

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different
than previously
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

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

Type or Print Name of Treasurer

THOMAS CONWAY

Signature of Treasurer

Electronically Filed by THOMAS CONWAY

Date

10

15

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 9D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		943984.31
(b) Cash on Hand at Beginning of Reporting Period	1142212.26	
(c) Total Receipts (from Line 19)	171056.48	1230410.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1313268.74	2174394.57
7. Total Disbursements (from Line 31)	86779.35	947905.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1226489.39	1226489.39
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

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
(d) Total Contributions (add Lines 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
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	753500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	8279.35	194405.18	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86779.35	947905.18	
32. 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

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BASEM ABDELMALAK

Mailing Address FOUNDATION ANES. DEPT., E-31
9500 EUCLID AVE

City State Zip Code
CLEVELAND OH 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC

Occupation
STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78095

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT.

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPARTMENT OF ANESTHESIOLOGY

Occupation
PROFESSOR, PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78072

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

EDWARD ABRAHAM

Mailing Address 6700 SW 74TH AVE

City State Zip Code
MIAMI FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCARE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78960

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

566.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MINA FAWAZ AKHNOUKH

Mailing Address 411 N NEW RIVER DR E APT 3302

City

FORT LAUDERDALE

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO N BROWARD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78979

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROB ALEXANDER

Mailing Address 2831 NORTH OCEAN BLVD., APT. # 100

City

FORT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO OF NORTH BROWARD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79239

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DANIELA ALEXIANU

Mailing Address 1310 E BLACKWOOD LN

City

SPOKANE

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN ANESTHESIA GROU-
P, PS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78094

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

1041.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GUY ALIOTTA

Mailing Address 25 KENNEDY DRIVE

City

MERIDEN

State

CT

Zip Code

06450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDSTATE MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78120

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

PATRICK ALLAIRE

Mailing Address 58991 290TH ST.

City

CAMBRIDGE

State

IA

Zip Code

50046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCFARLAND CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78067

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

ERICK ALLEN

Mailing Address 6802 EDGEFIELD DR

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79026

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MYLES ALPERT

Mailing Address 2655 BOLERO DRIVE #1203

City

NAPLES

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
NAPLES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78564

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ERIC AMADOR

Mailing Address 5323 ORCHARD PARK LN

City

SANTA BARBARA

State

CA

Zip Code

93111

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMGSB

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78335

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER AMBROZE

Mailing Address 262 BREAD AND CHEESE HOLLOW ROAD

City

NORTHPORT

State

NY

Zip Code

11768

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKVILLE ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78548

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN AMMON

Mailing Address 301 W. MCLELLAN BLVD.

City

PHOENIX

State

AZ

Zip Code

85013

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANES. CONSULTANTS,
LTD.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.78929

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DEAN ANDROPOULOS

Mailing Address 6621 FANNIN

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLL OF MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79100

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

SAMIR ANSARA

Mailing Address 2731 N.E. THIRD ST.

City

POMPANO BEACH

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC GR MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79237

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK ARNALL

Mailing Address 2000 PEPPERELL PKWY

City

OPELIKA

State

AL

Zip Code

36801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC E ALABAMA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78869

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH ARNDT

Mailing Address 3015 E. GLENHURST LN.

City

APPLETON

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer
APPLETON AREA ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79146

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES ARTUSO

Mailing Address 1844 WINDSONG LN

City

LANCASTER

State

PA

Zip Code

17602

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC LANCASTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78633

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOUGLAS BACON

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
200 FIRST STREET SW, CH1-140

City State Zip Code
ROCHESTER MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC COLLEGE OF ME-
DICINE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78079

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

JOHN BADAL

Mailing Address 483 N DAYSTAR MOUNTAIN DR

City State Zip Code
TUCSON AZ 85745

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV PHYS HLTHCARE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78514

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NARAYAN BALIGA

Mailing Address 1655 34TH AVE

City State Zip Code
KENOSHA WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST PHYSICIANS ANESTH-
ESIA SERVICE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARNA BANERJEE

Mailing Address DEPARTMENT OF ANESTHESIA CRITICAL

City State Zip Code
 NASHVILLE TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY MED-
ICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78093

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

SHAWN BANKS

Mailing Address 601 NE 36TH ST APT 3407

City State Zip Code
 MIAMI FL 33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78138

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN BANNISTER

Mailing Address 5102 CHASTLETON DRIVE

City State Zip Code
 STONE MOUNTAIN GA 30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY HEALTHCARE

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78073

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RISE BARKHOFF

Mailing Address 27455 MEADOWOOD

City

METTAWA

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78326

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JARED BARLOW

Mailing Address 41 MORNINGSIDE DR

City

GRAND ISLAND

State

NY

Zip Code

14072

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBULATORY MEDICAL ANESTH-
ESIA SERVICES

Occupation

ANESTHESIOLOGISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78489

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

THOMAS BARLOW

Mailing Address 17080 RED OAK DR

City

HOUSTON

State

TX

Zip Code

77090

FEC ID number of contributing
federal political committee.

C

Name of Employer
RED OAK ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79098

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURIE BARRETT

Mailing Address 1980 MOUNTJOY PL.

City

LEXINGTON

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES, PSC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78453

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN BARROSO

Mailing Address 7413 TEASWOOD DR

City

CONROE

State

TX

Zip Code

77304

FEC ID number of contributing
federal political committee.

C

Name of Employer

GHA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79371

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RICHARD BARTKOWSKI

Mailing Address 408 ROGERS LANE

City

WALLINGFORD

State

PA

Zip Code

19086

FEC ID number of contributing
federal political committee.

C

Name of Employer

TJUI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78400

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN BAYBA

Mailing Address 3307 N 4TH AVE

City

WAUSAU

State

WI

Zip Code

54401

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL WISCONSIN ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78348

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TERESA BEAN

Mailing Address 16 WESTWAY RD.

City

WAYLAND

State

MA

Zip Code

01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT OF ANESTHESIA AT BWH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79349

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JON BECK

Mailing Address 401 CASTLE CREEK RD

City

ASPEN

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPEN ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOUGLAS BELL

Mailing Address 3568 SPENCER BLVD.

City

SIoux FALLS

State

SD

Zip Code

57103

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA PHYSICIANS LTD.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79386

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRANK BENESH

Mailing Address 52 MEDICAL PARK EAST DR., #321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTH GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78459

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOEL BENNETT

Mailing Address 3809 FRENCH HORN CT.

City

RICHMOND

State

VA

Zip Code

23233

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMONWEALTH ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID BERGER

Mailing Address 7 SANDRA CT

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78867

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ARTHUR BERGH

Mailing Address 3300 GALLOWS RD., ANES. DEPT.

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRFAX ANES. ASSOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78113

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH BERNSTEIN

Mailing Address PO BOX 700138

City

OOSTBURG

State

WI

Zip Code

53070

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78281

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRACEY BERRY

Mailing Address 130 N. RIVER DR.

City

ROSEBURG

State

OR

Zip Code

97470

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78538

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CAROLYN BIEBAS

Mailing Address 2504 VELASQUEZ DR.

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

PHYSICIAN-ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78952

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RAVNEET BIRING

Mailing Address 8140 N MOPAC EXPY STE 3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GR-
OUP, L.L.P.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79402

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT AND WHITE MEMORIAL
HOSPITAL ANESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11AI.78076

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM BLACKBURN

Mailing Address 190 CEDARBEND DR.

City

FLORENCE

State

AL

Zip Code

35634

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMCOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11AI.78258

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARC BLOOMSTON

Mailing Address 52 MEDICAL PARK EAST DR, SUITE 321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH GROUP EASTOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11AI.78471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH BOCHENK

Mailing Address 2000 SPRUCE DR

City

LAFAYETTE

State

IN

Zip Code

47905

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY ASSOCIATES,
P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78103

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

NEAL BODNER

Mailing Address 13152 SW 40TH. ST.

City

DAVIE

State

FL

Zip Code

33330

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHERIDAN HEALTHCORP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78544

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRUCE BOLTON

Mailing Address 2517 NE HAMBLET ST.

