SA11AI.78730 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) ORVILLE FOSTER Mailing Address 3557 CAPPIO DR City MELBOURNE FEC ID number of contributing federal political committee. Name of Employer CENTRAL BREVARD ANESTHESI- OLOGIST Receipt For: Primary General Other (specify)	State FL C Occupatio PHYSICI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN ALAN FOX Mailing Address 50 HEARTHSTONE City HANOVER FEC ID number of contributing federal political committee. Name of Employer BRIGHAM AND WOMENS HOSPIT-AL Receipt For: Primary General Other (specify)	State MA C Occupation ANESTH	Zip Code 02339 In IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 156 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ A.	Full Name (Last, First, Middle Initial) JEFFERY FUQUA			Date of Receipt
	Mailing Address 12419 MALLARD BA	09 01 2009		
	City KNOXVILLE	State TN	Zip Code 37922	Transaction ID: SA11AI.78104 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,022	166.00
	Name of Employer AMAET	Occupatio ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
— В.	Full Name (Last, First, Middle Initial) BARBARA FURGASON	1		Date of Receipt
	Mailing Address 11520 SUMMIT			09 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.79134
	KANSAS CITY FEC ID number of contributing federal political committee.	C	64114	Amount of Each Receipt this Period 250.00
	Name of Employer ANESTH ASSOC KANSAS CITY	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) PRASAD GADIRAJU			Date of Receipt
	Mailing Address 8 SWAN ISLE BLVD			09 25 YYYYY
	City MISSOURI CITY	State TX	Zip Code 77459	Transaction ID: SA11AI.79144 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GREATER HOUSTON ANES	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		666.00
	FOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49/156 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ORLANDO GARCIA-PIEDRA			Date of Receipt
Mailing Address 7351 SW 90TH ST	UNIT TH101S		09 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI	State FL	Zip Code 33156	Transaction ID: SA11AI.78101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIV OF MIAMI, MILLER SCH- OOL OF MEDICI	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID GARFUNKEL			Date of Receipt
Mailing Address 3 WENDY LN.			0 9 0 8 2 0 0 9
City CLOSTER	State NJ	Zip Code 07624	Transaction ID: SA11AI.78391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07024	250.00
Name of Employer NORTHERN VALLEY ANESTHESI- OLOGY	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 9460 HUNTERS CF	REEK DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State OH	Zip Code 45242	Transaction ID: SA11AI.78301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70272	250.00
Name of Employer LOCUM TENENS	Occupation CARDIA	n C ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 156 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) WILLIAM GEZZAR			Date of Receipt
	Mailing Address 1820 WHITECAP CIF			09 18 2009
	City NORTH FORT MYERS	State FL	Zip Code 33903	Transaction ID: SA11AI.78846 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MED ANES & PAIN MGMT	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) LESLEY GILBERTSON Mailing Address 9250 GIVEN RD.			Date of Receipt
	Mailing Address 9250 GIVEN RD.			09 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.78323
	CINCINNATI FEC ID number of contributing federal political committee.	C	45243	Amount of Each Receipt this Period 500.00
	Name of Employer UNIV CINCINNATI PHYS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) STEVEN GOTTLIEB			Date of Receipt
	Mailing Address P.O. BOX 33058			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City PALM BEACH GARDENS	State FL	Zip Code 33420	Transaction ID: SA11AI.78217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120	1000.00
	Name of Employer ANESTHETIX MANAGEMENT	Occupation CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)		
AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) JEFFREY GRAHAM Mailing Address 6320 LAKE VISTA DF	3	Date of Receipt
City	State Zip Code	0 9 1 0 2 0 0 9 Transaction ID: SA11AI.78446
TUSCALOOSA	AL 35406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ANESTHESIA AND PAIN MGMT CONSULT OF TU	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) TROY GRAS		Date of Receipt
Mailing Address 1609 LYNNVILLE TR	<u>L.</u>	09 / 30 / 4 2009
City	State Zip Code	Transaction ID: SA11AI.79392
AUSTIN	TX 78727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) WILLIAM GREEN		Date of Receipt
Mailing Address 2923 WOODLAND R	DGE	0 9 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.79094
KINGWOOD	TX 77345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NORTH HOUSTON ANES.	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 156 (check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANDREW GREENFIELD Mailing Address 670 CARROTWOC City PLANTATION FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General		Date of Receipt M M M O D D O A 2 0 0 9 Transaction ID: SA11AI.78251 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) HOWARD GREENFIELD Mailing Address 3762 NE 209TH TE City AVENTURA	250.00 ER State Zip Code FL 33180	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCARE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN EXECUTIVE Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) STEPHEN GRICE Mailing Address 9175 OLD SOUTH City ALPHARETTA FEC ID number of contributing	State Zip Code GA 30022	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information for for comm	ation copied from such Reports and St nercial purposes, other than using the	atements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	OF COMMITTEE (In Full) ICAN SOCIETY OF ANESTHES	IOLOGISTS	S POLITICAL ACTION COM	IMITTEE
	ne (Last, First, Middle Initial) IE GUGINO			Date of Receipt
Mailing /	Address 75 FRANCIS ST DEPARTMENT OF AN	ESTHESIA		09 30 2009
City		State	Zip Code	Transaction ID: SA11AI.79456
BOSTO		MA	02115	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name of BRIGHA	f Employer AM AND WOMENS HOSPIT-	Occupatio ANESTH	n IESIOLOGIST	
Receipt		Aggregate	e Year-to-Date ▼	
	rimary		500.00	
	ne (Last, First, Middle Initial) ETH HADDAD			Date of Receipt
Mailing /	Address 3505 N. 14TH ST.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.79104
ARLIN		VA	22201	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name of DOMINI	f Employer ION ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt	For: imary General	Aggregate	e Year-to-Date ▼	
	ther (specify)		500.00	
	ne (Last, First, Middle Initial) AS HAGAN			Date of Receipt
Mailing A	Address 2134 E. TERRACE DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ANDO DANOU	State	Zip Code	Transaction ID: SA11AI.78629
	ANDS RANCH	CO	80126	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name of SOUTH	f Employer I DENVER ANES	Occupatio ANESTH	n IESIOLOGIST	
Receipt	For: rimary General	Aggregate	e Year-to-Date ▼	
	ther (specify)		500.00	
SUBTOTA	AL of Receipts This Page (optional)			1500.00
	his Period (last page this line number of			

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	ommercial purposes, other than using the ME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AN	IERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
	Name (Last, First, Middle Initial) IN HALL			Date of Receipt
	ling Address 2801 W. KINNICKINN			09 / 24 / 2009
City MII	_WAUKEE	State WI	Zip Code 53215	Transaction ID: SA11AI.79082 Amount of Each Receipt this Period
FEG	C ID number of contributing eral political committee.	C		500.00
Nar AA	ne of Employer W	Occupatio ANESTH	n IESIOLOGIST	
Rec	eeipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
B. <u>AAF</u>	Name (Last, First, Middle Initial) RON HAMMOND ling Address 3390 N. CAMPBELL A	VF STF 1	10	Date of Receipt
	mig Address 3330 N. OAIVII BELL A	., OIL. 1	10	0 9 2 4 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.79115
FEG	CSON CID number of contributing eral political committee.	AZ C	85719	Amount of Each Receipt this Period 4.00
Nar SO IA	ne of Employer UTHERN ARIZONA ANESTHES-	Occupation ANESTH	n IESIOLOGIST	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 254.00	
	Name (Last, First, Middle Initial) BERT HANNAHAN			Date of Receipt
	ling Address ANESTHESIA SERVIO 1 MOBILE INFIRMARY	Y CIR., 2ND		09 / 28 / 2009
City) BILE	State AL	Zip Code 36607	Transaction ID: SA11AI.79204 Amount of Each Receipt this Period
FEG	C ID number of contributing eral political committee.	C	30007	250.00
Nar AN	ne of Employer ESTHESIA SERVICES	Occupation PHYSIC		
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)			754.00
	L This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 156 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTINE HARRISON Mailing Address 708 GARNER AVE			Date of Receipt 0 9 1 9 2 0 0 9
City AUSTIN FEC ID number of contributing	State TX	Zip Code 78704	Transaction ID: SA11AI.78894 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation ANESTH	n ESIOLOGIST e Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) DOROTHY HARTMAN Mailing Address 8335 PHEASANT R	UN		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FOGELSVILLE FEC ID number of contributing	State PA	Zip Code 18051	Transaction ID: SA11AI.78387 Amount of Each Receipt this Period
rederal political committee. Name of Employer ALLENTOWN ANESTHESIA ASSOC Receipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		250.00
Full Name (Last, First, Middle Initial) ELEANOR HATRIDGE Mailing Address 2708 MOUNTAIN L.	AUREL		Date of Receipt
City AUSTIN FEC ID number of contributing	State TX	Zip Code 78703	Transaction ID: SA11AI.79460 Amount of Each Receipt this Period
federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP, LLP	Occupation PHYSICI		500.00
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	__	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 156 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	IESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JOHN HATRIDGE			Date of Receipt
Mailing Address PO BOX 50223			09 30 2009
City AUSTIN	State TX	Zip Code 78763	Transaction ID: SA11AI.79462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP. LLP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) STEVEN HATTAMER			Date of Receipt
Mailing Address 8 PROSPECT STRI	EET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHUA	State NH	Zip Code	Transaction ID: SA11AI.78097
FEC ID number of contributing federal political committee.	C	03060	Amount of Each Receipt this Period 83.00
Name of Employer NASHUA ANESTHESIA PARTNERS	Occupation PHYSICI		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) RICHARD HAUCH			Date of Receipt
Mailing Address 4816 SHERLOCK V	VAY		0 9 0 4 2 0 0 9
City CARMICHAEL	State CA	Zip Code 95608	Transaction ID: SA11AI.78260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	93000	250.00
Name of Employer SAMG INC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) 		833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHI	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) ADAM HAUSER		Date of Receipt
Mailing Address 14 HUNTSMAN DR.		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.78753
GARNET VALLEY	PA 19061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASSOC IN ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	1
Other (specify)	230.00	
Full Name (Last, First, Middle Initial) PETER HAYNAL		Date of Receipt
Mailing Address 1711 RIVER RIDGE	DR.	09 01 2009
City	State Zip Code	Transaction ID: SA11AI.78089
SPRING VALLEY FEC ID number of contributing federal political committee.	OH 45370	Amount of Each Receipt this Period 41.00
Name of Employer KETTERING ANESTHESIA ASSO- CIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	1
Full Name (Last, First, Middle Initial) STEPHEN HEARD		Date of Receipt
Mailing Address 55 LAKE AVE N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.78954
WORCESTER FEC ID number of contributing federal political committee.	MA 01655	Amount of Each Receipt this Period 500.00
Name of Employer UNIV OF MASS MEMORIAL MED CTR ANES DEP	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		791.00
TOTAL This Period (last page this line numb	er only)	