City

PORTLAND

State

OR

Zip Code

97212

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79086

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANTHONY BONANNO

Mailing Address 17 PONDVIEW

City

SAINT JAMES

State

NY

Zip Code

11780

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUFFOLK ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78502

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GWENDOLYN BOYD

Mailing Address 619 19TH ST S # JT945

ANESTHESIA DEPARTMENT

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78099

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

PETER BOZEMAN

Mailing Address 2776 ASPEN RD.

City

ANN ARBOR

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC ANN ARBOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BARBARA BRANDOM

Mailing Address 1118 KING AVE

City

PITTSBURGH

State

PA

Zip Code

15206

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH
PHYSICIANS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78057

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

BRYAN BRIDGES

Mailing Address 8 HALF PENNY LN

City

EXETER

State

NH

Zip Code

03833

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXETER HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79036

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHRYN BROCK

Mailing Address 1600 7TH AVE S STE 420
PEDIATRIC ANESTHESIA

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.78928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM BROSNAHAN

Mailing Address 6 FOSTER DRIVE

City

DES MOINES

State

IA

Zip Code

50312

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC. ANESTH.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78438

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RONALD BROWN

Mailing Address 1 MOBILE INFIRMARY CIR., 2ND FL.

City

MOBILE

State

AL

Zip Code

36607

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79458

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM BROWN

Mailing Address 1081 BLAKEWAY ST

City

CHARLESTON

State

SC

Zip Code

29492

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIDENT ANESTHESIA GROUP,
LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78755

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 156

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELIZABETH BUCHHOLZ

Mailing Address 1905 MANANA ST.

City

AUSTIN

State

TX

Zip Code

78730

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.78948

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

IRA BUCHWALD

Mailing Address 540 REDDING VIEW CT NW

City

ATLANTA

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHILDRENS HEALTHCARE OF
ATLANTA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78228

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NOAH BUNKER

Mailing Address 8140 N. MOPAC, #3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.78918

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 156

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM CAMPBELL

Mailing Address 4965 S. NICOLET DR.

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC OF WI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78487

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHRISTEL CARLSON

Mailing Address 10710 S SHERMAN RD

City

SPOKANE

State

WA

Zip Code

99224

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78087

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

PAUL CARRELL

Mailing Address 3101 TORO CANYON RD

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78810

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINE CARSTENSEN

Mailing Address 411 LAUREL, STE. 3170

City

DES MOINES

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CENTER ANESTHESIO-
LOGISTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78552

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MARK CERASO

Mailing Address 2734 S. VINE STREET

City

DENVER

State

CO

Zip Code

80210

FEC ID number of contributing
federal political committee.

C

Name of Employer
SO DENVER ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78315

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

IAN CHAIT

Mailing Address 1430 CATALINA AVE.

City

SEAL BEACH

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIED ANESTHESIA

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79010

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 28 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES CHAPIN

Mailing Address 2003 RINGTAIL RIDGE

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.78697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN CHARAPATA

Mailing Address 18118 S SUNSET DR

City

OLATHE

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC OF KC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78498

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

CHARLES CHASE

Mailing Address 2065 VENETIAN WAN

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
AGO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78195

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN CHATELAIN

Mailing Address 1319 S.9TH ST.

City

FARGO

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERITCARE MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78085

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

SUBBA CHENUMOLU

Mailing Address 1510 CHANDLER RD SE

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPRE ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.79408

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD.

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78071

Amount of Each Receipt this Period

83.00

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

FOR LINE NUMBER: PAGE 30 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALBERT CHO

Mailing Address 2094 W 29TH AVE

City

EUGENE

State

OR

Zip Code

97405

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCARED HEART MEDICAL, DEPT
OF ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM CIESLA

Mailing Address PO BOX 1587

City

MILLERSVILLE

State

MD

Zip Code

21108

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEVERN ANESTHESIA SERVICE-
S, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78268

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HOWARD CLARK

Mailing Address 4227 S MERIDIAN STE C-152

City

PUYALLUP

State

WA

Zip Code

98373

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAA

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.79275

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT CLARK

Mailing Address 4707 SLALOM RUN SE

City

OWENS CROSS ROADS

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMP ANESTH SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78474

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY CLAYTON

Mailing Address 4289 ALTON CT.

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer
CASE MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78519

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

JACOB COHEN

Mailing Address 7381 DAISYS WOOD LN

City

GATES MILLS

State

OH

Zip Code

44040

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROF ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHERRY COHEN

Mailing Address 2358 NW 14TH PL

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPOUSE

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78993

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KELLY CONATY

Mailing Address 2305 LONGLEAF WAY

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79326

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ROBERT CONSTANTINE

Mailing Address 205 JANET DR.

City

SYRACUSE

State

NY

Zip Code

13224

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES GRP ONONDAGA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78680

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEBORAH COOPER

Mailing Address 6941 SABLE RIDGE LN.

City

NAPLES

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF
NAPLES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78579

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PHILIPPE COOPER

Mailing Address 11560 CANTERBURY DRIVE

City

MEQUON

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer

AURORA HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78558

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN CORN

Mailing Address BRIGHAM WOMENS HOSP., ANES. DEPT
75 FRANCIS ST., HARVARD MED.SCH.

City

BOSTON

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIGHAM WOMENS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78920

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JERRAL COX

Mailing Address PEDIATRIC ANESTHESIA

1600 7TH AVE. S., SUITE #420

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79468

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DONALD CRINO

Mailing Address 5417 SOUTH ONEIDA WAY

City

GREENWOOD VILLAGE

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78347

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RICHARD CROSS

Mailing Address 619 S. 19TH ST., JT 845

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB DEPT. OF ANESTHESIOLO-
GY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.78694

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 156

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LASZLO CSERNAK

Mailing Address 2509 E CHERRYWOOD PL

City

CHANDLER

State

AZ

Zip Code

85249

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA RESOURCES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78752

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEPHAN CURRY

Mailing Address 292 CUMBERLAND HEAD RD

City

PLATTSBURGH

State

NY

Zip Code

12901

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMPLAIN VALLEY PHYSICIAN
HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.79169

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

B. WILL CURTIS

Mailing Address 421 W 3RD ST APT 1910

City

AUSTIN

State

TX

Zip Code

78701

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78830

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT DANIEL

Mailing Address 2260 GUILFORD LANE

City

LEXINGTON

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUEGRASS ANESTHESIA SERV-
ICES, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAD DAVIS

Mailing Address 2319 WOODWAY

City

ROUND ROCK

State

TX

Zip Code

78681

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79074

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

LEE DAVIS

Mailing Address 3935 CLUB DR.

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78397

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 156

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID DESERTSPRING

Mailing Address 5506 RAY NASH DR NW

City

GIG HARBOR

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVID DESERTSPRING, MD

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78890

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GEORGE DEVELASCO

Mailing Address 2100 S OCEAN LN APT 1609

City

FORT LAUDERDALE

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FLORIDA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78411

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRIAN DEWAN

Mailing Address 5805 GENTLE BREEZE TERR.

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79411

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREW DICKENS

Mailing Address 2 STONEWOOD CT

City

COLUMBUS

State

GA

Zip Code

31904

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC COLUMBUS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79418

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHRISTIAN DIEZ

Mailing Address 3000 BIRD AVE UNIT 1

City

COCONUT GROVE

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78137

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

KHOA DO

Mailing Address 1753 GAYLORD DR

City

AUSTIN

State

TX

Zip Code

78728

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.78906

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID DONIELSON

Mailing Address 4501 SHADOW WOOD DR

City

EUGENE

State

OR

Zip Code

97405

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST ANES PHYS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78401

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

THOMAS DOSLAND

Mailing Address 9780 HIDDEN GLADE RD.

City

ST. PAUL

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78282

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN DOUGLAS

Mailing Address PO BOX 3294

City

TUPELO

State

MS

Zip Code

38803

FEC ID number of contributing
federal political committee.

C

Name of Employer
TUPELO ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL DUNCAN

Mailing Address 18616 WOLF CREEK DR

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78995

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN DUNGAR

Mailing Address 1324 OAKCREST CT

City

APPLETON

State

WI

Zip Code

54914

FEC ID number of contributing
federal political committee.

C

Name of Employer
APPLETON ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78581

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CEDRIC DUPONT

Mailing Address 8140 N MO PAC EXPY STE 3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78826

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRUCE DURKEE

Mailing Address 1900 SWIFT, SUITE 203

City

KANSAS CITY

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHLAND ANESTHESIOLOGY
INC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78562

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES EARLEY

Mailing Address 4200 W MEMORIAL RD STE 703

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79245

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STANLEY ECKERT

Mailing Address 7713 SANDIA LOOP

City

AUSTIN

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78999

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH EDDINGS

Mailing Address 404 TALKEETNA

City

CEDAR PARK

State

TX

Zip Code

78613

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGIST
GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78734

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID EGLI

Mailing Address 120 RED OAK LN.

City

MANKATO

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANKATO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78577

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM EILERS

Mailing Address 502 INDIGO LN

City

GEORGETOWN

State

TX

Zip Code

78628

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78767

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM EILERS

Mailing Address 502 INDIGO LN

City

GEORGETOWN

State

TX

Zip Code

78628

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78769

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MILO ENGOREN

Mailing Address 2702 JOELLE DR.

City

TOLEDO

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

F. KAYSER ENNEKING

Mailing Address DEPT OF ANESTHESIOLOGY
BOX 100254

City

GAINESVILLE

State

FL

Zip Code

32610

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA MED
CTR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78686

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FOREST EVANS

Mailing Address 1501 BELTLINE BLVD

City

COLUMBIA

State

SC

Zip Code

29205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF COLUMBIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78956

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JORGE FARAH

Mailing Address 3621 N. PROSPECT DR.

City

MIAMI

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAGM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79225

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEREMY FARKAS

Mailing Address 12075 SW 71ST CT.

City

MIAMI

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

S. DRAKE FASON

Mailing Address 3410 FOOTHILL TERR.

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79396

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SCOTT FIELDEN

Mailing Address 3010 W CHARLESTON BLVD STE 150

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY CONSULTANT-
S, INC. CREDE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78118

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

KURT FINK

Mailing Address P.O. BOX 1851

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIGHAM & WOMEN'S HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79249

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL FLANAGAN

Mailing Address P.O. BOX 9011

City

DOTHAN

State

AL

Zip Code

36304

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT MED GRP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78682

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

REID FLETCHER

Mailing Address 1 HOSPITAL DR SW
CRESTWOOD MEDICAL CENTER

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALABAMA ANESTHESIA OF HU-
NTSVILLE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79264

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR.

City

FALMOUTH

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78084

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL FORSYTHE

Mailing Address 9571 CARISSA RD.

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.78730

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ORVILLE FOSTER

Mailing Address 3557 CAPPJO DR

City

MELBOURNE

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL BREVARD ANESTHESI-
OLOGIST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78295

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN ALAN FOX

Mailing Address 50 HEARTHSTONE WAY

City

HANOVER

State

MA

Zip Code

02339

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGHAM AND WOMENS HOSPIT-
AL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.79063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFERY FUQUA

Mailing Address 12419 MALLARD BAY DR.

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMAET

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78104

Amount of Each Receipt this Period

166.00

B.

Full Name (Last, First, Middle Initial)

BARBARA FURGASON

Mailing Address 11520 SUMMIT

City

KANSAS CITY

State

MO

Zip Code

64114

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH ASSOC KANSAS CITY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79134

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PRASAD GADIRAJU

Mailing Address 8 SWAN ISLE BLVD

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREATER HOUSTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79144

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

666.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORLANDO GARCIA-PIEDRA

Mailing Address 7351 SW 90TH ST UNIT TH101S

City

MIAMI

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MIAMI, MILLER SCH-
OOL OF MEDICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78101

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID GARFUNKEL

Mailing Address 3 WENDY LN.

City

CLOSTER

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHERN VALLEY ANESTHESI-
OLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78391

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RAJEEV GARG

Mailing Address 9460 HUNTERS CREEK DR

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCUM TENENS

Occupation

CARDIAC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78301

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM GEZZAR

Mailing Address 1820 WHITECAP CIRCLE

City

NORTH FORT MYERS

State

FL

Zip Code

33903

FEC ID number of contributing
federal political committee.

C

Name of Employer
MED ANES & PAIN MGMT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78846

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LESLEY GILBERTSON

Mailing Address 9250 GIVEN RD.

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV CINCINNATI PHYS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78323

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

STEVEN GOTTLIEB

Mailing Address P.O. BOX 33058

City

PALM BEACH GARDENS

State

FL

Zip Code

33420

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHETIX MANAGEMENT

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78217

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY GRAHAM

Mailing Address 6320 LAKE VISTA DR

City

TUSCALOOSA

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA AND PAIN MGMT
CONSULT OF TU

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.78446

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TROY GRAS

Mailing Address 1609 LYNNVILLE TRL.

City

AUSTIN

State

TX

Zip Code

78727

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.79392

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM GREEN

Mailing Address 2923 WOODLAND RIDGE

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH HOUSTON ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79094

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREW GREENFIELD

Mailing Address 670 CARROTWOOD TERRACE

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78251

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

HOWARD GREENFIELD

Mailing Address 3762 NE 209TH TER

City

AVENTURA

State

FL

Zip Code

33180

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCARE

Occupation

PHYSICIAN EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN GRICE

Mailing Address 9175 OLD SOUTHWICK PASS

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSIDE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAVERNE GUGINO

Mailing Address 75 FRANCIS ST

DEPARTMENT OF ANESTHESIA

City

BOSTON

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGHAM AND WOMENS HOSPIT-
AL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79456

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH HADDAD

Mailing Address 3505 N. 14TH ST.

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOMINION ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79104

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS HAGAN

Mailing Address 2134 E. TERRACE DR

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78629

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN HALL

Mailing Address 2801 W. KINNICKINNIC RIVER PARKWAY

City State Zip Code
 MILWAUKEE WI 53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAW

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79082

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

AARON HAMMOND

Mailing Address 3390 N. CAMPBELL AVE., STE. 110

City State Zip Code
 TUCSON AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN ARIZONA ANESTHES-
IA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79115

Amount of Each Receipt this Period

4.00

C.

Full Name (Last, First, Middle Initial)

ROBERT HANNAHAN

Mailing Address ANESTHESIA SERVICES, P.C.
 1 MOBILE INFIRMARY CIR., 2ND FLOOR

City State Zip Code
 MOBILE AL 36607

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79204

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

754.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTINE HARRISON

Mailing Address 708 GARNER AVE

City

AUSTIN

State

TX

Zip Code

78704

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.78894

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DOROTHY HARTMAN

Mailing Address 8335 PHEASANT RUN

City

FOGELSVILLE

State

PA

Zip Code

18051

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLENTOWN ANESTHESIA ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ELEANOR HATRIDGE

Mailing Address 2708 MOUNTAIN LAUREL

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79460

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN HATRIDGE

Mailing Address PO BOX 50223

City

AUSTIN

State

TX

Zip Code

78763

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79462

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEVEN HATTAMER

Mailing Address 8 PROSPECT STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing
federal political committee.

C

Name of Employer

NASHUA ANESTHESIA PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78097

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

RICHARD HAUCH

Mailing Address 4816 SHERLOCK WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAMG INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ADAM HAUSER

Mailing Address 14 HUNTSMAN DR.

City

GARNET VALLEY

State

PA

Zip Code

19061

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC IN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.78753

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER HAYNAL

Mailing Address 1711 RIVER RIDGE DR.

City

SPRING VALLEY

State

OH

Zip Code

45370

FEC ID number of contributing
federal political committee.

C

Name of Employer
KETTERING ANESTHESIA ASSO-
CIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11AI.78089

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

STEPHEN HEARD

Mailing Address 55 LAKE AVE N

City

WORCESTER

State

MA

Zip Code

01655

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2009

Transaction ID: SA11AI.78954

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

791.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOANNE HEINS

Mailing Address W10337 DEER PRINT TRL.