City BLACK RIVER FALLS WI 54615 FEC ID number of contributing federal political committee. Name of Employer STEVENS POINT ANESTHESIA ASSOC Receipt For: Primary General Occupation Namiling Address 6712 HIGH DRIVE City SHAWNEE MISSION STEVENS POINT ANESTHESIA Aggregate Year-to-Date ▼ PEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. City State Zip Code KS 66208 FEC ID number of contributing federal political committee. City Shawnee of Employer FEC ID number of contributing federal political committee. C C Cocupation RANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ Quently General Other (specify) ▼ C C Cocupation RESIDENT RESIDENT Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PA 15228 Amount of Each Receipt this Peric Transaction ID: SA11AI.78082 Amount of Each Receipt Transaction ID: SA11AI.78082 Amount of Each Receipt this Peric	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Lull Name (Last, First, Middle Initial) JOANNE HENS Mailing Address W10337 DEER PRINT TRL. City State Zip Code BLACK RIVER FALLS WI 54615 FEC ID number of contributing federal political committee. Name of Employer STEVENS POINT ANESTHESIA ASSOC Receipt For: Other (specify) ▼ Lill Name (Last, First, Middle Initial) GINA HENDREN Mailing Address 6712 HIGH DRIVE City State Zip Code Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Primary General Date of Receipt Transaction ID: SA11AI.78141 Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.78082 Amount of Each Receipt this Peric Date of Receipt Date of Receipt Transaction ID: SA11AI.78082 Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committe	ee to solicit contributions from such committee.
Date of Receipt Date of Receipt Date of Re	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION C	OMMITTEE
City State Zip Code BLACK RIVER FALLS WI 54815 FEC ID number of contributing federal political committee. Name of Employer STEVENS POINT ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼ 250.00 City State Zip Code KS 66208 FEC ID number of contributing federal political committee. C Date of Receipt Torinary General Cocupation ANESTHESIOLOGIST ARESHESIOLOGIST ANESTHESIOLOGIST	JOANNE HEINS		Date of Receipt
BLACK RIVER FALLS FEC ID number of contributing federal political committee. State Stat	Mailing Address W10337 DEER PRIN	T TRL.	
FEC ID number of contributing federal political committee. Name of Employer STEVENS POINT ANESTHESIA ASSOC Receipt For: Primary General Other (specify) ▼			Transaction ID: SA11AI.78922
See	•	WI 54615	Amount of Each Receipt this Period
ASSOC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) GINA HENDREN Mailing Address 6712 HIGH DRIVE City State Zip Code FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric 250. Date of Receipt Transaction ID: SA11AI.78082 Aggregate Year-to-Date ▼ 250.00 Date of Receipt Transaction ID: SA11AI.78082 Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt M M J D D J J Z D J J J J J J J J J J J J J		C	250.00
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) GINA HENDREN Mailing Address 6712 HIGH DRIVE City State Zip Code SHAWNEE MISSION KS 66208 FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PITTSBURGH PA 15228 FEC ID number of contributing federal political committee. C C Transaction ID: SA11AI.78082 Amount of Exceipt Date of Receipt M M M O O D O D O D O D O D O D O D O D	ASSOC	ANESTHESIOLOGIST	
Date of Receipt Mailing Address 6712 HIGH DRIVE City State Zip Code SHAWNEE MISSION KS 66208 FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ PITTSBURGH PA 15228 Name of Employer State Zip Code PITTSBURGH PA 15228 Name of Employer Coccupation RESIDENT Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric 250.00 Date of Receipt Transaction ID: SA11AI.78141 Amount of Each Receipt this Peric 250.00 Date of Receipt Transaction ID: SA11AI.78082 Transaction ID: SA11AI.78082 Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peric Date of Receipt Amount of Each Receipt this Peri	Primary General		
City State Zip Code SHAWNEE MISSION KS 66208 FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PA 15228 FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBU-RIGH Receipt For: Primary General Cupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Transaction ID: SA11AI.78082 Amount of Each Receipt this Perice Salary Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.78082 Amount of Each Receipt this Perice Salary Aggregate Year-to-Date ▼ Primary General	·		Date of Receipt
SHAWNEE MISSION KS 66208 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PA 15228 FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBU-RGH Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior Transaction ID: SA11AI.78082 Amount of Each Receipt this Perior Amo	Mailing Address 6712 HIGH DRIVE		
FEC ID number of contributing federal political committee. Name of Employer KANSAS UNIV MED CTR ANES DEPT Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PA 15228 FEC ID number of contributing federal political committee. C Cupation ANESTHESIOLOGIST Name of Employer MERCY HOSPITAL OF PITTSBU-RGH Receipt For: Primary General Primary General 747.00	•	•	Transaction ID: SA11AI.78141
Name of Employer KANSAS UNIV MED CTR ANES DEPT Reseipt For:		KS 66208	Amount of Each Receipt this Period
DEPT Receipt For: Primary		C	250.00
Primary General Other (specify) ▼			
ANDREW HERLICH Mailing Address 116 HAVERFORD CIRCLE City State Zip Code PITTSBURGH PA 15228 FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST Receipt Transaction ID: SA11AI.78082 Amount of Each Receipt this Period Sand Sand Sand Sand Sand Sand Sand San	Primary General		
City State Zip Code PITTSBURGH PA 15228 FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date Primary General O 9 0 1 2 0 0 Transaction ID: SA11AI.78082 Amount of Each Receipt this Period 83.			Date of Receipt
City State Zip Code PITTSBURGH PA 15228 FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBURGH ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date Primary General Transaction ID: SA11AI.78082 Amount of Each Receipt this Period 83.	Mailing Address 116 HAVERFORD CI	RCLE	
FEC ID number of contributing federal political committee. Name of Employer MERCY HOSPITAL OF PITTSBU-RGH Receipt For: Primary General Aggregate Year-to-Date 747.00	City	State Zip Code	Transaction ID: SA11AI.78082
Name of Employer MERCY HOSPITAL OF PITTSBU- Receipt For: Primary General Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 747.00	<u>PITTSBURGH</u>	PA 15228	Amount of Each Receipt this Period
RGH Receipt For: Primary General ANESTHESIOLOGIST Aggregate Year-to-Date ▼		C	83.00
Primary General 747.00	RGH	ANESTHESIOLOGIST	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .		583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) HECTOR HERRERA Milling Address 2000 CHILLTON DD		Date of Receipt
Mailing Address 2233 CHILTON RD City	State Zip Code	0 9 1 8 2 0 0 9 Transaction ID: SA11AI.78814
HOUSTON	TX 77019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GHA, HOUSTON, TEXAS	Occupation ANESTHESIOLOGY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN HEWITT		Date of Receipt
Mailing Address 8140 N. MOPAC, #3	3-210	09 / 30 / 4 2009
City	State Zip Code	Transaction ID: SA11AI.79404
AUSTIN FEC ID number of contributing federal political committee.	TX 78759	Amount of Each Receipt this Period 1000.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP, L.L. P.	Occupation M.D.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) RICHARD HIMES	1	Date of Receipt
Mailing Address 714 WIND SONG T	RL.	09 18 2009
City <u>AUSTIN</u>	State Zip Code TX 78746	Transaction ID: SA11AI.78828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line numb	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 156 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) THOMAS HOLCOMB			Date of Receipt
	Mailing Address 1938 MCCLELLAN LI	V.		09 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.78480
	GERMANTOWN	TN	38138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEDICAL ANESTHESIA GROUP, P.A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) SCOTT HOPE	_		Date of Receipt
	Mailing Address 3287 GREENSBORC	UGH DR		09 / 28 / 2009
	City	State	Zip Code	Transaction ID: SA11Al.79279
	HIGHLANDS RANCH	CO	80129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SOUTH DENVER ANESTHESIOLO- GISTS, PC	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) JAY HORROW			Date of Receipt
	Mailing Address 925 HONEYSUCKLE	LANE		09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.78740
	WYNNEWOOD	PA	19096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TENET HEALTHCARE	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Г				1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 156 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEPHEN HOUSER Mailing Address 1503 CHURCHILL DC City WAXHAW	OWNS DR State NC	Zip Code 28173	Date of Receipt 0 9 2 9 2 0 0 9 Transaction ID: SA11AI.79332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer SOUTHEAST ANESTHESIOLOGY CONSULTANTS Receipt For: Primary General Other (specify) ▼		SIOLOGIST Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) MICHAEL HRUSKOCY Mailing Address 560 MCCORMICK DF City LAKE FOREST	R. State IL	Zip Code 60045	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer PARK RIDGE ANESTHESIA ASSOC Receipt For: Primary General Other (specify)	Occupation PHYSICIA Aggregate Y	N Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) DAVID HUNT Mailing Address 1911 ARDEN RD.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City ROANOKE FEC ID number of contributing federal political committee.	State VA	Zip Code 24015	Transaction ID: SA11AI.78532 Amount of Each Receipt this Period 250.00
Name of Employer ACU Receipt For: Primary General Other (specify) ▼	- '	SIOLOGIST /ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 156 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) REA HUNT Mailing Address 52 MEDICAL PARK E	E.,#321		Date of Receipt
	City BIRMINGHAM	State AL	Zip Code 35235	0 9 0 2 2 0 0 9 Transaction ID: SA11AI.78173
	FEC ID number of contributing federal political committee.	C	33233	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTHESIA GROUP EAST PC Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) KELLY HYDE Mailing Address 421 OAKWOOD DR	Date of Receipt		
	City DOTHAN	State AL	Zip Code 36303	0 9 0 2 2 0 0 9 Transaction ID: SA11AI.78194
	FEC ID number of contributing federal political committee.	C	30303	Amount of Each Receipt this Period 500.00
	Name of Employer ANESTHESIA CONSUTLANTS ME- DICAL GROUP Receipt For: Primary General Other (specify) ▼	-, '	n IESIOLOGIST e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) ANTHONY IVANKOVICH Mailing Address 1150 MICHIGAN AVE			Date of Receipt 0 9 0 8 2 0 0 9
	City WILMETTE	State IL	Zip Code 60091	Transaction ID: SA11Al.78311
	FEC ID number of contributing federal political committee.	C	00091	Amount of Each Receipt this Period 250.00
	Name of Employer RUSH UNIV MED CTR	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	ı		1750.00

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 156 (check only one) X		
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) MOKARRAM JAFRI Mailing Address 6 OAKHURST CT			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CLIFTON PARK FEC ID number of contributing	State NY	Zip Code 12065	Transaction ID: SA11AI.78641 Amount of Each Receipt this Period		
federal political committee. Name of Employer ANES GRP OF ALBANY Receipt For:	'	n ESIOLOGIST • Year-to-Date	500.00		
Primary General Other (specify) Full Name (Last, First, Middle Initial)	7.ggrogato	500.00]		
AMBER JANDIK Mailing Address 4048 EVANS AVE	STE 303		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.78818		
FORT MYERS FEC ID number of contributing federal political committee.	FL C	33901	Amount of Each Receipt this Period 500.00		
Name of Employer MAPMC	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) DANIEL JANIK					
Mailing Address 15605 E. PRENTIO	CE DR.		09 01 2009		
City	State	Zip Code	Transaction ID: SA11Al.78081		
CENTENNIAL FEC ID number of contributing federal political committee.	C	80015	Amount of Each Receipt this Period 83.00		
Name of Employer UNIVERSITY OF COLORADO, DENVER	Occupation PHYSICI	AN			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00			
SUBTOTAL of Receipts This Page (option	al)		1083.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate sched for each category of Detailed Summary F	the (check only one)
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and address of any political cor	nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL JENKINS Mailing Address 21 SPRUCE LANE		Date of Receipt 0 9 1 7 2 0 0 9
City BELLE MEAD	State Zip Code NJ 08502	Transaction ID: SA11AI.78726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ACMJ	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) B. DENISE JOFFE		Date of Receipt
Mailing Address 2222 78TH AVE. SE	7:01	09 01 2009
City MERCER ISLAND	State Zip Code WA 98040	Transaction ID: SA11AI.78147 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SEATTLE CHILDRENS HOSPITAL	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) C. PATRICK JORDAN		Date of Receipt
Mailing Address 2880 N.E. 25TH CT.		09 / 22 / 2009
City <u>FORT LAUDERDALE</u>	State Zip Code FL 33305	Transaction ID: SA11AI.78981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ANESCO N BROWARD	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 156 (check only one) X		
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST	g the name and add	dress of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) TRIPTI KATARIA Mailing Address 2015 SPRING RD	STE 510		Date of Receipt		
City OAK BROOK	State IL	Zip Code 60523	Transaction ID: SA11AI.78068 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.00		
Name of Employer WITT KIEFFER Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI. Aggregate				
Full Name (Last, First, Middle Initial) MARK KAUFMANN Mailing Address 4640 E. MOCKING	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: SA11AI.78789		
SCOTTSDALE	AZ	85253	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer SELF-EMPLOYED	Occupation PHYSICI.	AN			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) LANCE KEKOLER	,				
Mailing Address 2915 MOTHER W	ELL CT.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State	Zip Code	Transaction ID: SA11AI.79040		
OAK HILL FEC ID number of contributing federal political committee.	C	20171	Amount of Each Receipt this Period 250.00		
Name of Employer SURGICAL ANESTHESIA ASSOC- IATES		ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (option			583.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 156 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH			
Full Name (Last, First, Middle Initial) RUBIN KESNER			Date of Receipt
Mailing Address 35 HEARTHSTONE	DRIVE		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City GANSEVOORT	State NY	Zip Code 12831	Transaction ID: SA11AI.78436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		4.00
Name of Employer ANESTHESIA GROUP OF ALBANY	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify)	- ' '	Year-to-Date ▼ 254.00	
Full Name (Last, First, Middle Initial) ROBERT KETTLER			Date of Receipt
Mailing Address 9200 W. WISCONS	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MILWAUKEE	State WI	Zip Code 53226	Transaction ID: SA11AI.79339
FEC ID number of contributing federal political committee.	C	33220	Amount of Each Receipt this Period 500.00
Name of Employer FROEDTERT MEMORIAL HOSPIT- AL ANES, DEPT	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHARLES KIM			Date of Receipt
Mailing Address 1209 FOX TRAIL C	Г.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NAPERVILLE	State IL	Zip Code 60540	Transaction ID: SA11AI.78136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00040	83.00
Name of Employer DUPAGE VALLEY ANESTHESIOL- OGISTS	- 1 '	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 747.00	
	L		587.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 67 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HYON KIM Mailing Address 120 ABAW CT		Date of Receipt
Mailing Address 120 LABAW CT		09 08 2009
City HILLSBOROUGH	State Zip Code NJ 08844	Transaction ID: SA11AI.78413
FEC ID number of contributing federal political committee.	NJ 08844	Amount of Each Receipt this Period 500.00
Name of Employer ANES CONSULT OF NEW JERSEY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) COLLIN KING		Date of Receipt
Mailing Address 901 PERSIMMON PL		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78660
BIRMINGHAM FEC ID number of contributing federal political committee.	AL 35226	Amount of Each Receipt this Period 500.00
Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOE KOCKS	<u> </u>	Date of Receipt
Mailing Address 1607 MT. LARSON RE).	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUSTIN	State Zip Code TX 78746	Transaction ID: SA11AI.79442
FEC ID number of contributing federal political committee.	C 76746	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68/156 (check only one) X 11a		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH					
Full Name (Last, First, Middle Initial) PAUL KOLBERT			Date of Receipt		
-					
City FT LAUDERDALE	State FL	Zip Code 33309	Transaction ID: SA11AI.78241 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer SOLUTIONS FOR MEDICAL BUS- INESS	Occupation MANAGE				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) DAVID KRAFTSOW			Date of Receipt		
Mailing Address 1301 ANGLEWOO					
City BIRMINGHAM	State AL	Zip Code	Transaction ID: SA11AI.78395		
FEC ID number of contributing federal political committee.	C	35216	Amount of Each Receipt this Period 500.00		
Name of Employer SPS	Occupation PHYSICI		7		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) TOM KREJCIE			Date of Receipt		
Mailing Address 303 E. CHICAGO A	AVE-WARD BLI	OG. 13-1	0 9 1 8 2 0 0 9		
City CHICAGO	State IL	Zip Code 60611	Transaction ID: SA11AI.78864 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00011	250.00		
Name of Employer NORTHWESTERN UNIV	Occupation PHYSICI				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	ıD		1250.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may rele name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	POLITICAL ACTION COM	MITTEE
۸.	Full Name (Last, First, Middle Initial) DAVID KRHOVSKY Mailing Address 2248 SHAWNEE S.E			Date of Receipt
				09 01 2009
	City GRAND RAPIDS	State MI	Zip Code 49506	Transaction ID: SA11AI.78135 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	41.00
	Name of Employer ANESTHESIA MEDICAL CONSUL- TANTS, P.C.	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 369.00	
	Full Name (Last, First, Middle Initial) RICHARD KUSHNICK	Date of Receipt		
	Mailing Address 10315 NW 63RD DR	09 22 YYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78983
	PARKLAND FEC ID number of contributing federal political committee.	FL C	33076	Amount of Each Receipt this Period 500.00
	Name of Employer ANESCO ANESTHESIA	Occupation ANESTHE	SIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	- '	/ear-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) HUNG-CHI KWOK	Date of Receipt		
	Mailing Address 2732 MUIR WOODS	DR., SE		0 9 / 2 5 / Y Y Y Y Y Y
	City HAMPTON COVE	State AL	Zip Code	Transaction ID: SA11AI.79121
	FEC ID number of contributing federal political committee.	C	35763	Amount of Each Receipt this Period 250.00
	Name of Employer ALABAMA ANES. OF HUNTSVIL- LE, LLC	Occupation PHYSICIA	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			791.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Beneatter	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 70 / 156 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	rig the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY LAIR		Date of Receipt
Mailing Address 5551 LAKERIDGE	EST.	09 18 2009
City	State Zip Code	Transaction ID: SA11AI.78888
SHAWNEE	KS 66218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer MWA	Occupation PHYSICIAN]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DENISE LA RUE		Date of Receipt
Mailing Address 10 MYRTLE AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78376
SOUTH PORTLAND	ME 04106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer SPECTRUM MED GRP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) PATRICK LAWLER		Date of Receipt
Mailing Address 1301 W. RALPH F	ROGERS RD.	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78738
SIOUX FALLS	SD 57108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AA INC	Occupation ANESTHESIOLOGIST]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
CURTOTAL of Dessints This Dess (sertion	nal)	2250.00
CODITION OF TRECEIPES THIS Page (Option	<u> </u>	

	SCHEDULE A (FEC Form 3X)		Llas separata sebadula(s)	FOR LINE NUMBER: PAGE 71 / 156		
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
	II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using the					
	· · ·	ne name and ad	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE		
	Full Name (Last, First, Middle Initial) HUONG LE			Date of Receipt		
Α.	Mailing Address 1639 E DESERT WIL	LOW DR		M M / D D / Y Y Y Y		
	City	01-1-	7:- Oada	09 26 2009		
	City PHOENIX	State AZ	Zip Code 85048	Transaction ID: SA11AI.79173 Amount of Each Receipt this Period		
	FEC ID number of contributing	C	03040	250.00		
	federal political committee.					
	Name of Employer SELF-EMPLOYED	Occupation ANESTH	on HESIOLOGIST			
	Receipt For:		e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		230.00			
В.	Full Name (Last, First, Middle Initial) PHONG LE					
	Mailing Address 3361 HOLLOW SPRI	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O				
	City	State	Zip Code	Transaction ID: SA11AI.79072		
	DEWITT	MI	48820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer LANSING ANES ASSOC	Occupation ANESTE	n HESIOLOGIST			
	Receipt For:		e Year-to-Date V			
	Primary General		500.00	1		
	Other (specify) ▼		300.00			
C.	Full Name (Last, First, Middle Initial) SCOTT LEIGHTY					
	Mailing Address 3900 WALNUT CLAY	/ DR.		Date of Receipt 0 9 2 7 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.79182		
	AÚSTIN	TX	78731	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSIC				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
	SUBTOTAL of Receipts This Page (optional)			1250.00		
	TOTAL This Period (last page this line numbe	er only)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 156 (check only one) X		
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) JAMES LESNIAK Mailing Address 2837 BANYAN BLV City BOCA RATON	/D. CIRCLE NW State FL	Zip Code	Date of Receipt 0 9 1 5 2 0 0 9 Transaction ID: SA11AI.78656		
FEC ID number of contributing federal political committee.	C	33431	Amount of Each Receipt this Period 400.00		
Name of Employer ANESCO ANESTHESIA Receipt For: Primary General Other (specify) ▼		n IESIOLOGIST e Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) ISIDRO LEZCANO Mailing Address 11941 ASHFORD I	` · · · /				
City	State	Zip Code	0 9 2 2 2 0 0 9 Transaction ID: SA11Al.78985		
DAVIE FEC ID number of contributing federal political committee.	C	33325	Amount of Each Receipt this Period 500.00		
Name of Employer ANESCO N BROWARD		ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) SUZANNE LIMA					
Mailing Address 4112 AVENUE B			09 30 2009		
City	State	Zip Code	Transaction ID: SA11AI.79382		
AUSTIN FEC ID number of contributing federal political committee.	C	78751	Amount of Each Receipt this Period 500.00		
Name of Employer AUSTIN ANESTHESIOLOGY GP., LLP	- + +	ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (options	al)		1400.00		
TOTAL This Period (last page this line num	,	•			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\[\]	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) RICHARD LITTLE Mailing Address 1725 SPALDING DR.	Date of Receipt		
	City	State	Zip Code	0 9 1 5 2 0 0 9 Transaction ID: SA11AI.78652
	ATLANTA	GA	30350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PHYS SPEC ANES	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) RICHARD LODISE Mailing Address 1780 W WESLEY RD	NIM		Date of Receipt
	Walling Address 1780 W WESLET ND	09 11 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78506
	<u>ATLANTA</u>	GA	30327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer RIVERDALE ANES. ASSOC.	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- С.	Full Name (Last, First, Middle Initial) GARY LONG			Date of Receipt
	Mailing Address 1600 7TH AVE S STE PEDIATRIC ANESTHI			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.79343
	BIRMINGHAM	AL	35233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PEDS ANESTHESIA ASSOCIATES Occupation DUH?			
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
ļ	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any personal part of the sold	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS LOOKE Mailing Address 4609 JETTY ST City ORLANDO FEC ID number of contributing federal political committee. Name of Employer JLR MEDICAL GROUP Receipt For: Primary General Other (specify)	State Zip Code FL 32817 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) TIMOTHY LORENZ Mailing Address 2864 N.E. 25TH CT. City FORT LAUDERDALE FEC ID number of contributing federal political committee. Name of Employer ANESCO Receipt For: Primary General Other (specify)	State Zip Code FL 33305 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK LOWE Mailing Address 3513 BELMONT ST City DENTON FEC ID number of contributing federal political committee. Name of Employer PINNACLE ANESTHESIA Receipt For: Primary General Other (specify)	State Zip Code TX 76210 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M O B O B O B O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT LUNN Mailing Address 200 E. 10TH STREE City SIOUX FALLS FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA PHYSICIANS Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JENNIE MACE Mailing Address P.O. BOX 369 City MELROSE FEC ID number of contributing federal political committee. Name of Employer AANF Receipt For: Primary General Other (specify)	State Zip Code FL 32666 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LIZENG MACEDA Mailing Address 1132 HEDGEROW D City MARCUS HOOK FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES Receipt For: Primary General Other (specify)	State Zip Code PA 19061 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D 2009 Transaction ID: SA11AI.78881 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES MADDUX Mailing Address 209 GREENHILL CIF City BROUSSARD FEC ID number of contributing federal political committee. Name of Employer PROF ANESTH SERV Receipt For: Primary General Other (specify)	State LA C Occupatio ANESTH	Zip Code 70518 n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt M M M / D B / 2009 Transaction ID: SA11AI.78321 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) FEROZE MAHMOOD Mailing Address 3 FAIRBANKS ROAD City SHARON FEC ID number of contributing federal political committee. Name of Employer BIDMC Receipt For: Primary General Other (specify)	State MA C Occupatio PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.78623 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) HENRY MALARKEY Mailing Address 188 W. VIRGINIA BL City JAMESTOWN FEC ID number of contributing federal political committee. Name of Employer JAMESTOWN ANESTH Receipt For: Primary General Other (specify)	State NY C Occupatio ANESTH	Zip Code 14701 n IESIOLOGIST e Year-to-Date 250.00	Date of Receipt M M J D D J 2009 Transaction ID: SA11AI.78644 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional))	750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 156 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A	MERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
<u>M</u>	ull Name (Last, First, Middle Initial) ICHAEL MALIZZO ailing Address 10501 PRESWICK NE	Date of Receipt		
		09 25 2009		
Ci A	ity LBUQUERQUE	State NM	Zip Code 87111	Transaction ID: SA11AI.79159 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		250.00
Na Al	ame of Employer BQ HEALTH PARTNERS	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. <u>D</u> /	ull Name (Last, First, Middle Initial) AVID MANCINI			Date of Receipt
Ma	ailing Address 1423 CHAPEL STREE	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Ci		State	Zip Code	Transaction ID: SA11AI.78077
FE	EW HAVEN EC ID number of contributing deral political committee.	CT	06511	Amount of Each Receipt this Period 25.00
Na Al N	ame of Employer NESTHESIA ASSOCIATES OF EW HAVEN	Occupatio ANESTH	n IESIOLOGIST	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	ıll Name (Last, First, Middle Initial) ARK MANDABACH			Date of Receipt
	ailing Address DEPT. OF ANESTHES 619 S. 19TH ST., JT8	09 / 30 / Y Y Y Y Y		
Ci B	ity IRMINGHAM	State AL	Zip Code 35249	Transaction ID: SA11AI.79373 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		500.00
<u>G</u>	ame of Employer NIV. OF ALABAMA - BIRMIN- HAM	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 504.00	
SUB	STOTAL of Receipts This Page (optional)			775.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	Statements may not be sold or used by any perse name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JASPREET MANN Mailing Address 17035 SW 52ND CT City MIRAMAR FEC ID number of contributing federal political committee. Name of Employer SHERIDAN HEALTHCORP Receipt For:	State Zip Code FL 33027 C Occupation ANESTHESIOLOGIST	Date of Receipt 0 9 18 2009 Transaction ID: SA11AI.78879 Amount of Each Receipt this Period 250.00	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00		
EDWARD MARATEA Mailing Address 1504 BAY RD APT 16	607	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.78105	
MIAMI BEACH FEC ID number of contributing federal political committee.	FL 33139 C Occupation	Amount of Each Receipt this Period 125.00	
Name of Employer UNIVERSITY OF MIAMI Receipt For:	ANESTHESIOLOGIST Aggregate Year-to-Date		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) DON MARKETTO		Date of Receipt	
City LAS CRUCES	State Zip Code NM 88011	Transaction ID: SA11AI.79256	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional) .		625.00	
TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 156 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KURT MARKGRAF Mailing Address 3663 MCKINLEY AVE City FORT MYERS FEC ID number of contributing federal political committee. Name of Employer MEDICAL ANESTHESIA Receipt For: Primary General Other (specify)	State FL C Occupation ANESTH	Zip Code 33901 In IESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SHELBY MARQUARDT Mailing Address 1904 W KOENIG LN City AUSTIN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Receipt For: Primary General Other (specify)		Zip Code 78756 n IESIOLOGY e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BARRY MARTIN Mailing Address 52 MEDICAL PARK E City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer ANESTH GROUP EAST Receipt For: Primary General Other (specify)	State AL C Occupation ANESTH	Zip Code 35235	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	1583.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 156 (check only one) X 11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
∠ A.	Full Name (Last, First, Middle Initial) DARLENE MASHMAN			Date of Receipt
	Mailing Address 926 LULLWATER RD	09 11 7 2009		
	City	State GA	Zip Code	Transaction ID: SA11AI.78508
	ATLANTA FEC ID number of contributing federal political committee.	C	30307	Amount of Each Receipt this Period 350.00
	Name of Employer EMORY HEALTHCARE	Occupation ANESTH	en HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
— В.	Full Name (Last, First, Middle Initial) RUSSELL MCALLISTER Mailing Address - 0404 C 24 ST CT	I		Date of Receipt
	Mailing Address 2401 S 31ST ST	09 15 2009		
	City TEMPLE	State TX	Zip Code 76508	Transaction ID: SA11AI.78664
	FEC ID number of contributing federal political committee.	C	70000	Amount of Each Receipt this Period 250.00
	Name of Employer SCOTT & WHITE HOSP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) CHANDRA MCCALL			Date of Receipt
	Mailing Address 1587 CREEKSTONE	09 30 / 2009		
	City BIRMINGHAM	State AL	Zip Code 35243	Transaction ID: SA11AI.79375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	002-10	500.00
	Name of Employer PEDIATRIC ANESTHESIA ASSO- CIATES, P.C.	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 156 (check only one) X			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee THESIOLOGISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) JOHN MCCARRICK Mailing Address P.O. BOX 1987		Date of Receipt			
City MANCHESTER	State Zip Code CT 06045	Transaction ID: SA11AI.78286 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer MILFORD ANESTHESIA ASSOCI- ATES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00				
Full Name (Last, First, Middle Initial) STACEY MCCLARTY Mailing Address 8505 RAMBLING					
City	City State Zip Code				
OOLTEWAH FEC ID number of contributing federal political committee.	TN 37363	Amount of Each Receipt this Period 83.00			
Name of Employer ACE ANESTHESIOLOGY DEPT OF ANESTHESIOL Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 670.00				
Full Name (Last, First, Middle Initial) JOSEPH MCCOMB Mailing Address 104 CETON COU	IDT	Date of Receipt			
City BROOMALL	State Zip Code PA 19008	Transaction ID: SA11AI.78069 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.00			
Name of Employer UNITED ANESTHESIA SERVICES	Occupation PEDIATRIC ANESTHESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00				
SUBTOTAL of Receipts This Page (optic	nal)	624.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 156 (check only one) X		
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS	S POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) KEITH MCFARLAND					
Mailing Address 13023 BLUE CANYON	CIR		09 23 2009		
City	State	Zip Code	Transaction ID: SA11AI.79046		
OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer SELF	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) MICHAEL MCGINNIS			Date of Receipt		
Mailing Address 1632 SARATOGA WAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: SA11AI.79369		
EDMOND	OK	73003	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer SELF-EMPLOYED	Occupation	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) EDWARD MCGOUGH			Date of Receipt		
Mailing Address 120 S BEND DR			09 13 7 2009		
City	State	Zip Code	Transaction ID: SA11AI.78550		
PONTE VEDRA BEACH	<u>FL</u>	32082	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer EDWARD MCGOUGH MD PA	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)			1250.00		