City State Zip Code
 BLACK RIVER FALLS WI 54615

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEVENS POINT ANESTHESIA
ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78922

Amount of Each Receipt this Period

250.00

B.

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.

C

Name of Employer
KANSAS UNIV MED CTR ANES
DEPT

Occupation
RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78141

Amount of Each Receipt this Period

250.00

C.

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

Name of Employer
MERCY HOSPITAL OF PITTSBU-
RGH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78082

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HECTOR HERRERA

Mailing Address 2233 CHILTON RD

City

HOUSTON

State

TX

Zip Code

77019

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHA, HOUSTON, TEXAS

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78814

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN HEWITT

Mailing Address 8140 N. MOPAC, #3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

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

Transaction ID: SA11AI.79404

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RICHARD HIMES

Mailing Address 714 WIND SONG TRL.

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS HOLCOMB

Mailing Address 1938 MCCLELLAN LN.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTHESIA GROUP,
P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78480

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SCOTT HOPE

Mailing Address 3287 GREENSBOROUGH DR

City

HIGHLANDS RANCH

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANESTHESIOLO-
GISTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79279

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JAY HORROW

Mailing Address 925 HONEYSUCKLE LANE

City

WYNNEWOOD

State

PA

Zip Code

19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78740

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN HOUSER

Mailing Address 1503 CHURCHILL DOWNS DR

City

WAXHAW

State

NC

Zip Code

28173

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHEAST ANESTHESIOLOGY
CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79332

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL HRUSKOCY

Mailing Address 560 MCCORMICK DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK RIDGE ANESTHESIA ASS-
OC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78606

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID HUNT

Mailing Address 1911 ARDEN RD.

City

ROANOKE

State

VA

Zip Code

24015

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACU

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78532

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REA HUNT

Mailing Address 52 MEDICAL PARK E.,#321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA GROUP EAST PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78173

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

KELLY HYDE

Mailing Address 421 OAKWOOD DR

City

DOTHAN

State

AL

Zip Code

36303

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS ME-
DICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78194

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ANTHONY IVANKOVICH

Mailing Address 1150 MICHIGAN AVE

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
RUSH UNIV MED CTR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78311

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MOKARRAM JAFRI

Mailing Address 6 OAKHURST CT

City

CLIFTON PARK

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES GRP OF ALBANY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78641

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

AMBER JANDIK

Mailing Address 4048 EVANS AVE STE 303

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAPMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78818

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DANIEL JANI

Mailing Address 15605 E. PRENTICE DR.

City

CENTENNIAL

State

CO

Zip Code

80015

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF COLORADO,
DENVER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78081

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

1083.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL JENKINS

Mailing Address 21 SPRUCE LANE

City

BELLE MEAD

State

NJ

Zip Code

08502

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACMJ

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78726

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DENISE JOFFE

Mailing Address 2222 78TH AVE. SE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEATTLE CHILDRENS HOSPITAL

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78147

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PATRICK JORDAN

Mailing Address 2880 N.E. 25TH CT.

City

FORT LAUDERDALE

State

FL

Zip Code

33305

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO N BROWARD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78981

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRIPTI KATARIA

Mailing Address 2015 SPRING RD STE 510

City

OAK BROOK

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
WITT KIEFFER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78068

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

MARK KAUFMANN

Mailing Address 4640 E. MOCKINGBIRD LN.

City

SCOTTSDALE

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78789

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LANCE KEKOLER

Mailing Address 2915 MOTHER WELL CT.

City

OAK HILL

State

VA

Zip Code

20171

FEC ID number of contributing
federal political committee.

C

Name of Employer
SURGICAL ANESTHESIA ASSOC-
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RUBIN KESNER

Mailing Address 35 HEARTHSTONE DRIVE

City

GANSEVOORT

State

NY

Zip Code

12831

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP OF ALBANY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

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

Transaction ID: SA11AI.78436

Amount of Each Receipt this Period

4.00

B.

Full Name (Last, First, Middle Initial)

ROBERT KETTLER

Mailing Address 9200 W. WISCONSIN AVE.

City

MILWAUKEE

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer

FROEDTERT MEMORIAL HOSPIT-
AL ANES. DEPT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79339

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CHARLES KIM

Mailing Address 1209 FOX TRAIL CT.

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUPAGE VALLEY ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78136

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

587.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 67 / 156

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HYON KIM

Mailing Address 120 LABAW CT

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES CONSULT OF NEW JERSEY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78413

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

COLLIN KING

Mailing Address 901 PERSIMMON PL

City

BIRMINGHAM

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC ANESTHESIA ASSO-
CIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78660

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOE KOCKS

Mailing Address 1607 MT. LARSON RD.

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL KOLBERT

Mailing Address 3601 W COMMERCIAL BLVD

City

FT LAUDERDALE

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOLUTIONS FOR MEDICAL BUS-
INESS

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78241

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID KRAFTSOW

Mailing Address 1301 ANGLEWOOD DR

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78395

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TOM KREJCIE

Mailing Address 303 E. CHICAGO AVE-WARD BLDG. 13-1

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN UNIV

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL CONSUL-
TANTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78135

Amount of Each Receipt this Period

41.00

B.

Full Name (Last, First, Middle Initial)

RICHARD KUSHNICK

Mailing Address 10315 NW 63RD DR

City

PARKLAND

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78983

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

HUNG-CHI KWOK

Mailing Address 2732 MUIR WOODS DR., SE

City

HAMPTON COVE

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALABAMA ANES. OF HUNTSVIL-
LE, LLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

791.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY LAIR

Mailing Address 5551 LAKERIDGE ST.

City

SHAWNEE

State

KS

Zip Code

66218

FEC ID number of contributing
federal political committee.

C

Name of Employer
MWA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78888

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DENISE LA RUE

Mailing Address 10 MYRTLE AVE

City

SOUTH PORTLAND

State

ME

Zip Code

04106

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.78376

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

PATRICK LAWLER

Mailing Address 1301 W. RALPH ROGERS RD.

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer
AA INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78738

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUONG LE

Mailing Address 1639 E DESERT WILLOW DR

City

PHOENIX

State

AZ

Zip Code

85048

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.79173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PHONG LE

Mailing Address 3361 HOLLOW SPRING DR

City

DEWITT

State

MI

Zip Code

48820

FEC ID number of contributing
federal political committee.

C

Name of Employer
LANSING ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79072

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SCOTT LEIGHTY

Mailing Address 3900 WALNUT CLAY DR.

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES LESNIAK

Mailing Address 2837 BANYAN BLVD. CIRCLE NW

City

BOCA RATON

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78656

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

ISIDRO LEZCANO

Mailing Address 11941 ASHFORD LANE

City

DAVIE

State

FL

Zip Code

33325

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO N BROWARD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78985

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SUZANNE LIMA

Mailing Address 4112 AVENUE B

City

AUSTIN

State

TX

Zip Code

78751

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GP.,
LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79382

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 73 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD LITTLE

Mailing Address 1725 SPALDING DR.

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS SPEC ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78652

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD LODISE

Mailing Address 1780 W WESLEY RD NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERDALE ANES. ASSOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78506

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GARY LONG

Mailing Address 1600 7TH AVE S STE 420
PEDIATRIC ANESTHESIA

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDS ANESTHESIA ASSOCIATES

Occupation

DUH?

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79343

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS LOOKE

Mailing Address 4609 JETTY ST

City

ORLANDO

State

FL

Zip Code

32817

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79066

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY LORENZ

Mailing Address 2864 N.E. 25TH CT.

City

FORT LAUDERDALE

State

FL

Zip Code

33305

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78794

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MARK LOWE

Mailing Address 3513 BELMONT ST

City

DENTON

State

TX

Zip Code

76210

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78408

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT LUNN

Mailing Address 200 E. 10TH STREET

City

SIoux FALLS

State

SD

Zip Code

57117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA PHYSICIANS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79206

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JENNIE MACE

Mailing Address P.O. BOX 369

City

MELROSE

State

FL

Zip Code

32666

FEC ID number of contributing
federal political committee.