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 156 (check only one) X
or for commer NAME OF	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) AN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	(Last, First, Middle Initial)			Date of Receipt
	dress 230 WHITE TAIL LN	09 08 2009		
City MEDIA		State PA	Zip Code 19063	Transaction ID: SA11AI.78425 Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	13003	250.00
Name of E ASSOCIA	mployer TES IN ANESTHESIA	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
CRISTIN M	(Last, First, Middle Initial) CMURRAY dress 591 FRANKLIN ST AP	Date of Receipt		
		09 24 2009		
City CAMBRII	nge.	State MA	Zip Code 02139	Transaction ID: SA11AI.79059 Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	02109	250.00
Name of E CARNEY I	mployer HOSPITAL	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 250.00	
Full Name	(Last, First, Middle Initial) MCNEER			Date of Receipt
Mailing Add	dress 18340 SW 122 ST.	09 01 2009		
City		State	Zip Code	Transaction ID: SA11AI.78139
	mber of contributing tical committee.	FL C	33196	Amount of Each Receipt this Period 83.00
	mployer TY OF MIAMI DEPT	Occupatio ANESTH	n IESIOLOGIST	
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 747.00	
SUBTOTAL	of Receipts This Page (optional)		\	583.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS P	OLITICAL ACTION COM	MITTEE
٠.	Full Name (Last, First, Middle Initial) MICHAEL MEISTER Mailing Address 5880 S.W. 116TH S7	Date of Receipt		
		09 28 2009		
	City MIAMI	State FL	Zip Code 33156	Transaction ID: SA11AI.79221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33130	250.00
	Name of Employer SOUTH MIAMI HOSPITAL	Occupation ANESTHES	IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RYAN MELCHER	Date of Receipt		
	Mailing Address 1215 PLEASANT ST METHODIST MED P	09 29 2009		
	City State		Zip Code	Transaction ID: SA11AI.79306
	DES MOINES FEC ID number of contributing federal political committee.		50309	Amount of Each Receipt this Period 250.00
	Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, PC	Occupation ANESTHES	IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) RICHARD MELI	Date of Receipt		
	Mailing Address 3601 W. COMMERC	09 / 22 / 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78987
	FORT LAUDERDALE FEC ID number of contributing federal political committee.	FL C	33309	Amount of Each Receipt this Period 500.00
	Name of Employer ANESCO ANES ASSOC ANESTH		IOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 156 (check only one) X
or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) JOHN MELTON		Date of Receipt
Mailing Address 3324 KING EDWAR		09 / 03 / 2009
City EUGENE	State Zip Code OR 97401	Transaction ID: SA11AI.78221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTHWEST ANESTHESIA PHYS- ICIANS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GARY MIHM		Date of Receipt
Mailing Address 4708 PEACE PIPE F	PATH	09 30 7 2009
City	State Zip Code	Transaction ID: SA11AI.79424
AUSTIN FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KENNETH MILLER		Date of Receipt
Mailing Address 4098 SCARLET IRIS	S PL.	09 30 2009
City WINTER PARK	State Zip Code FL 32792	Transaction ID: SA11AI.79380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer KENNETH J. MILLER, M.D., P.A.	Occupation M.D.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 156 (check only one) X 11a
, C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
2	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) STEVEN MILLER	=		Date of Receipt
	Mailing Address 7206 VILLA MARIA L			09 16 2009
	City AUSTIN	State TX	Zip Code 78759	Transaction ID: SA11AI.78712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer AUSTIN ANESTHESIOLOGY GP.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) WARREN MILLS			Date of Receipt
	Mailing Address 178 BURTON PL			09 08 7 2009
	City STATESVILLE	State NC	Zip Code 28625	Transaction ID: SA11AI.78417 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20020	250.00
	Name of Employer IREDELL ANESTHESIA ASSOCI- ATES, P.A.	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) CHRISTOPHER MILLSON			Date of Receipt
	Mailing Address 2400 WIMBLEDON V	VAY		0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City LAS VEGAS	State NV	Zip Code 89107	Transaction ID: SA11AI.78086 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03107	83.00
	Name of Employer DESERT ANESTHESIOLOGISTS	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00	
	SUBTOTAL of Receipts This Page (optional) .			683.00
上	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category of	of the
		Detailed Summary	y Page X 11a 11b 11c 12 15 16 1 1
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used b me and address of any political co	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIC	OLOGISTS POLITICAL ACTI	TION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) MITCHELL MINANA		Date of Receipt
	Mailing Address 1306 E WELDEN DR		0 9 1 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.78472
	SPOKANE	WA 99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer PHYS ANESTH GRP	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	70	700.00
В.	Full Name (Last, First, Middle Initial) PAUL MINTZ		Date of Receipt
	Mailing Address 200 READING BLVD.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.78478
	WYOMISSING	PA 19610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer READING ANES ASSOC	Occupation ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	100	000.00
C.	Full Name (Last, First, Middle Initial) THOMAS MOORE		Date of Receipt
	Mailing Address 1748 VESTWOOD HILL	S DR.	09 29 2009
	City VESTAVIA HILLS	State Zip Code AL 35216	Transaction ID: SA11AI.79308 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer UNIVERSITY OF ALABAMA SCH- OOL OF MEDICI	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	50	500.00
	SUBTOTAL of Receipts This Page (optional)		1600.00
	1		<u> </u>

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 156 (check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) ARUN MOORJANI Mailing Address 291 SOUTHHALLIN			Date of Receipt
	Mailing Address 291 SOUTHHALL LN DEPT OF ANESTHE			$\begin{bmatrix} M & M \\ O & 9 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: SA11AI.79078
	MAITLAND	<u>FL</u>	32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer JLR MEDICAL GROUP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) ORLANDO MORALES	'		Date of Receipt
	Mailing Address 1114 SE 6TH AVE.			09 / 22 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.78989
	DANIA	<u>FL</u>	33004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer ANESCO N'BROWARD	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_ ;.	Full Name (Last, First, Middle Initial) ROBERT R MORGAN	·		Date of Receipt
	Mailing Address 1007 GROVE RD # E	3		09 01 2009
	City GREENVILLE	State SC	Zip Code 29605	Transaction ID: SA11AI.78149 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23003	500.00
	Name of Employer GREENVILLE ANESTHESIOLOGY, P.A.	Occupation M.D.	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
\vdash	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to HESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOWARD MORITZ Mailing Address 729 HARVARD ST City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILMETTE FEC ID number of contributing federal political committee.	IL 60091	Amount of Each Receipt this Period 250.00
Name of Employer UNIV OF IL CHICAGO Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JOHN MORROW Mailing Address 3466 WADDESTO	N WAY	Date of Receipt 0 9 0 8 2 0 0 9
City ATLANTA FEC ID number of contributing federal political committee.	State Zip Code GA 30319	Transaction ID: SA11AI.78349 Amount of Each Receipt this Period 250.00
Name of Employer EMORY UNIV Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) WYN MORTIMER Mailing Address 982 HOOD RD.		Date of Receipt 0 9 0 8 2 0 0 9
City FAYETTEVILLE FEC ID number of contributing	State Zip Code GA 30214	Transaction ID: SA11AI.78393 Amount of Each Receipt this Period 400.00
name of Employer MEDNAX	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	J)	900.00

Any information copied from such Reports and		I ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTHE	ESIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) GARY MORTON Mailing Address 3510 MAGNOLIA BL	N/D	Date of Receipt
City	State Zip Code	0 9 2 6 2 0 0 9 Transaction ID: SA11AI.79180
	TX 76502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SCOTT AND WHITE CLINIC	Occupation ANESTHESIOLOGIST	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) FRANK MOYA		Date of Receipt
Mailing Address 5915 PONCE DE LE		09 / 18 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.78853
CORAL GABLES	FL 33146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) JOEL MUMFORD		Date of Receipt
Mailing Address 221 ELM HILL RD.		09 01 2009
City <u>SPRINGFIELD</u>	State Zip Code VT 05156	Transaction ID: SA11AI.78092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer V A MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	747.00	
SUBTOTAL of Receipts This Page (optional)		1333.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	<u> </u>		
Full Name (Last, First, Middle Initial) THOMAS MUNRO			Date of Receipt
Mailing Address 311 ALDERWOOD	DR.		09 08 2009
City GAITHERSBURG	State MD	Zip Code 20878	Transaction ID: SA11AI.78319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer FIRST COLONIES ANES	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ROSS MUSUMECI			Date of Receipt
Mailing Address 9 LINCOLN STREE	ΕT		0 9 0 1 2 0 0 9
City WESTON	State MA	Zip Code 02493	Transaction ID: SA11AI.78142
FEC ID number of contributing federal political committee.	C	02433	Amount of Each Receipt this Period 41.00
Name of Employer ANES. ASSOC. OF MASSACHUS- ETTS	Occupation	n ESIOLOGIST	
Receipt For:	- ' '	e Year-to-Date ▼	
Primary General Other (specify) ▼		369.00	
Full Name (Last, First, Middle Initial) SATHYENDRA MYSORE			Date of Receipt
Mailing Address 40 WOODS EDGE	CIRCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LONDON	State	Zip Code	Transaction ID: SA11AI.78449
FEC ID number of contributing federal political committee.	C	40741	Amount of Each Receipt this Period 300.00
Name of Employer SAINT JOSEPH LONDON HOSPI- TAL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Cure (specify)	0 0	0 0 0 0 0 0 0 0	1
			841.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	III 3 <i>X)</i>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92/156 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that	ports and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF A	<u> </u>		
Full Name (Last, First, Middle Initi JOHN NACHTIGAL	al)		Date of Receipt
Mailing Address 3901 RAINB	OW BLVD, MAILSTO	P 1034	09 01 2009
City KANSAS CITY	State KS	Zip Code 66160	Transaction ID: SA11AI.78151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF KS ANES DEP T	Occupation CLINICA	1 L INSTRUCTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi	al)		Date of Receipt
Mailing Address 1603 CARLIS	SLE PIKE		0 9 0 1 2 0 0 9
City HANOVER	State PA	Zip Code 17331	Transaction ID: SA11AI.78074
FEC ID number of contributing federal political committee.	C	17331	Amount of Each Receipt this Period 83.00
Name of Employer HANOVER ANESTHESIA AND I IN MEDICINE	PA- Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initi JOSEPH NEAL	al)		Date of Receipt
	ASON MEDICAL CTR		09 17 2009
City SEATTLE	State WA	Zip Code 98111	Transaction ID: SA11AI.78792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer VIRGINIA MASON	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)		583.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 156 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) MICHAEL NEED Mailing Address 7632 TIMBER SPRI	NGS DR.		Date of Receipt 0 9 0 1 2 0 0 9
City FISHERS	State IN	Zip Code 46038	Transaction ID: SA11AI.78063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer SOUTHEAST ANESTHESIOLOGIS- TS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) MARK NELSON Mailing Address 14175 GOLF PKWY	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID: SA11AI.78492 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED		ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAUL NELSON Mailing Address 311 W. 5TH ST. #1	103		Date of Receipt 0 9 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.78796
AUSTIN FEC ID number of contributing federal political committee.	C	78701	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP, LLP	- ' '	AN - ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		1083.00
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE:	Statements may not be sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold or used by any personal part of the sold of t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK NEWMAN Mailing Address 3412 ROOM DUKE N City DURHAM FEC ID number of contributing federal political committee. Name of Employer DUKE UNIV MED CTR ANES DE-PT Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 9 Transaction ID: SA11AI.79290 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) CRAIG NORDHUES Mailing Address 104 INVERNESS DR City DOTHAN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS MEDICAL GRP Receipt For: Primary General Other (specify)	State Zip Code AL 36305 C Occupation STAFF ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 4 2 0 0 9 Transaction ID: SA11AI.79076 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) EDWARD NORMAN Mailing Address 1040 SKYE LANE City PALM HARBOR FEC ID number of contributing federal political committee. Name of Employer NORTH PINELLAS ANES Receipt For: Primary General Other (specify)	State Zip Code FL 34683 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 156 (check only one) X 11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal he name and address of any political committee to ESIOLOGISTS POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PETER O'ROURKE Mailing Address 500 GUILDER LN City GREENVILLE FEC ID number of contributing federal political committee. Name of Employer EAST CAROLINA ANESTHESIA ASSOCIATES, P	State Zip Code NC 27858 C Occupation ANESTHESIOLOGIST	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) JAMES O'TOOLE Mailing Address 105 LENA LOOP City	State Zip Code	Date of Receipt M
BURNS FEC ID number of contributing federal political committee.	TN 37029	Amount of Each Receipt this Period 250.00
Name of Employer UT MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) KATHLEEN OLEARY Mailing Address 81 LEXINGTON AVI	_ =	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City BUFFALO	State Zip Code NY 14222	Transaction ID: SA11AI.78075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	41.00
Name of Employer ROSWELL PARK CANCER INSTI- TUTE Receipt For: Primary General Other (specify) ▼	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 369.00]
SUBTOTAL of Receipts This Page (optional)		541.00