C

Name of Employer
AANF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79042

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LI ZENG MACEDA

Mailing Address 1132 HEDGEROW DRIVE

City

MARCUS HOOK

State

PA

Zip Code

19061

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78881

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES MADDUX

Mailing Address 209 GREENHILL CIR.

City

BROUSSARD

State

LA

Zip Code

70518

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROF ANESTH SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78321

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FEROZE MAHMOOD

Mailing Address 3 FAIRBANKS ROAD

City

SHARON

State

MA

Zip Code

02067

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIDMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78623

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HENRY MALARKEY

Mailing Address 188 W. VIRGINIA BLVD.

City

JAMESTOWN

State

NY

Zip Code

14701

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMESTOWN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL MALIZZO

Mailing Address 10501 PRESWICK NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABQ HEALTH PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79159

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID MANCINI

Mailing Address 1423 CHAPEL STREET

City

NEW HAVEN

State

CT

Zip Code

06511

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
NEW HAVEN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.78077

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF ALABAMA - BIRMIN-
GHAM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

Transaction ID: SA11AI.79373

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

775.00

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 78 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JASPREET MANN

Mailing Address 17035 SW 52ND CT

City

MIRAMAR

State

FL

Zip Code

33027

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78879

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

EDWARD MARATEA

Mailing Address 1504 BAY RD APT 1607

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78105

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

DON MARKETTO

Mailing Address 5370 SUPERSTITION DR.

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79256

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KURT MARKGRAF

Mailing Address 3663 MCKINLEY AVE

City

FORT MYERS

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78062

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

SHELBY MARQUARDT

Mailing Address 1904 W KOENIG LN

City

AUSTIN

State

TX

Zip Code

78756

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79004

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BARRY MARTIN

Mailing Address 52 MEDICAL PARK EAST DR, #321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78463

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DARLENE MASHMAN

Mailing Address 926 LULLWATER RD., N.E.

City

ATLANTA

State

GA

Zip Code

30307

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78508

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

RUSSELL MCALLISTER

Mailing Address 2401 S 31ST ST

City

TEMPLE

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT & WHITE HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78664

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHANDRA MCCALL

Mailing Address 1587 CREEKSTONE CIR.

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79375

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN MCCARRICK

Mailing Address P.O. BOX 1987

City

MANCHESTER

State

CT

Zip Code

06045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILFORD ANESTHESIA ASSOCI-
ATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78286

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City

OOLTEWAH

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACE ANESTHESIOLOGY DEPT
OF ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78109

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH MCCOMB

Mailing Address 104 CETON COURT

City

BROOMALL

State

PA

Zip Code

19008

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED ANESTHESIA SERVICES

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78069

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH MCFARLAND

Mailing Address 13023 BLUE CANYON CIR

City

OKLAHOMA CITY

State

OK

Zip Code

73142

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79046

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL MCGINNIS

Mailing Address 1632 SARATOGA WAY

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79369

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

EDWARD MCGOUGH

Mailing Address 120 S BEND DR

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDWARD MCGOUGH MD PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78550

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PHILIP MCLEAN

Mailing Address 230 WHITE TAIL LN

City

MEDIA

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATES IN ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78425

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CRISTIN MCMURRAY

Mailing Address 591 FRANKLIN ST APT 2

City

CAMBRIDGE

State

MA

Zip Code

02139

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARNEY HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79059

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD MCNEER

Mailing Address 18340 SW 122 ST.

City

MIAMI

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI DEPT
OF ANESTHESIO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78139

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL MEISTER

Mailing Address 5880 S.W. 116TH ST.

City

MIAMI

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH MIAMI HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RYAN MELCHER

Mailing Address 1215 PLEASANT ST STE 400
METHODIST MED PLAZA II

City

DES MOINES

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79306

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD MELI

Mailing Address 3601 W. COMMERCIAL BLVD., #4&5

City

FORT LAUDERDALE

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78987

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN MELTON

Mailing Address 3324 KING EDWARDS CT.

City

EUGENE

State

OR

Zip Code

97401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST ANESTHESIA PHYS-
ICIANS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GARY MIHM

Mailing Address 4708 PEACE PIPE PATH

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79424

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KENNETH MILLER

Mailing Address 4098 SCARLET IRIS PL.

City

WINTER PARK

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

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

Transaction ID: SA11AI.79380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN MILLER

Mailing Address 7206 VILLA MARIA LANE

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GP.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.78712

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

WARREN MILLS

Mailing Address 178 BURTON PL

City

STATESVILLE

State

NC

Zip Code

28625

FEC ID number of contributing
federal political committee.

C

Name of Employer

IREDELL ANESTHESIA ASSOCI-
ATES, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78417

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER MILLSON

Mailing Address 2400 WIMBLEDON WAY

City

LAS VEGAS

State

NV

Zip Code

89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78086

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

683.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MITCHELL MINANA

Mailing Address 1306 E WELDEN DR

City

SPOKANE

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYS ANESTH GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78472

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

PAUL MINTZ

Mailing Address 200 READING BLVD.

City

WYOMISSING

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
READING ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78478

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MOORE

Mailing Address 1748 VESTWOOD HILLS DR.

City

VESTAVIA HILLS

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA SCH-
OOL OF MEDICI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79308

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ARUN MOORJANI

Mailing Address 291 SOUTHHALL LN
DEPT OF ANESTHESIA

City State Zip Code
MAITLAND FL 32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79078

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ORLANDO MORALES

Mailing Address 1114 SE 6TH AVE.

City State Zip Code
DANIA FL 33004

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO N BROWARD

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78989

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ROBERT R MORGAN

Mailing Address 1007 GROVE RD # B

City State Zip Code
GREENVILLE SC 29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREENVILLE ANESTHESIOLOGY,
P.A.

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78149

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOWARD MORITZ

Mailing Address 729 HARVARD ST.

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF IL CHICAGO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78844

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN MORROW

Mailing Address 3466 WADDESTON WAY

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY UNIV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78349

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

WYN MORTIMER

Mailing Address 982 HOOD RD.

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDNAX

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.78393

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY MORTON

Mailing Address 3510 MAGNOLIA BLVD.

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT AND WHITE CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.79180

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRANK MOYA

Mailing Address 5915 PONCE DE LEON BLVD. SUITE 19

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78853

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City

SPRINGFIELD

State

VT

Zip Code

05156

FEC ID number of contributing
federal political committee.

C

Name of Employer
V A MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78092

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

1333.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS MUNRO

Mailing Address 311 ALDERWOOD DR.

City

GAITHERSBURG

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST COLONIES ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78319

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROSS MUSUMECI

Mailing Address 9 LINCOLN STREET

City

WESTON

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. ASSOC. OF MASSACHU-
SETTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78142

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

SATHYENDRA MYSORE

Mailing Address 40 WOODS EDGE CIRCLE

City

LONDON

State

KY

Zip Code

40741

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT JOSEPH LONDON HOSPI-
TAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.78449

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

841.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN NACHTIGAL

Mailing Address 3901 RAINBOW BLVD, MAILSTOP 1034

City

KANSAS CITY

State

KS

Zip Code

66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF KS ANES DEP-
T.

Occupation

CLINICAL INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78151

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GARY NALAVANY

Mailing Address 1603 CARLISLE PIKE

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer

HANOVER ANESTHESIA AND PA-
IN MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78074

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH NEAL

Mailing Address VIRGINIA MASON MEDICAL CTR.

City

SEATTLE

State

WA

Zip Code

98111

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGINIA MASON

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78792

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL NEED

Mailing Address 7632 TIMBER SPRINGS DR.