Any information copied from such Reports and Statements may not be sed or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) BRYAN CRIME Mailing Address 14304 MIDDLEBERRY ROAD City State Zip Code EDMOND OK 73013 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KRINNETT NOSWALT Mailing Address 2500 NORTH STATE STREET OCcupation Name of Engicyer ARSTHESIOLOGIST Receipt For: Primary General Other (Last, First, Middle Initial) Receipt For: Primary General Occupation Name of Engicyer City State Zip Code ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Name (Last, First, Middle Initial) AMETOZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code ANESTHESIOLOGIST Full Name (Last, First, Middle Initial) AMETOZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code ANESTHESIOLOGIST For ID number of contributing Full Name (Last, First, Middle Initial) AMETOZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code ANESTHESIOLOGIST FEC ID number of contributing Full Name (Last, First, Middle Initial) AMETOZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code HUNTINGTON WY 25701 FEC ID number of contributing For ID number of Contributin	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Percents and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 156 (check only one) X 11a
Full Name (Last, First, Middle Initial) BRYAN ORME Mailing Address 14304 MIDDLEBERRY ROAD City State Zip Code Primary General Office (Specify) ▼ Full Name (Last, First, Middle Initial) KENNETH OSWALT Mailing Address 2500 NORTH STATE STREET Crity State Zip Code JACKSON MS 39216 FEC ID number of contributing (C) City State Zip Code JACKSON MS 39216 FEC ID number of contributing (C) City State Zip Code JACKSON MS 39216 FEC ID number of contributing (C) City State Zip Code JACKSON MS 39216 FEC ID number of contributing (C) Cocupation ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Other (specify ▼ Full Name (Last, First, Middle Initial) Animal (Last, First, Middle Ini	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee t	o solicit contributions from such committee.
BEYAN ORME Mailing Address 14304 MIDDLEBERRY ROAD City State Zip Code OK 73013 FEC ID number of contributing (ederal political committee. Name of Employer UNIV. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KENNETH CSWALT Mailing Address 2500 NORTH STATE STREET City JACKSON MS 39216 FEC ID number of contributing (ederal political committee. C State Zip Code JACKSON MS 39216 FEC ID number of contributing (ederal political committee. Name of Employer UNIV. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANMET OZIURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code ANESTHESIOLOGIST PLC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ANMET OZIURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code WY 25701 FEC ID number of contributing (ederal political committee. C State Zip Code WY 25701 FEC ID number of contributing (ederal political committee. C State Zip Code WY 25701 FEC ID number of contributing (ederal political committee. C State Zip Code WY 25701 FEC ID number of contributing (ederal political committee. C State Zip Code WY 25701 FEC ID number of contributing (ederal political committee. Anount of Each Receipt this Period Anount of Each Receipt this Period Source WY 25701 FEC ID number of contributing (ederal political committee. Anount of Each Receipt this Period Source WY 25701 FEC ID number of contributing (ederal political committee. Anount of Each Receipt this Period Source WY 25701 FEC ID number of contributing Source WY 25701 FEC ID number of contributing Source WY 25701 Anount of Each Receipt this Period Source WY 25701 Anount of Each Receipt this Period Source WY 25701 Anount of Each Receipt this Period Source WY 25701 Anount of Each Receipt this Period Source WY 25701 Anount of Each Receipt this Period Source WY 25701 Anount of Each Receipt this Period Source WY 25701 FEC ID number of contribut	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION CON	MMIIIEE
City State Zip Code OK 73013 FEC ID number of contributing federal political committee. C C Solution ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code UNIV. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code UNIV. ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ State Zip Code UNIV. ANESTHESIOLOGIST Anesthesiologist Anesthesiologist Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Zip Code UNIV. ANESTHESIOLOGIST Full Name (Last. First. Middle Initial) AnimET OZTURK Mailing Address 2115 WILTSHIRE BLVD City Anesthesiologist Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. C State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. C State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. C State Zip Code WV 25701 FEC ID number of contributing federal political committee. C State Zip Code WV 25701 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code PAIN CARE; PLLC Receipt For: Primary General Other (specify) ▼ State S			Date of Receipt
Transaction ID: SA11AI.78749 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH ANESTHESIOLOGIST Receipt For:	Mailing Address 14304 MIDDLEBERF	Y ROAD	
FEC ID number of contributing federal political committee. Name of Employer AFFIL ANESTH ARSTHESIOLOGIST	City	State Zip Code	
Name of Employer AFELANAESTH Receipt For:	EDMOND	OK 73013	Amount of Each Receipt this Period
Receipt For:		C	500.00
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) KENNETH OSWALT Mailing Address 2500 NORTH STATE STREET City State Zip Code MS 39216 FEC ID number of contributing federal political committee. Name of Employer UNIV. ANESTHESIA SERVICES, PLIC. Receipt For: Primary General Other (specify) ▼		1 .	
Date of Receipt	Primary General		
Mailing Address 2500 NORTH STATE STREET		_L	Date of Receipt
City		STREET	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer UNIV: ANESTHESIA SERVICES, PLC Receipt For: Primary General Other (specify) ▼ Cocupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ Date of Receipt Mo M O D D D D D O O O O O O O O O O O O O	City	•	
Name of Employer UNIV. ANESTHESIA SERVICES, PLLC Primary General Other (specify) ▼	JACKSON	MS 39216	Amount of Each Receipt this Period
PLLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ General Other (specify) ▼ Date of Receipt Mailing Address 2115 WILTSHIRE BLVD City State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Soo.00		C	83.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) AHMET OZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1083 00.00	Name of Employer UNIV. ANESTHESIA SERVICES, PLIC	1 '	
AHMET OZTURK Mailing Address 2115 WILTSHIRE BLVD City State Zip Code HUNTINGTON WV 25701 FEC ID number of contributing federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) Date of Receipt M M M O 9 1 1 1 7 2 0 0 9 Transaction ID: SA11AI.78491 Amount of Each Receipt this Period 500.00	Primary General		
City HUNTINGTON WV 25701 CITY State Zip Code WV 25701 Amount of Each Receipt this Period COccupation ANESTHESIOLOGIST Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Og 11 1 2009 Transaction ID: SA11AI.78491 Amount of Each Receipt this Period 500.00		_L	Date of Receipt
HUNTINGTON FEC ID number of contributing federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 500.00 Amount of Each Receipt this Period 500.00	Mailing Address 2115 WILTSHIRE BL	VD	
FEC ID number of contributing federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1083 00	•	•	
Federal political committee. Name of Employer PAIN CARE, PLLC Receipt For: Primary General Other (specify) ▼ Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00		WV 25701	Amount of Each Receipt this Period
Receipt For: Primary		C	500.00
Primary General Other (specify) ▼ 500.00	Name of Employer PAIN CARE, PLLC	I :	
Other (specify) ▼ 500.00		Aggregate Year-to-Date ▼	
SUBTOTAL of Descints This Desc (estions)	_	500.00	
	CURTOTAL of Possints This Page (anti-one)	.1	1083.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	` '	SIOLOGISTS POLITICAL ACTION COM	MMITTEE
۱.	Full Name (Last, First, Middle Initial) JOHN PANICO Mailing Address 121 WALKER AVE N	-	Date of Receipt
			09 30 2009
	City HUNTSVILLE	State Zip Code AL 35801	Transaction ID: SA11AI.79367 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ALABAMA ANESTHESIA OF HUN- TSVILLE	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) C. LEE PARMLEY		Date of Receipt
	Mailing Address 1211 21ST AVE S DEPARTMENT OF A	09 / 01 / 9 9 9	
	City NASHVILLE	Transaction ID: SA11AI.78088 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	TN 37212	83.00
	Name of Employer VANDERBILT UNIVERSITY MED- ICAL CENTER	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 581.00	
_	Full Name (Last, First, Middle Initial) HARRY PARR		Date of Receipt
	Mailing Address 4725 TULLY RD.		09 01 2009
	City BLOOMFIELD HILLS	State Zip Code MI 48302	Transaction ID: SA11AI.78096
	FEC ID number of contributing federal political committee.	C 40502	Amount of Each Receipt this Period 83.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.00	
	SUBTOTAL of Receipts This Page (optional)		416.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 156 (check only one) X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۷.	Full Name (Last, First, Middle Initial) REBECCA PATCHIN			Date of Receipt
	Mailing Address 18195 KROSS RD.			09 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.78064
	FEC ID number of contributing	CA	92508	Amount of Each Receipt this Period 83.00
	federal political committee.	Occupatio	n	_
	Name of Employer SELF	PHYSIC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 747.00	
_	Full Name (Last, First, Middle Initial)	0 0		
	DIMPAL PATEL Mailing Address 4613 TWIN VALLEY CIR			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.79030
	AUSTIN	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AAG	Occupation ANESTH	n IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) DAVID PAULUS	1		Date of Receipt
	Mailing Address 1125 NW 23RD TER			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GAINESVILLE	State FL	Zip Code 32605	Transaction ID: SA11AI.78329 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32003	350.00
	Name of Employer UNIVERSITY OF FLORIDA	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•		933.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 156 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DON PEARSON Mailing Address 4326 BEECHWOOI	D RD		Date of Receipt 0 9 2 9 2 0 0 9
City KNOXVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37920	Transaction ID: SA11AI.79304 Amount of Each Receipt this Period 300.00
Name of Employer UNIVERSITY ANESTHESIOLOGI- STS Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI Aggregate]
Full Name (Last, First, Middle Initial) SONYA PEASE Mailing Address 8 YACHT CLUB PL	ACE		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City JUPITER FEC ID number of contributing	State FL	Zip Code 33469	Transaction ID: SA11AI.78206 Amount of Each Receipt this Period 1250.00
Name of Employer ANESTHETIX MANAGEMENT, LLC Receipt For: Primary General Other (specify) ▼	Occupation ANESTH	ESIOLOGIST Year-to-Date 1250.00]
Full Name (Last, First, Middle Initial) DAVID PERKINS Mailing Address 10412 INWOOD RE)		Date of Receipt
City DALLAS FEC ID number of contributing federal political committee.	State TX	Zip Code 75229	0 9 1 5 2 0 0 9
Name of Employer PINNACLE ANESTHESIA Receipt For:	- ' '	n ESIOLOGIST Year-to-Date	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optional	l)		1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 156 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee the SIOLOGISTS POLITICAL ACTION CON	
Full Name (Last, First, Middle Initial) JOSEPH PEROSI Mailing Address 16 NAVESINK AVE City RUMSON FEC ID number of contributing federal political committee. Name of Employer ANES CONSULT OF NJ Receipt For: Primary General	State Zip Code NJ 07760 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) JEREMIE PERRY Mailing Address 2410 WHISPERING City ABILENE		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer HENDRICK ANESTHESIA NETWORK Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) STEVEN PHILLIPS Mailing Address 3714 N CLEVELAND	ST	Date of Receipt O 9 O 1 1 1 2 0 0 9
City ENID FEC ID number of contributing federal political committee.	State Zip Code OK 73703	Transaction ID: SA11AI.78530 Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIOLOGY MGMT. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDGAR PIERRE Mailing Address 1800 NW 10TH AVE City MIAMI FEC ID number of contributing federal political committee. Name of Employer RYDER TRAUMA CENTER Receipt For:	State FL C Occupation PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL PILLOW Mailing Address 8140 N. MOPAC EX		747.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUSTIN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP Receipt For: Primary General Other (specify)	State TX C Occupation PHYSICI Aggregate		Transaction ID: SA11AI.78707 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GUILLERMO POL Mailing Address 329 CAMPANA AVE City CORAL GABLES FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC GR MIAMI Receipt For: Primary General	State FL C Occupation ANESTH	ESIOLOGIST Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional))	250.00	833.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by ng the name and address of any political co	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANES	THESIOLOGISTS POLITICAL ACTIO	ON COMMITTEE
Full Name (Last, First, Middle Initial) JULIA POLLOCK		Date of Receipt
Mailing Address PO BOX 900 B2A	N	0 9 0 8 2 0 0 9
City SEATTLE	State Zip Code WA 98111	Transaction ID: SA11AI.78368
FEC ID number of contributing federal political committee.	C 90111	Amount of Each Receipt this Period 1000.00
Name of Employer VIRGINIA MASON MEDICAL CE- NTER	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) DAVID POWELL		Date of Receipt
Mailing Address P.O. BOX 5587		09 01 2009
City BEAUMONT	State Zip Code TX 77726	Transaction ID: SA11AI.78083
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.00
Name of Employer ANESTHESIA ASSOCIATES	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	74	7.00
Full Name (Last, First, Middle Initial) MARC PRESSMAN	I	Date of Receipt
Mailing Address 4605 JASMINE D	R.	09 18 2009
City	State Zip Code	Transaction ID: SA11AI.78832
ROCKVILLE FEC ID number of contributing federal political committee.	MD 20853	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optic	nal)	1333.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 156 (check only one) X
(Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Д .	Full Name (Last, First, Middle Initial) MATTHEW PRICE			Date of Receipt
	Mailing Address 50791 CHESAPEAKI			09 08 7 2009
	City NOVI	State MI	Zip Code 48374	Transaction ID: SA11AI.78427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) JEFFORY PRYLINSKI			Date of Receipt
	Mailing Address 5610 TARLETON DF	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: SA11AI.79378
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	35802	Amount of Each Receipt this Period 500.00
	Name of Employer CAS, INC.	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) JAMES QUALKINBUSH			Date of Receipt
	Mailing Address 6320 BRAEWICK RD).		0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City INDIANAPOLIS	State IN	Zip Code 46226	Transaction ID: SA11AI.78784 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40220	250.00
	Name of Employer ACI	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
t	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 156 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	1MITTEE
Α.	Full Name (Last, First, Middle Initial) TUSHAR RAMANI Mailing Address P.O. BOX 33058			Date of Receipt
	City	State	Zip Code	09 03 2009
	WEST PALM BEACH	FL	33420	Transaction ID: SA11AI.78211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ANESTHETIX	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) DENFORD RATHEL			Date of Receipt
	Mailing Address 2723 TREVOR DR.			09 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.78649
	HUNTSVILLE FEC ID number of contributing federal political committee.	C	35802	Amount of Each Receipt this Period 1000.00
	Name of Employer COMP ANES SERV	Occupation ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ С.	Full Name (Last, First, Middle Initial) VIJAY RAVULA			Date of Receipt
	Mailing Address 4206 BELLVUE AVE.			09 / 30 / Y Y Y Y
	City AUSTIN	State TX	Zip Code 78756	Transaction ID: SA11AI.79406 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70700	500.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
t	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANN REA		Date of Receipt
Mailing Address P.O. BOX 70		09 06 2009
City	State Zip Code	Transaction ID: SA11AI.78275
SUMMIT FEC ID number of contributing	MS 39666	Amount of Each Receipt this Period 1000.00
rederal political committee. Name of Employer SOUTHWEST MISSISSIPPI REG-	Occupation	
IONAL MEDICAL Receipt For:	ANESTHESIOLOGIST	4
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) PULI REDDY		Date of Receipt
Mailing Address 1118 ROSS CLARK	CIRCLE, #700	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.79064
DOTHAN FEC ID number of contributing federal political committee.	AL 36301	Amount of Each Receipt this Period 500.00
Name of Employer ANES. CONSULTANTS MEDICAL GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JUSTIN REYNOLDS		Date of Receipt
Mailing Address 4700 N CAPITAL OI	F TEXAS HWY APT 91	09 30 2009
City	State Zip Code	Transaction ID: SA11AI.79426
AUSTIN	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer AUSTIN ANESTHESIOLOGIST GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 156 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	HESIOLOGISTS POLITICAL ACTION COM	
Mailing Address 3 WARWICK RD		Date of Receipt 0 9 1 5 2 0 0 9
City <u>C</u> HATHAM	State Zip Code NJ 07928	Transaction ID: SA11AI.78645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AAM	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LINDA RICE		Date of Receipt
Mailing Address 1139 42ND AVE N	09 05 2009	
City	State Zip Code	Transaction ID: SA11AI.78270
ST. PETERSBURG FEC ID number of contributing federal political committee.	FL 33703	Amount of Each Receipt this Period 1000.00
Name of Employer ALL CHILDREN'S HOSPITAL	Occupation PEDIATRIC ANESTHESIOLOGIST	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) RAFAEL RICO		Date of Receipt
Mailing Address 1627 BRICKELL A	VE. #1401	09 04 2009
City MIAMI	State Zip Code FL 33129	Transaction ID: SA11AI.78262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option)	ال)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 156 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	not be sold or used by any perso ress of any political committee to	13 14 15 16 16 on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST			
Full Name (Last, First, Middle Initial) GARY RING			Date of Receipt
Mailing Address 2356 WINGSONG	09 24 2009		
City	State	Zip Code	Transaction ID: SA11AI.79092
ALLEN	TX	75013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DAVID ROBINSON			Date of Receipt
Mailing Address 650 STRAFFORD) CIR		09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.78788
WAYNE	PA	19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNITED ANES SERV	Occupation PHYSICI.		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JOHN ROBINSON			Date of Receipt
Mailing Address 4969 W. 88TH ST	Г.		09 16 2009
City PRAIRIE VILLAGE	State KS	Zip Code 66207	Transaction ID: SA11AI.78705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MIDWEST ANESTHESIA	Occupation ANESTH	ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ners	13 14 15 16 17
` '	he name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFF ROCKWELL		Date of Receipt
Mailing Address 2914 MONTEBELLC City	State Zip Code	0 9 1 7 2 0 0 9 Transaction ID: SA11AI.78759
AUSTIN FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 500.00
Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) ROBERT ROETTGER Mailing Address 9051 ITASCA TRAIL	Date of Receipt 0 9 2 4 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.79096
GRANT FEC ID number of contributing federal political committee.	MN 55082	Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.A. Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) ANNE ROGERS		Date of Receipt
Mailing Address 6005 RIVER RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NORFOLK	State Zip Code VA 23505	Transaction ID: SA11AI.79217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ATLANTIC ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 156 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and add	lress of any political committee to	o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	0.0200.010	TO CETTONE NOTICE OF	
۱.	PAUL ROSE Mailing Address 14465 NW BELLE PL	Date of Receipt 0 9 1 4 2 0 0 9		
	City BEAVERTON	State OR	Zip Code 97006	Transaction ID: SA11AI.78570 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OREGON ANESTHESIOLOGY GRO- UP, P.C. Receipt For:	1	n ESIOLOGIST Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) ROBERT ROSENLUND Mailing Address 332 BLEECKER ST.,	Date of Receipt		
	City	09 04 2009		
	NEW YORK	State NY	Zip Code 10014	Transaction ID: SA11AI.78235 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1 1 1 1 1	250.00
	Name of Employer GREENWICH MEDICAL ANESTHE- SIA	Occupation ANESTH	n ESIOLOGIST	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) LAWRENCE ROY	Date of Receipt		
	Mailing Address 2420 FREEMAN MAN	09 01 2009		
	City JONES	State OK	Zip Code 73049	Transaction ID: SA11AI.78080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		70070	83.00
	Name of Employer OKLAHOMA ANESTHESIA CONSU- LTANTS Bosoint For:		ESIOLIGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 747.00	
	SUBTOTAL of Receipts This Page (optional) .			583.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 156 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTE	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) JUAN RUAN			Date of Receipt
Mailing Address 6240 SW 118TH T	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MIAMI	State FL	Zip Code 33156	Transaction ID: SA11AI.79229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.55	250.00
Name of Employer SOUTH MIAMI HOSPITAL	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEPHEN RUBLAITUS			Date of Receipt
Mailing Address 745 WOODBINE A	0 9 0 8 2 0 0 9		
City OAK PARK	State IL	Transaction ID: SA11AI.78313 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	60302	250.00
Name of Employer DUPAGE VALLEY ANES	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONALD RUDOLF			Date of Receipt
Mailing Address 9052 SHORT CHIF	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City PORT ST LUCIE	State FL	Zip Code 34986	Transaction ID: SA11AI.79136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7.000	250.00
Name of Employer SHERIDAN HEALTHCORP	Occupation ANESTH	n ESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

TEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page B Statements may not be sold or used by any pe	(check only one) X 11a
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	the name and address of any political committee ESIOLOGISTS POLITICAL ACTION CC	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ABELARDO RUIZ		Date of Receipt
Mailing Address 3260 STAPLEFORD	CHASE	09 25 2009
City	State Zip Code	Transaction ID: SA11AI.79139
VIRGINIA BEACH	VA 23452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ATLANTIC ANESTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD RUSSELL		Date of Receipt
Mailing Address P.O. BOX 2760		M M / D D / Y Y Y Y Y O O O O
City	State Zip Code	Transaction ID: SA11AI.79400
RAPID CITY	SD 57709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WEST RIVER ANESTH. CONSUL- TANTS, PC	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DONAL RYAN	I.	Date of Receipt
Mailing Address 16860 LAYS LAKE E	ESTATES LN	09 / 04 / 2009
City	State Zip Code	Transaction ID: SA11AI.78243
MEADOW VISTA	CA 95722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CASE MEDICAL GROUP, INC.	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) PATRICK SALISBURY			Date of Receipt
	Mailing Address 3333 RIVERBEND DR SACRED HEART MED	09 08 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78366
	SPRINGFIELD	OR	97477	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANESTHESIA DEPARTMENT	Occupation ANESTH	n HESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) DAVID SAMUELS	Date of Receipt		
	Mailing Address 5121 SAN JOSE	09 03 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78224
	TAMPA	FL	33629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer DAVID J SAMUELS, MD PA		HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
C.	Full Name (Last, First, Middle Initial) PAUL SAMUELSON			Date of Receipt
	Mailing Address 3982 SPRING VALLE	Y RD		09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.78836
	BIRMINGHAM	AL	35223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED		HESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	1
	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 156 (check only one) X
Ar or	by information copied from such Reports and \S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	IMITTEE		
	Full Name (Last, First, Middle Initial) BRYANT SANTOS	Date of Receipt		
	Mailing Address 12230 NW TUALATIN	09 / 13 / 2009		
	City PORTLAND	State OR	Zip Code 97229	Transaction ID: SA11AI.78555 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OREGON ANESTHESIOLOGY GRO- UP. P.C.	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	1
	Full Name (Last, First, Middle Initial) SHANNON SAVAGE	Date of Receipt		
	Mailing Address 52 MEDICAL PARK E	09 11 2009		
	City	State	Zip Code	Transaction ID: SA11AI.78469
	BIRMINGHAM AL FEC ID number of contributing federal political committee.		35235	Amount of Each Receipt this Period 1000.00
	Name of Employer ANESTH GROUP EAST	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) BRUCE SAXON	Date of Receipt		
	Mailing Address 6677 S. EVANSTON (09 28 2009		
	City	State	Zip Code	Transaction ID: SA11AI.79260
	TULSA OK FEC ID number of contributing federal political committee.		74136	Amount of Each Receipt this Period 250.00
	Name of Employer ST. JOHN ANES SERV	Occupatio ANESTH	n IESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 156 (check only one) X		
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) STEPHEN SCARBROUGH		Date of Receipt		
Mailing Address 1445 CLIFF CT APT City	State Zip Code	0 9 1 4 2 0 0 9 Transaction ID: SA11AI.78585		
COLUMBUS FEC ID number of contributing federal political committee.	OH 43204	Amount of Each Receipt this Period 250.00		
Name of Employer MIDWEST PHYS ANES SERV Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00			
Full Name (Last, First, Middle Initial) PHYLLIS SCHAPIRE Mailing Address 52 CEDAR HILL LN	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.78724		
MEDIA	PA 19063	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer ASSOCIATES IN ANESTHESIA	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) JEFFREY SCHEIDLINGER	Date of Receipt			
Mailing Address 8400 WOODBRANC	Mailing Address 8400 WOODBRANCH CT			
City MC LEAN	State Zip Code VA 22102	Transaction ID: SA11AI.78587 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer FAIRFAX ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)	1	900.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGISTS POLITICAL ACTION C	OMMITTEE
۷.	Full Name (Last, First, Middle Initial) RYAN SCHELLPFEFFER	Date of Receipt	
	Mailing Address 221 W 24TH ST		09 26 2009
	City	State Zip Code	Transaction ID: SA11AI.79179
	SIOUX FALLS	SD 57105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES, INC.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial) GREG SCHROEDER	Date of Receipt	
	Mailing Address 2813 S. SAINT FRAN	09 22 2009	
	City	State Zip Code	Transaction ID: SA11AI.79002
	SIOUX FALLS	SD 57103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ANESTHESIOLOGY ASSOCIATES, INC.	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial) JOHN SCOTT	Date of Receipt	
	Mailing Address 736 HALLELUJAH TR	0 9 1 1 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.78457
	KELLER	TX 76248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer PINNACLE PARTNERS	Occupation ANESTHESIOLOGIST	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	CURTOTAL of Provide This Prove (college)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 156 (check only one) X				
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee					
AMERICAN SOCIETY OF ANESTH	ESIOLOGISTS POLITICAL ACTION CO	MMITTEE				
Full Name (Last, First, Middle Initial) FRED SHAPIRO	FRED SHAPIRO					
330 BEACON ST, C	Mailing Address DEPARTMENT OF ANESTHESIOLOGY 330 BEACON ST, C-86					
City BOSTON	State Zip Code MA 02116	Transaction ID: SA11AI.78186 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer HARVARD MEDICAL SCHOOL	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) KEVIN SHELLY	Date of Receipt					
Mailing Address 1800 FAR GALLAN	09 18 2009					
City	State Zip Code	Transaction ID: SA11AI.78816				
AUSTIN FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 500.00				
Name of Employer AAG	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) BRIAN SHEPHERD		Date of Receipt				
	Mailing Address 2200 SHIREWOOD LN					
City SIGNAL MOUNTAIN	State Zip Code TN 37377	Transaction ID: SA11AI.79084 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer ANES CONSULT EXCH	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional	1	1750.00				

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 156 (check only one) X 11a				
or for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANI	ESTHESIOLOGISTS POLITICAL ACTION COM	MITTEE				
LISA SHOCKLEY						
Mailing Address 1029 STAGSH	AW LN.	09 25 2009				
City	State Zip Code	Transaction ID: SA11AI.79156				
KINGSPORT	TN 37660	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer HOLSTON ANES ASSOC	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) DONALD SHOEMAKER	Full Name (Last, First, Middle Initial) DONALD SHOEMAKER					
Mailing Address 11704 E. ARB	Mailing Address 11704 E. ARBOR DR.					
City	State Zip Code	Transaction ID: SA11AI.78200				
ANCHORAGE	KY 40223	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer WILLIAMS AND WAGNER, PSC	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) RICHARD SILVER	Full Name (Last, First, Middle Initial) RICHARD SILVER					
Mailing Address 1006 TARAY [
City <u>TAMPA</u>	State Zip Code FL 33613	Transaction ID: SA11AI.78574 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer UNICOM	Occupation ANESTHESIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (o	ptional)	1250.00				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 156 (check only one)	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANEST				
Full Name (Last, First, Middle Initial) BERNIS SIMMONS			Date of Receipt	
Mailing Address 52 MEDICAL PARI	09 11 2009			
City BIRMINGHAM	State AL	Zip Code 35235	Transaction ID: SA11Al.78465	
FEC ID number of contributing federal political committee.	C	30230	Amount of Each Receipt this Period 1000.00	
Name of Employer ANESTH GROUP EAST	Occupation	ESIOLOGIST		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) BRETT SIMON			Date of Receipt	
Mailing Address 330 BROOKLINE A	0 9 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	City State Zip Code BOSTON MA 02215			
FEC ID number of contributing federal political committee.		02213	Amount of Each Receipt this Period 250.00	
Name of Employer BETH ISRAEL DEACONESS MED- ICAL CENTER	Occupation	ESIOLOGIST		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) STUART SIMON			Date of Receipt	
Mailing Address 4514 LIVELY LANI	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City DALLAS	State TX	Zip Code 75220	Transaction ID: SA11AI.78536	
FEC ID number of contributing federal political committee. Name of Employer PINNACLE DAPTNERS Occupation		73220	Amount of Each Receipt this Period 250.00	
		ESIOLOGIST		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		250.00		
	al)		1500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 156 (check only one) X		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) JOHN SKOOG Mailing Address 411 LAUREL, SUITE 3					
City DES MOINES FEC ID number of contributing	State IA	Zip Code 50314	Transaction ID: SA11AI.78898 Amount of Each Receipt this Period 500.00		
Name of Employer MEDICAL CENTER ANESTHESIO- LOGISTS Receipt For: Primary General Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00			
Full Name (Last, First, Middle Initial) PATRICK SLATEV Mailing Address 16405 ERNEST CT	Date of Receipt 0 9 2 8 2 0 0 9				
City EDMOND FEC ID number of contributing	State OK	Zip Code 73013	Transaction ID: SA11AI.79211 Amount of Each Receipt this Period 500.00		
Receipt For: Primary Other (specify)	Occupation ANESTH	ESIOLOGIST Year-to-Date 500.00			
Full Name (Last, First, Middle Initial) PAUL SLAVENAS Mailing Address PO BOX 363			Date of Receipt		
City DEERFIELD FEC ID number of contributing federal political committee.	State IL	Zip Code 60015	Transaction ID: SA11AI.78435 Amount of Each Receipt this Period 500.00		
Name of Employer ANESTHESIA CONSULTANTS LTD Receipt For: Primary General		n ESIOLOGIST Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	500.00			
SUBTOTAL of Receipts This Page (optional))	1500.00		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE	
Α.	Full Name (Last, First, Middle Initial) DANIEL SMITH	2.00		Date of Receipt	
	Mailing Address 2187 WESTMINSTEF	09 14 2009			
	City LAKE HAVASU CITY	State AZ	Zip Code 86404	Transaction ID: SA11AI.78604 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00101	500.00	
	Name of Employer DESERT OASIS ANESTHESIOLO- GY	Occupation ANESTH	n HESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
В.	Full Name (Last, First, Middle Initial) DAVID SMITH	Date of Receipt			
	Mailing Address 3400 SPRUCE ST	09 17 2009			
	City	State	Zip Code	Transaction ID: SA11AI.78742	
	PHILADELPHIA FEC ID number of contributing federal political committee.	PA C	19104	Amount of Each Receipt this Period 250.00	
	Name of Employer UNIV PENNSYLVANIA HOSP	Occupation ANESTH	n HESIOLOGIST		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
С.	Full Name (Last, First, Middle Initial) JEREMY SMITH				
	Mailing Address 103 RESEDA LN.	09 01 2009			
	City DOTHAN	State AL	Zip Code 36305	Transaction ID: SA11AI.78070 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.00	
	Name of Employer ANESTHESIA CONSULTANTS ME- D. GROUP	ANESTHESIOLOGIST			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 747.00		
	SUBTOTAL of Receipts This Page (optional) .	1		833.00	
	TOTAL This Period (last page this line number	r only)			