City

FISHERS

State

IN

Zip Code

46038

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHEAST ANESTHESIOLOGIS-
TS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78063

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

MARK NELSON

Mailing Address 14175 GOLF PKWY

City

BROOKFIELD

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78492

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

PAUL NELSON

Mailing Address 311 W. 5TH ST. #1103

City

AUSTIN

State

TX

Zip Code

78701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

PHYSICIAN - ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78796

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK NEWMAN

Mailing Address 3412 ROOM DUKE N BOX 3094

City

DURHAM

State

NC

Zip Code

27710

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIV MED CTR ANES DE-
PT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79290

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CRAIG NORDHUES

Mailing Address 104 INVERNESS DR

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-
DICAL GRP

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11AI.79076

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

EDWARD NORMAN

Mailing Address 1040 SKYE LANE

City

PALM HARBOR

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH PINELLAS ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79409

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PETER O'ROURKE

Mailing Address 500 GUILDER LN

City

GREENVILLE

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAST CAROLINA ANESTHESIA
ASSOCIATES, P

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79420

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES O'TOOLE

Mailing Address 105 LENA LOOP

City

BURNS

State

TN

Zip Code

37029

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78720

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHLEEN OLEARY

Mailing Address 81 LEXINGTON AVE

City

BUFFALO

State

NY

Zip Code

14222

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSWELL PARK CANCER INSTI-
TUTE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78075

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

541.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRYAN ORME

Mailing Address 14304 MIDDLEBERRY ROAD

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78749

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KENNETH OSWALT

Mailing Address 2500 NORTH STATE STREET

City

JACKSON

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. ANESTHESIA SERVICES,
PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78090

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

AHMET OZTURK

Mailing Address 2115 WILTSHIRE BLVD

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAIN CARE, PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78491

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN PANICO

Mailing Address 121 WALKER AVE NE

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALABAMA ANESTHESIA OF HUN-
TSVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79367

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

C. LEE PARMLEY

Mailing Address 1211 21ST AVE S
DEPARTMENT OF ANESTHESIOLOGY AND C

City

NASHVILLE

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY MED-
ICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78088

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

HARRY PARR

Mailing Address 4725 TULLY RD.

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78096

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

416.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REBECCA PATCHIN

Mailing Address 18195 KROSS RD.

City

RIVERSIDE

State

CA

Zip Code

92508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78064

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

DIMPAL PATEL

Mailing Address 4613 TWIN VALLEY CIR

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79030

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DAVID PAULUS

Mailing Address 1125 NW 23RD TER

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF FLORIDA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.78329

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

933.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DON PEARSON

Mailing Address 4326 BEECHWOOD RD

City

KNOXVILLE

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY ANESTHESIOLOGI-
STS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.79304

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

SONYA PEASE

Mailing Address 8 YACHT CLUB PLACE

City

JUPITER

State

FL

Zip Code

33469

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHETIX MANAGEMENT, LLC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.78206

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

DAVID PERKINS

Mailing Address 10412 INWOOD RD

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTHESIA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH PEROSI

Mailing Address 16 NAVESINK AVE

City

RUMSON

State

NJ

Zip Code

07760

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT OF NJ

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.78722

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JEREMIE PERRY

Mailing Address 2410 WHISPERING OAKS CT.

City

ABILENE

State

TX

Zip Code

79606

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENDRICK ANESTHESIA NETWORK

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78374

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STEVEN PHILLIPS

Mailing Address 3714 N CLEVELAND ST

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY MGMT.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.78530

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDGAR PIERRE

Mailing Address 1800 NW 10TH AVE., T244

City

MIAMI

State

FL

Zip Code

33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
RYDER TRAUMA CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78121

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL PILLOW

Mailing Address 8140 N. MOPAC EXPY., #3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.78707

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GUILLERMO POL

Mailing Address 329 CAMPANA AVE.

City

CORAL GABLES

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79233

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JULIA POLLOCK

Mailing Address PO BOX 900 B2AN

City

SEATTLE

State

WA

Zip Code

98111

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIRGINIA MASON MEDICAL CE-
NTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78368

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DAVID POWELL

Mailing Address P.O. BOX 5587

City

BEAUMONT

State

TX

Zip Code

77726

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78083

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

MARC PRESSMAN

Mailing Address 4605 JASMINE DR.

City

ROCKVILLE

State

MD

Zip Code

20853

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78832

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1333.00

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 103 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MATTHEW PRICE

Mailing Address 50791 CHESAPEAKE DR.

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78427

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JEFFORY PRYLINSKI

Mailing Address 5610 TARLETON DR SE

City

HUNTSVILLE

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAS, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79378

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JAMES QUALKINBUSH

Mailing Address 6320 BRAEWICK RD.

City

INDIANAPOLIS

State

IN

Zip Code

46226

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78784

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TUSHAR RAMANI

Mailing Address P.O. BOX 33058

City

WEST PALM BEACH

State

FL

Zip Code

33420

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHETIX

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78211

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DENFORD RATHEL

Mailing Address 2723 TREVOR DR.

City

HUNTSVILLE

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMP ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78649

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

VIJAY RAVULA

Mailing Address 4206 BELLVUE AVE.

City

AUSTIN

State

TX

Zip Code

78756

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79406

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANN REA

Mailing Address P.O. BOX 70

City

SUMMIT

State

MS

Zip Code

39666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST MISSISSIPPI REG-
IONAL MEDICAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.78275

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PULI REDDY

Mailing Address 1118 ROSS CLARK CIRCLE, #700

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. CONSULTANTS MEDICAL
GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79064

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JUSTIN REYNOLDS

Mailing Address 4700 N CAPITAL OF TEXAS HWY APT 91

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGIST
GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.79426

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH RIABOV

Mailing Address 3 WARWICK RD

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78645

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LINDA RICE

Mailing Address 1139 42ND AVE N

City

ST. PETERSBURG

State

FL

Zip Code

33703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALL CHILDREN'S HOSPITAL

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.78270

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RAFAEL RICO

Mailing Address 1627 BRICKELL AVE. #1401

City

MIAMI

State

FL

Zip Code

33129

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78262

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY RING

Mailing Address 2356 WINGSONG LANE

City

ALLEN

State

TX

Zip Code

75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79092

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID ROBINSON

Mailing Address 650 STRAFFORD CIR

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED ANES SERV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78788

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN ROBINSON

Mailing Address 4969 W. 88TH ST.

City

PRAIRIE VILLAGE

State

KS

Zip Code

66207

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.78705

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF ROCKWELL

Mailing Address 2914 MONTEBELLO COURT

City

AUSTIN

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	9

Transaction ID: SA11AI.78759

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROBERT ROETTGER

Mailing Address 9051 ITASCA TRAIL NORTH

City

GRANT

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, P.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11AI.79096

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ANNE ROGERS

Mailing Address 6005 RIVER RD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.79217

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL ROSE

Mailing Address 14465 NW BELLE PL

City

BEAVERTON

State

OR

Zip Code

97006

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON ANESTHESIOLOGY GRO-
UP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78570

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT ROSENLUND

Mailing Address 332 BLEECKER ST., #K-59

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREENWICH MEDICAL ANESTHE-
SIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78235

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LAWRENCE ROY

Mailing Address 2420 FREEMAN MANOR DR.

City

JONES

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer
OKLAHOMA ANESTHESIA CONSU-
LTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78080

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUAN RUAN

Mailing Address 6240 SW 118TH TER

City

MIAMI

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH MIAMI HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79229

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN RUBLAITUS

Mailing Address 745 WOODBINE AVE.

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78313

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DONALD RUDOLF

Mailing Address 9052 SHORT CHIP CIR

City

PORT ST LUCIE

State

FL

Zip Code

34986

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79136

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ABELARDO RUIZ

Mailing Address 3260 STAPLEFORD CHASE

City

VIRGINIA BEACH

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD RUSSELL

Mailing Address P.O. BOX 2760

City

RAPID CITY

State

SD

Zip Code

57709

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST RIVER ANESTH. CONSUL-
TANTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79400

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DONAL RYAN

Mailing Address 16860 LAYS LAKE ESTATES LN

City

MEADOW VISTA

State

CA

Zip Code

95722

FEC ID number of contributing
federal political committee.

C

Name of Employer
CASE MEDICAL GROUP, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICK SALISBURY

Mailing Address 3333 RIVERBEND DR

SACRED HEART MEDICAL CENTER

City

SPRINGFIELD

State

OR

Zip Code

97477

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA DEPARTMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78366

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID SAMUELS

Mailing Address 5121 SAN JOSE

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVID J. SAMUELS, MD PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78224

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

PAUL SAMUELSON

Mailing Address 3982 SPRING VALLEY RD

City

BIRMINGHAM

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78836

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRYANT SANTOS

Mailing Address 12230 NW TUALATIN AVE.

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON ANESTHESIOLOGY GRO-
UP, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.78555

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SHANNON SAVAGE

Mailing Address 52 MEDICAL PARK EAST DR., #321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78469

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BRUCE SAXON

Mailing Address 6677 S. EVANSTON CIRCLE

City

TULSA

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOHN ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN SCARBROUGH

Mailing Address 1445 CLIFF CT APT C

City

COLUMBUS

State

OH

Zip Code

43204

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST PHYS ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78585

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PHYLLIS SCHAPIRE

Mailing Address 52 CEDAR HILL LN

City

MEDIA

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATES IN ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78724

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY SCHEIDLINGER

Mailing Address 8400 WOODBRANCH CT

City

MC LEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRFAX ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78587

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RYAN SCHELLPFEFFER

Mailing Address 221 W 24TH ST

City

SIOUX FALLS

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY ASSOCIATES,
INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.79179

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GREG SCHROEDER

Mailing Address 2813 S. SAINT FRANCIS LANE

City

SIOUX FALLS

State

SD

Zip Code

57103

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY ASSOCIATES,
INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79002

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN SCOTT

Mailing Address 736 HALLELUJAH TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE PARTNERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRED SHAPIRO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
330 BEACON ST, C-86

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVARD MEDICAL SCHOOL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78186

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KEVIN SHELLY

Mailing Address 1800 FAR GALLANT DR

City State Zip Code
AUSTIN TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAG

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78816

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BRIAN SHEPHERD

Mailing Address 2200 SHIREWOOD LN

City State Zip Code
SIGNAL MOUNTAIN TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT EXCH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79084

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LISA SHOCKLEY

Mailing Address 1029 STAGSHAW LN.

City

KINGSPORT

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLSTON ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79156

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DONALD SHOEMAKER

Mailing Address 11704 E. ARBOR DR.

City

ANCHORAGE

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAMS AND WAGNER, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78200

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RICHARD SILVER

Mailing Address 1006 TARAY DE AVILA

City

TAMPA

State

FL

Zip Code

33613

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICOM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BERNIS SIMMONS

Mailing Address 52 MEDICAL PARK EAST DR., #321

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78465

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BRETT SIMON

Mailing Address 330 BROOKLINE AVE YAMINS 219
DEPT OF ANESTHESIOLOGY

City

BOSTON

State

MA

Zip Code

02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL DEACONESS MED-
ICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78662

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STUART SIMON

Mailing Address 4514 LIVELY LANE

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE PARTNERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78536

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN SKOOG

Mailing Address 411 LAUREL, SUITE 3170

City

DES MOINES

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL CENTER ANESTHESIO-
LOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.78898

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PATRICK SLATEV

Mailing Address 16405 ERNEST CT

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79211

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

PAUL SLAVENAS

Mailing Address PO BOX 363

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS LTD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78435

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL SMITH

Mailing Address 2187 WESTMINSTER RD

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT OASIS ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78604

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID SMITH

Mailing Address 3400 SPRUCE ST

City

PHILADELPHIA

State

PA

Zip Code

19104

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV PENNSYLVANIA HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEREMY SMITH

Mailing Address 103 RESEDA LN.

City

DOTHAN

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS MEDICAL GROUP

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78070

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCOTT SNYDER

Mailing Address 3211 N 39TH ST

City

HOLLYWOOD

State

FL

Zip Code

33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESCO N BROWARD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78991

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

HENRY SOECHTING

Mailing Address 102 CHARM DRIVE

City

NEW BRAUNFELS

State

TX

Zip Code

78132

FEC ID number of contributing
federal political committee.

C

Name of Employer
STAR ANESTHESIA, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.79167

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY STARCK

Mailing Address 11583 PRESTWICK RD.

City

BELVIDERE

State

IL

Zip Code

61008

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKFORD ANESTHESIOLOGIST
ASSOCIATED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78117

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD STERN

Mailing Address 46 SPRINGBROOK LN.

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78114

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH STOECKL

Mailing Address 19845 FOXKIRK CT

City

BROOKFIELD

State

WI

Zip Code

53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKFIELD ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78379

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MATTHIAS STOPFKUCHEN-EVANS

Mailing Address 60 WASHINGTON ST

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing
federal political committee.

C

Name of Employer
BWPO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRACY STRANDHAGEN

Mailing Address 600 RIDERS TRAIL

City

AUSTIN

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79446

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

FRANCISCO SUERO

Mailing Address 2963 DORMAN AVE

City

BROOMALL

State

PA

Zip Code

19008

FEC ID number of contributing
federal political committee.

C

Name of Employer

DARBY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78351

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ROHAN SUNDARALINGAM

Mailing Address 884 N. PAULINA ST., #3

City

CHICAGO

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUTHERAN GENERAL HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.78542

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK SUNDET

Mailing Address 1215 PLEASANT ST STE 400

City

DES MOINES

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79464

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOHAN SUYDERHOUD

Mailing Address 3467 N VENICE ST

City

ARLINGTON

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEORGETOWN HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH TALARICO

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

City

PITTSBURGH

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC PRESBYTERIAN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78078

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

791.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK TASCH

Mailing Address 235 REDDING CT

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
IUAA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78666

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GEOFFREY TAYLOR

Mailing Address 1620 NW 182ND ST.

City

EDMOND

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79214

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JEFFERSON TAYLOR

Mailing Address 3550 GRANDVIEW PKY APT 1433

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA RESOURCE MANAG-
EMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.78966

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH TAYLOR

Mailing Address 26625 W. GREENTREE CT.

City State Zip Code
 OLATHE KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHLAND ANESTHESIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79320

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TODD TELLE

Mailing Address 1200 WASHINGTON STREET
 411

City State Zip Code
 BOSTON MA 02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGHAM AND WOMENS HOSPIT-
AL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79450

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SHERIF TEWFIK

Mailing Address 11657 N.W. OAKTREE DR.

City State Zip Code
 GRIMES IA 50111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, P.C.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARCY THOMAS

Mailing Address 10615 WOODPECKER RD

City

CHESTERFIELD

State

VA

Zip Code

23838

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH ANESTHESIA
ASSOCIATIS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78066

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

KYLE THOMPSON

Mailing Address 333 W HAMPDEN AVE #600

City

ENGLEWOOD

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH DENVER ANESTHESIOLO-
GY, P.C.

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.78896

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL TODD

Mailing Address 200 HAWKINS DRIVE

City

IOWA CITY

State

IA

Zip Code

52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF IOWA HOSPIT-
ALS AND CLINI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.79417

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN PENNSYLVANIA HOSP-
ITAL DEPARTME

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78060

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER TROJAN

Mailing Address 170 SACHEM WAY

City

ROCHESTER

State

NY

Zip Code

14617

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTSIDE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78486

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BENJAMIN UNGER

Mailing Address 622 WEST 168TH ST., PH5-505

City

NEW YORK

State

NY

Zip Code

10032

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA UNIVERSITY MEDIC-
AL CENTER DEP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78091

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN URI

Mailing Address 593 EDDY ST

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79148

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CLIFTON VAN PUTTEN

Mailing Address 6936 N. AUTUMN

City

CLOVIS

State

CA

Zip Code

93619

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT FRESNO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78525

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD.

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNICOM ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78061

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CYNTHIA VAUGHN

Mailing Address 2 DOGWOOD LN

City

BRANDON

State

MS

Zip Code

39047

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MS MED CTR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.78594

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. MICHAEL VERLANDER

Mailing Address 470 NORTH LAKE SYBELIA DRIVE

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS OF GREATER ORLANDO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79018

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

HECTOR VILA

Mailing Address 1033 DR MARTIN LUTHER KING JR ST N

City

SAINT PETERSBURG

State

FL

Zip Code

33701

FEC ID number of contributing
federal political committee.