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	solicit contributions from such committee.
A. <u>5</u>	Full Name (Last, First, Middle Initial) SCOTT SNYDER Mailing Address 3211 N 39TH ST City HOLLYWOOD FEC ID number of contributing ederal political committee. Name of Employer ANESCO N BROWARD Receipt For: Primary General Other (specify)		Zip Code 33021 on HESIOLOGIST e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B.	Full Name (Last, First, Middle Initial) HENRY SOECHTING Mailing Address 102 CHARM DRIVE City NEW BRAUNFELS FEC ID number of contributing ederal political committee. Name of Employer STAR ANESTHESIA, PA Receipt For: Primary General Other (specify)		Zip Code 78132 on HESIOLOGIST e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Full Name (Last, First, Middle Initial) TIMOTHY STARCK Mailing Address 11583 PRESTWICK R City BELVIDERE FEC ID number of contributing ederal political committee. Name of Employer ROCKFORD ANESTHESIOLOGIST ASSOCIATED Receipt For: Primary General Other (specify)	State IL C Occupation PHYSIC		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number		·	1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 156 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD STERN Mailing Address 46 SPRINGBROOK LN City NEWARK FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA SERVICES, P.A. Receipt For:	State DE C Occupation ANESTH	Zip Code 19711 n IESIOLOGIST e Year-to-Date	Date of Receipt M M C D D C 2 0 0 9 Transaction ID: SA11AI.78114 Amount of Each Receipt this Period 25.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOSEPH STOECKL Mailing Address 19845 FOXKIRK CT	0 0	300.00	Date of Receipt M M O 9 O 8 2 0 0 9
City BROOKFIELD FEC ID number of contributing federal political committee. Name of Employer BROOKFIELD ANESTH Receipt For: Primary General Other (specify)		Zip Code 53045 n IESIOLOGIST e Year-to-Date ▼ 250.00	Transaction ID: SA11AI.78379 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) MATTHIAS STOPFKUCHEN-EVANS Mailing Address 60 WASHINGTON ST City NATICK FEC ID number of contributing federal political committee.	State MA	Zip Code 01760	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer BWPO Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	525.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 156 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	1MITTEE
Α.	Full Name (Last, First, Middle Initial) TRACY STRANDHAGEN Mailing Address 600 RIDERS TRAIL			Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 0 9 Transaction ID: SA11AI.79446
	<u>AUSTIN</u>	TX	78733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AUSTIN ANESTHESIOLOGY GRO- UP	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Б.	Full Name (Last, First, Middle Initial) FRANCISCO SUERO			Date of Receipt
	Mailing Address 2963 DORMAN AVE			09 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.78351
	BROOMALL FEC ID number of contributing federal political committee.	C	19008	Amount of Each Receipt this Period 250.00
	Name of Employer DARBY ANESTH	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) ROHAN SUNDARALINGAM	I		Date of Receipt
	Mailing Address 884 N. PAULINA ST.	, #3		09 12 2009
	City <u>CHICAGO</u>	State IL	Zip Code 60622	Transaction ID: SA11AI.78542 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0002	500.00
	Name of Employer LUTHERAN GENERAL HOSPITAL	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 156 (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH					
Full Name (Last, First, Middle Initial) MARK SUNDET			Date of Receipt		
City DES MOINES	State IA	Zip Code 50309	Transaction ID: SA11AI.79464 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS. P.C.	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) JOHAN SUYDERHOUD			Date of Receipt		
Mailing Address 3467 N VENICE ST	ī		0 9 1 8 2 0 0 9		
City ARLINGTON	State VA	Zip Code 22207	Transaction ID: SA11AI.78840		
FEC ID number of contributing federal political committee.	C	22201	Amount of Each Receipt this Period 250.00		
Name of Employer GEORGETOWN HOSPITAL	Occupation	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) JOSEPH TALARICO			Date of Receipt		
Mailing Address DEPT. OF ANES. 200 LOTHROP ST.	NW 463		0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City PITTSBURGH	State PA	Zip Code 15213	Transaction ID: SA11AI.78078 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.00		
Name of Employer UPMC PRESBYTERIAN	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00			
SUBTOTAL of Receipts This Page (optional			791.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 156 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK TASCH	SIOLOGIST	5 POLITICAL ACTION COM	Date of Receipt
Mailing Address 235 REDDING CT City	State	Zip Code	0 9 1 5 2 0 0 9 Transaction ID: SA11AI.78666
ZIONSVILLE	IN	46077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer IUAA	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GEOFFREY TAYLOR			Date of Receipt
Mailing Address 1620 NW 182ND ST.			09 28 2009
City	State	Zip Code	Transaction ID: SA11AI.79214
EDMOND	OK	73003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AFFILIATED ANESTH	Occupatio ANESTH	n IESIOLOGIST	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) JEFFERSON TAYLOR			Date of Receipt
Mailing Address 3550 GRANDVIEW P	KY APT 143	3	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.78966
BIRMINGHAM FEC ID number of contributing federal political committee.	C	35243	Amount of Each Receipt this Period 500.00
Name of Employer ANESTHESIA RESOURCE MANAG- EMENT	Occupatio ANESTH	n IESIOLOGIST	
Receipt For: Primary General	 '	e Year-to-Date ▼ 500.00	1
☐ Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional) .			1250.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summa	of the Check only one)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH TAYLOR Mailing Address 26625 W. GREENTR City OLATHE FEC ID number of contributing federal political committee. Name of Employer NORTHLAND ANESTHESIOLOGY	State Zip Code KS 66061 C Occupation ANESTHESIOLOGIST	Date of Receipt M M M D D D 29 2009 Transaction ID: SA11AI.79320 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) TODD TELLE Mailing Address 1200 WASHINGTON 411 City	STREET State Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BOSTON FEC ID number of contributing federal political committee.	MA 02118	Transaction ID: SA11AI.79450 Amount of Each Receipt this Period 500.00
Name of Employer BRIGHAM AND WOMENS HOSPIT- AL Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) SHERIF TEWFIK Mailing Address 11657 N.W. OAKTRE	E DR.	Date of Receipt
City GRIMES FEC ID number of contributing federal political committee.	State Zip Code IA 50111	Transaction ID: SA11AI.78165 Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGI- STS, P.C. Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional) .		1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to SIOLOGISTS POLITICAL ACTION COM	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARCY THOMAS Mailing Address 10615 WOODPECKE City CHESTERFIELD FEC ID number of contributing federal political committee. Name of Employer COMMONWEALTH ANESTHESIA		Date of Receipt M M M
ASSOCIATIS Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 747.00	
KYLE THOMPSON Mailing Address 333 W HAMPDEN AV	/E #600	Date of Receipt 0 9 1 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.78896
ENGLEWOOD FEC ID number of contributing federal political committee.	CO 80110	Amount of Each Receipt this Period 500.00
Name of Employer SOUTH DENVER ANESTHESIOLO- GY, P.C.	Occupation PARTNER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL TODD		Date of Receipt
Mailing Address 200 HAWKINS DRIVI	=	09 30 7 9 9
City IOWA CITY	State Zip Code IA 52242	Transaction ID: SA11AI.79417 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UNIVERSITY OF IOWA HOSPIT- ALS AND CLINI	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	1583.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 156 (check only one) X	
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.	
	AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION CON	IMITTEE	
	Full Name (Last, First, Middle Initial) CHRISTOPHER TROIANOS			Date of Receipt	
	Mailing Address 427 HEIGHTS DR			09 01 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78060	
	GIBSONIA	PA	15044	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.00	
	Name of Employer WESTERN PENNSYLVANIA HOSP- ITAL DEPARTME	Occupation ANESTH	n IESIOLOGIST		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		664.00		
_	Full Name (Last, First, Middle Initial) CHRISTOPHER TROJAN	1		Date of Receipt	
	Mailing Address 170 SACHEM WAY			09 11 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78486	
	ROCHESTER	NY	14617	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer WESTSIDE	Occupation ANESTH	n IESIOLOGIST		
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial) BENJAMIN UNGER			Date of Receipt	
	Mailing Address 622 WEST 168TH ST	., PH5-505		09 01 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78091	
	NEW YORK	NY	10032	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.00	
	Name of Employer COLUMBIA UNIVERSITY MEDIC- AL CENTER DEP		IESIOLOGIST		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-	
	Other (specify)		369.00		
Г	SUBTOTAL of Receipts This Page (optional).	_1		624.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any pers g the name and address of any political committee to THESIOLOGISTS POLITICAL ACTION COM	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JONATHAN URI Mailing Address 593 EDDY ST City PROVIDENCE FEC ID number of contributing	State Zip Code RI 02903	Date of Receipt M M M
federal political committee. Name of Employer PROVIDENCE ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) CLIFTON VAN PUTTEN Mailing Address 6936 N. AUTUMN		Date of Receipt 0 9 1 1 2 0 0 9
City CLOVIS FEC ID number of contributing federal political committee.	State Zip Code CA 93619	Transaction ID: SA11AI.78525 Amount of Each Receipt this Period 250.00
Name of Employer ANES CONSULT FRESNO Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) DAVID VARLOTTA Mailing Address 1303 BAYSHORE	BLVD.	Date of Receipt 0 9 0 1 2 0 0 9
City TAMPA FEC ID number of contributing	State Zip Code FL 33606	Transaction ID: SA11AI.78061 Amount of Each Receipt this Period 83.00
federal political committee. Name of Employer UNICOM ANESTHESIA	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (option	al)	583.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 156 (check only one)			
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTI	HESIOLOGISTS	S POLITICAL ACTION COM	MITTEE			
Full Name (Last, First, Middle Initial) CYNTHIA VAUGHN			Date of Receipt			
Mailing Address 2 DOGWOOD LN						
City BRANDON	State MS	Zip Code 39047	Transaction ID: SA11AI.78594 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	33047	250.00			
Name of Employer UNIV OF MS MED CTR	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) J. MICHAEL VERLANDER	I		Date of Receipt			
Mailing Address 470 NORTH LAKE	Mailing Address 470 NORTH LAKE SYBELIA DRIVE					
City MAITLAND	State FL	Zip Code 32751	Transaction ID: SA11AI.79018 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	SET O	500.00			
Name of Employer ANESTHESIOLOGISTS OF GREA- TER ORLANDO	Occupation PHYSICI					
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 500.00	1			
Other (specify)		000.00				
Full Name (Last, First, Middle Initial) HECTOR VILA			Date of Receipt			
Mailing Address 1033 DR MARTIN	LUTHER KING	JR ST N	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.78065			
SAINT PETERSBURG FEC ID number of contributing federal political committee.	FL C	33701	Amount of Each Receipt this Period 83.00			
Name of Employer FPA	Occupation ANESTH	n ESIOLOGIST				
Receipt For: Primary General	'	Year-to-Date ▼ 581.00	1			
Other (specify)		0 0 0 0 0 0				
SUBTOTAL of Receipts This Page (optional	al)		833.00			
TOTAL This Period (last page this line num	nber only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHI VO Mailing Address 5911 MOUNTAIN VIL City AUSTIN FEC ID number of contributing federal political committee. Name of Employer AUSTIN ANESTHESIOLOGY GRO-UP, LLP Receipt For: Primary General Other (specify)	LA DR. State Zip Code TX 78731 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D 2 2 2 2 0 0 9 Transaction ID: SA11AI.79028 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) J. MICHAEL VOLLERS Mailing Address 800 MARSHALL ST. SLOT 203, S-319 City LITTLE ROCK FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF ARKANSAS FOR MEDICAL SCI Receipt For: Primary General Other (specify)	State Zip Code AR 72202 C Occupation PROFESSOR OF ANESTHESIOLOGY Aggregate Year-to-Date 747.00	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) THEO WAGES Mailing Address 1622 BRADFORD LN City AUBURN FEC ID number of contributing federal political committee. Name of Employer UNIV ALABAMA MEDICAL CTR Receipt For: Primary General Other (specify)	State Zip Code AL 36830 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / 2 5 2 0 0 9 Transaction ID: SA11AI.79143 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	833.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132/156 (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTH	HESIOLOGISTS	S POLITICAL ACTION COM	IMITTEE		
Full Name (Last, First, Middle Initial) DAVID WALTON			Date of Receipt		
	Mailing Address 8140 N MO PAC EXPY STE 3-210				
City AUSTIN	State TX	Zip Code 78759	7		
FEC ID number of contributing federal political committee.	C	76759	Amount of Each Receipt this Period 500.00		
Name of Employer AUSTIN ANES GRP	Occupation ANESTH	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) ANDREW WEISINGER			Date of Receipt		
Mailing Address 405 BEAUMONT PA	0 9 1 1 1 2 0 0 9				
City BLYTHEWOOD	State SC	Zip Code 29016	Transaction ID: SA11AI.78476		
FEC ID number of contributing federal political committee.	C	29010	Amount of Each Receipt this Period 500.00		
Name of Employer CARDIOVASCULAR ANES.	Occupation	n ESIOLOGIST			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) REBECCA HASSOUN WELCH			Date of Receipt		
Mailing Address PEDIATRIC ANEST 92 W. MILLER ST.,			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City ORLANDO	State FL	Zip Code 32806	Transaction ID: SA11AI.78765 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	02000	500.00		
Name of Employer ARNOLD PALMER HOSPITAL FOR CHILDREN	Occupation MD				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1500.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 156 (check only one) X
0	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
۸.	Full Name (Last, First, Middle Initial) JORDAN WETSTONE			Date of Receipt
	Mailing Address 531 ROSE LANE ST	., NW, SUITE	750	09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.78804
	MARIETTA	GA	30060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GEORGIA ANESTHESIOLOGISTS, P.C.	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) DAVID WHEELER			Date of Receipt
	Mailing Address 7108 COLLINGSWO	OD CT.		09 / 18 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.78841
	ELKRIDGE	MD	21075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FIRST COLONIES ANES		IESIOLOGIST	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) SEAN WHITE			Date of Receipt
	Mailing Address 1012 CANTERBURY	DR		09 08 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.78346
	BURLINGTON	IA	52601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SE IOWA MED SERV		IESIOLOGIST	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		800.00