C

Name of Employer
FPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78065

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHI VO

Mailing Address 5911 MOUNTAIN VILLA DR.

City

AUSTIN

State

TX

Zip Code

78731

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GRO-
UP, LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79028

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. MICHAEL VOLLERS

Mailing Address 800 MARSHALL ST.
SLOT 203, S-319

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCI

Occupation

PROFESSOR OF ANESTHESIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Transaction ID: SA11AI.78059

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

THEO WAGES

Mailing Address 1622 BRADFORD LN.

City

AUBURN

State

AL

Zip Code

36830

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV ALABAMA MEDICAL CTR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79143

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

833.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID WALTON

Mailing Address 8140 N MO PAC EXPY STE 3-210

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN ANES GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.79166

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ANDREW WEISINGER

Mailing Address 405 BEAUMONT PARK CIRCLE

City

BLYTHEWOOD

State

SC

Zip Code

29016

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOVASCULAR ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78476

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

REBECCA HASSOUN WELCH

Mailing Address PEDIATRIC ANESTH. DEPT.
92 W. MILLER ST., MP 305

City

ORLANDO

State

FL

Zip Code

32806

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARNOLD PALMER HOSPITAL FOR
CHILDREN

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78765

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JORDAN WETSTONE

Mailing Address 531 ROSE LANE ST., NW, SUITE 750

City

MARIETTA

State

GA

Zip Code

30060

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEORGIA ANESTHESIOLOGISTS,
P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78804

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID WHEELER

Mailing Address 7108 COLLINGSWOOD CT.

City

ELKRIDGE

State

MD

Zip Code

21075

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST COLONIES ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.78841

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

SEAN WHITE

Mailing Address 1012 CANTERBURY DR

City

BURLINGTON

State

IA

Zip Code

52601

FEC ID number of contributing
federal political committee.

C

Name of Employer
SE IOWA MED SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 134 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER WILHOIT

Mailing Address 3049 HAWKS GLEN

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC TALLAHASSEE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78777

Amount of Each Receipt this Period

250.00

B.

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.

C

Name of Employer

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78658

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 5314 MOUNTAIN PARK CIR.

City State Zip Code
PELHAM AL 35124

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN PERIOPERATIVE SE-
RV

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.78737

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK WILLIS

Mailing Address 1118 ROSS CLARK CIRCLE, STE. 700

City

DOTHAN

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS ME-
D. GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79070

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY WILNER

Mailing Address 6791 CRESTWAY DR.

City

BLOOMFIELD HILLS

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA
ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78237

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PHILIP WOLOK

Mailing Address 1928 BAYOU DR.

City

BLOOMFIELD HILLS

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFILIATED ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.78409

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD WU

Mailing Address 12038 HICKORY GROVE ROAD

City

DUNLAP

State

IL

Zip Code

61525

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.78528

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHAHINE YAMINE

Mailing Address 1227 EARNESTINE STREET

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOMINION ANESTHESIA PLLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.78122

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER YEAKEL

Mailing Address 206 BEAVER LAKE DR.

City

ELGIN

State

SC

Zip Code

29045

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.78180

Amount of Each Receipt this Period

440.00

SUBTOTAL of Receipts This Page (optional)

773.00

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 137 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN YEICH

Mailing Address 5350 S WESTERN AVE STE 419

City

OKLAHOMA CITY

State

OK

Zip Code

73109

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.78671

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LUKE YEUNG

Mailing Address 8441 S.W. 162 TER.

City

VILLAGE OF PALMETT

State

FL

Zip Code

33157

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79227

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NERRIN ZAHARIAS

Mailing Address 801 ROYAL TERR.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH GROUP EAST

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.78467

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GRACIELA ZAYDEN

Mailing Address 10825 S.W. 135TH TERRACE

City State Zip Code
MIAMI FL 33176

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79231

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN ZEICHNER

Mailing Address 10621 S.W. 76TH AVE.

City State Zip Code
MIAMI FL 33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC GR MIAMI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.79223

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MITCHELL ZEITLER

Mailing Address 6650 NATURE PRESERVE CT.

City State Zip Code
NAPLES FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78247

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID ZUCKER

Mailing Address 5304 EAGLE RIDGE LN

City

SYLVANIA

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF TOLEDO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.79055

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITEDHEALTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.78058

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

583.00

TOTAL This Period (last page this line number only)

145894.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 156

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3031.76

Date of Receipt

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

Transaction ID: SA17.79479

Amount of Each Receipt this Period

10.48

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

10.48

TOTAL This Period (last page this line number only)

10.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 / 156

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Mailing Address 499 S CAPITOL ST SW #422

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: SB23.77989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ALAMO PAC

Mailing Address 1203 PORTNER RD

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.77978

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 S CAPITOL ST SW

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.78037

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 156

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.77985 Date of Disbursement
Mailing Address PO BOX 1776	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 9</div> </div>
City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CMTE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER	Transaction ID: SB23.77976 Date of Disbursement
Mailing Address PO BOX 823	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 9</div> </div>
City HUNTINGTON BEACH State CA Zip Code 92648	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 46	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.78007 Date of Disbursement
Mailing Address 2501 WISCONSIN AVE NW #304	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

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

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.77993

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1500.00

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

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.77995

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FREEDOM & SECURITY PAC

Mailing Address 1006 PENDLETON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

Transaction ID: SB23.78003

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 74

City
SYRACUSE

State
NY

Zip Code
13214

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.77965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE BACA

Mailing Address 555 CAPITOL MALL #1425

City
SACRAMENTO

State
CA

Zip Code
95814

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: SB23.77987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF TREY GRAYSON

Mailing Address PO BOX 175726

City
FT MITCHELL

State
KY

Zip Code
41017

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.77969

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

5000.00

State: NY District:

1000.00

State: TX District: 04

1000.00

State: IN District: 04

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 156

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN SULLIVAN FOR CONGRESS

Mailing Address PO BOX 470840

City
TULSA

State
OK

Zip Code
74147

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: SB23.77974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

KIRK FOR SENATE

Mailing Address PO BOX 8

City
WINNETKA

State
IL

Zip Code
60093

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: SB23.77997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

LARSEN FOR CONGRESS

Mailing Address PO BOX 326

City
EVERETT

State
WA

Zip Code
98206

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: SB23.78047

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) LEADERSHIP FOR TODAY & TOMORROW PAC	Transaction ID: SB23.78019 Date of Disbursement
Mailing Address 607 14TH ST NW #800	<div> <div>09</div> <div>23</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: SB23.78041 Date of Disbursement
Mailing Address PO BOX 1457	<div> <div>09</div> <div>30</div> <div>2009</div> </div>
City IOWA CITY State IA Zip Code 52244	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	Transaction ID: SB23.78053 Date of Disbursement
Mailing Address PO BOX 1457	<div> <div>09</div> <div>30</div> <div>2009</div> </div>
City IOWA CITY State IA Zip Code 52244	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS			Transaction ID: SB23.78027 Date of Disbursement <div>M M / D D / Y Y Y Y 09 / 23 / 2009</div>	
	Mailing Address PO BOX 1726				
	City OKLAHOMA CITY		State OK	Zip Code 73131	Amount of Each Disbursement this Period <div>2000.00</div>
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS			Transaction ID: SB23.78043 Date of Disbursement <div>M M / D D / Y Y Y Y 09 / 30 / 2009</div>	
	Mailing Address PO BOX 14131				
	City ST PAUL		State MN	Zip Code 55114	Amount of Each Disbursement this Period <div>1000.00</div>
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE			Transaction ID: SB23.78009 Date of Disbursement <div>M M / D D / Y Y Y Y 09 / 23 / 2009</div>	
	Mailing Address PO BOX 408				
	City ANDERSON		State IN	Zip Code 46015	Amount of Each Disbursement this