Any information copied from such Reports and Statements may not be sold or or for commercial purposes, other than using the name and address of any pol NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL Full Name (Last, First, Middle Initial) CHRISTOPHER WILHOIT Mailing Address 3049 HAWKS GLEN City State Zip Code FL 32312 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code UT 84321 FC ID number of contributing federal political committee. City State Zip Code UT 84321 FC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Year-to-Dat	Date of Receipt Date of Receipt
or for commercial purposes, other than using the name and address of any polyname or for commercial purposes, other than using the name and address of any polyname of Committee (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL Full Name (Last, First, Middle Initial) CHRISTOPHER WILHOIT Mailing Address 3049 HAWKS GLEN City State Zip Code FL 32312 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fer in any General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Date of Receipt Date of Receipt
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL Full Name (Last, First, Middle Initial) CHRISTOPHER WILHOIT Mailing Address 3049 HAWKS GLEN City State Zip Code TALLAHASSEE FL 32312 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation ANESTHESIOLOGIST Aggregate Year-to-Date C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of Contributing federal political committee. Name of Employer Aggregate Year-to-Date Occupation ANESTHESIOLOGIST Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	Date of Receipt M M M
CHRISTOPHER WILHOIT Mailing Address 3049 HAWKS GLEN City State Zip Code TALLAHASSEE FL 32312 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code UT 84321 C C C Receipt For: PEC ID number of contributing federal political committee. Name of Employer ANESTHESIOLOGIST C C Aggregate Year-to-Date C Aggregate Year-to-Date Aggregate Year-to-Date C Full Name (Last, First, Middle Initial)	Transaction ID: SA11AI.78777 Amount of Each Receipt this Period 250.00 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code TALLAHASSEE FL 32312 FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For:	Date of Receipt Date of Receipt M M M D D D 2009 Transaction ID: SA11AI.78777 Date of Receipt M M M D D D 2009 Transaction ID: SA11AI.78658 Amount of Each Receipt this Period
TALLAHASSEE FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Fer ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date of Contribution And Cont	Amount of Each Receipt this Period 250.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC TALLAHASSEE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Aggregate Year-to-Date Occupation ANESTHESIOLOGIST Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
JEFRI WILLIAMS Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Transaction ID: SA11AI.78658 Amount of Each Receipt this Period
Mailing Address 260 N. 1480 E. City State Zip Code LOGAN UT 84321 FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Transaction ID: SA11AI.78658 Amount of Each Receipt this Period
LOGAN FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Transaction ID: SA11AI.78658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
federal political committee. Name of Employer Occupation ANESTHESIOLOGIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) ANESTHESIOLOGIST Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	300.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	T
	300.00
MARK WILLIAMS	Date of Receipt
Mailing Address 5314 MOUNTAIN PARK CIR.	09 17 2009
City State Zip Code	Transaction 121
PELHAM AL 35124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer SOUTHERN PERIOPERATIVE SE- RV Occupation ANESTHESIOLOGIST	т
Receipt For: Aggregate Year-to-Date	▼
Primary General Other (specify) ▼	1000.00
SUBTOTAL of Receipts This Page (optional)	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 156 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	Statements may not be sold or used by any per ename and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK WILLIS Mailing Address 1118 ROSS CLARK C City DOTHAN FEC ID number of contributing federal political committee. Name of Employer ANESTHESIA CONSULTANTS MED. GROUP Receipt For: Primary General Other (specify)	State Zip Code AL 36301 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JEFFREY WILNER Mailing Address 6791 CRESTWAY DR City BLOOMFIELD HILLS FEC ID number of contributing federal political committee. Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code MI 48301 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) PHILIP WOLOK Mailing Address 1928 BAYOU DR. City BLOOMFIELD HILLS FEC ID number of contributing federal political committee. Name of Employer AFFILIATED ANESTH Receipt For: Primary General Other (specify)	State Zip Code MI 48302 C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 156 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHI	he name and add	lress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD WU Mailing Address 12038 HICKORY GF City DUNLAP FEC ID number of contributing federal political committee. Name of Employer ASSOC ANESTH	State IL C	Zip Code 61525	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 250.00	
CHAHINE YAMINE Mailing Address 1227 EARNESTINE	STREET		Date of Receipt 0 9 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.78122
MC LEAN	VA	22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer DOMINION ANESTHESIA PLLC	Occupation PHYSICI.		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 747.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER YEAKEL			Date of Receipt
Mailing Address 206 BEAVER LAKE	DR.		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: SA11AI.78180
ELGIN FEC ID number of contributing federal political committee.	SC	29045	Amount of Each Receipt this Period 440.00
Name of Employer ACC	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	_, -	Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)			773.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 156 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	e name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEPHEN YEICH Mailing Address 5350 S WESTERN AV City OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State OK C Occupatio PHYSICI		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LUKE YEUNG Mailing Address 8441 S.W. 162 TER. City VILLAGE OF PALMETT FEC ID number of contributing federal political committee. Name of Employer ANES ASSOC GR MIAMI Receipt For: Primary General Other (specify)		Zip Code 33157 n IESIOLOGIST e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NERRIN ZAHARIAS Mailing Address 801 ROYAL TERR. City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer ANESTH GROUP EAST Receipt For: Primary General Other (specify)		Zip Code 35242 n IESIOLOGIST e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 156 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHE	SIOLOGIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) GRACIELA ZAYDEN			Date of Receipt
	Mailing Address 10825 S.W. 135TH T			09 28 7 2009
	City MIAMI	State FL	Zip Code 33176	Transaction ID: SA11AI.79231 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ANES ASSOC GR MIAMI	Occupation ANESTH	on HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) STEVEN ZEICHNER			Date of Receipt
	Mailing Address 10621 S.W. 76TH AV	E.		09 28 2009
	City	State	Zip Code	Transaction ID: SA11AI.79223
	MIAMI FEC ID number of contributing federal political committee.	FL C	33156	Amount of Each Receipt this Period 250.00
	Name of Employer ANES ASSOC GR MIAMI	Occupation ANESTH	n HESIOLOGIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) MITCHELL ZEITLER			Date of Receipt
	Mailing Address 6650 NATURE PRES	ERVE CT.		09 04 2009
	City NAPLES	State FL	Zip Code 34109	Transaction ID: SA11AI.78247 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AAN	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			1000.00
F	FOTAL This Period (last page this line numbe		<u> </u>	

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PAGE 139 / 156 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) DAVID ZUCKER Date of Receipt Mailing Address 5304 EAGLE RIDGE LN 09 24 2009 City State Zip Code Transaction ID: SA11AI.79055 **SYLVANIA** OH 43560 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ANESTHESIOLOGY CONSULTANTS OF TOLEDO Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. JONATHAN ZUCKER Date of Receipt Mailing Address 1612 SAINT GREGORY DRIVE 0 9 01 2009 City Transaction ID: SA11AI.78058 State Zip Code LAS VEGAS NV 89117 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer UNITEDHEALTH Occupation **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	•	583.00
TOTAL This Period (last page this line number only)	•	145894.00

664.00

Other (specify)

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 140 / 156 (check only one) 11a 11b 11c 12 13 14 15 16 X 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHES	SIOLOGISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO		Date of Receipt
Mailing Address 50 S LASALLE		09 30 7 9 9
City	State Zip Code	Transaction ID: SA17.79479
CHICAGO	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.48
Name of Employer	Occupation	INTEREST INCOME
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3031.76	

SUBTOTAL of Receipts This Page (optional)	•	10.48
TOTAL This Period (last page this line number only)	•	10.48

FE6AN026

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 or solicit contributions from such	TEMIZED DIODUDOCLICATO	Use separate	schedule(s)	FOR LINE N (check only	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 499 S CAPITOL ST SW #422 City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2010 Primary General Purpose of Disbursement Disbursement Candidate Name Office Sought: House Disbursement For: 2009 City AMERICAN DESTAURANCE President State: District: District: Full Name (Last, First, Middle Initial) ALAMO PAC Mailing Address 1203 PORTNER RD City State Zip Code Zip Code Zip Code Zip Code Purpose of Disbursement Disbursement For: 2010 City Amount of Each Disbursement Disbursement Zip Code Zip Code VA 22314 Purpose of Disbursement Zip Code Zip Code Category/ Type Office Sought: House Disbursement For: 2009 Primary General Zip Code Z	I EMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 499 S CAPITOL ST SW #422 City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: X House President Senate President State President VA 22314 Full Name (Last, First, Middle Initial) ALAMO PAC City State X p Code Disbursement For: 2010 X Primary General Other (specify) ▼ Transaction ID: SB23.77989 Date of Disbursement this Period Category' Type Office Sought: X House President Senate President VA 22314 Purpose of Disbursement To: 2010 Amount of Each Disbursement This Period Category' Type Office Sought: House Senate President State Zip Code VA 22314 Purpose of Disbursement Disbursement For: 2009 Contralibution Cardidate Name Office Sought: House President State Zip Code VAMERIPAC Mailing Address 499 S CAPITOL ST SW City WASHINGTON DC 20003 Purpose of Disbursement Disbursement Document Tor: 2009 City WASHINGTON DC 20003 Purpose of Disbursement Document Disbursement Document					
ADLER FOR CONGRESS Mailing Address 499 S CAPITOL ST SW #422 City	NAME OF COMMITTEE (In Full)				
City WASHINGTON					
WASHINGTON DC 20003	Mailing Address 499 S CAPITOL ST S	N #422			$ \begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 6 \\ 0 & 1 & 6 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 0 & 0 & 9 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix} $
Candidate Name Category/ Type Office Sought:					Amount of Each Disbursement this Period
Office Sought:					1000.00
Senate President State: NJ District: 03 Full Name (Last, First, Middle Initial) ALAMO PAC Mailing Address 1203 PORTNER RD City ALEXANDRIA VA 22314 Purpose of Disbursement 2009 CONTRIBUTION Candidate Name Disbursement For: 2009 Primary General President State: District: Full Name (Last, First, Middle Initial) AMERIPAC Mailing Address 499 S CAPITOL ST SW City State Zip Code Primary General State of Disbursement Tor: 2009 Amount of Each Disbursement Tor: 2009 State State of Disbursement Tor: 2009 Amount of Each Disbursement Tor: 2009 State of Disbursement Tor: 2009 State St		rooment Fer		0 ,	
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Full Name (Last, First, Middle Initial) CANDICE MILLER FOR CONGRESS			Transaction I Date of Disbu	D: SB23.78017		
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	Mailing Address PO BOX 1776			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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	Office Sought: X House Senate President State: CA District: 46	bursement For: 2010 X Primary General Other (specify)	•	
С.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS			Transaction ID: SB23.78007 Date of Disbursement
	Mailing Address 2501 WISCONSIN	AVE NW #304		$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 2 & 3 \end{bmatrix} \begin{bmatrix} Y & 2 & 0 & 0 & 9 \end{bmatrix} $
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	Mailing Address 1006 PENDLETON ST					0 9			16			0 Ď 9	
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An or i	y Information copied from such Reports and Statem for commercial purposes, other than using the name	ents may not be sold or used and address of any political	by any person f committee to so	for the purpose of soliciting contributions licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOLO	OGISTS POLITICAL AC	TION COMMI	ITTEE
	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS			Transaction ID: SB23.78015 Date of Disbursement
	Mailing Address PO BOX 1682			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} 2 \ 3 \\ \end{smallmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} 2 \ 0 \ 0 \ 9 \\ \end{smallmatrix} $
	,	State Zip Code VT 05402		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 PRIMARY AT LARGE		0 0	2500.00
	Candidate Name		Category/ Type	
		ment For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) WOLVERINE PAC			Transaction ID: SB23.78031 Date of Disbursement
	Mailing Address 607 14TH ST NW #800			09
		State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 CONTRIBUTION			1500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburser Senate President X	ment For: 2009 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	4000.00
TOTAL This Period (last page this line number only)	•	78500.00

State:

В.

President District:

19e# 29934900333				
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 156 / 156	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used and address of any political	by any person f committee to so	for the purpose of soliciting contributions licit contributions from such committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS POLITICAL AC	TION COMMI	TTEE	
Full Name (Last, First, Middle Initial) NORTHERN TRUST CO Mailing Address 50 S LASALLE			Transaction ID: SB29.79480 Date of Disbursement M M M / D 3 D / Y Y Y O Y Y Y O O 9	
7	State Zip Code IL 60675		Amount of Each Disbursement this Period	
Purpose of Disbursement BANK/CC FEES Candidate Name			3279.35	
		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) SUSAN CURLING CAMPAIGN FOR HD 12	27		Transaction ID: SB29.77972 Date of Disbursement	
Mailing Address 8234 MAGNOLIA GLEN	DR		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} V \\ O$	
,	State Zip Code TX 77346		Amount of Each Disbursement this Period	
Purpose of Disbursement 2010 NON-FEDERAL CONTRIBUTION			5000.00	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)		8279.35
TOTAL This Period (last page this line number only)	•	8279.35

State: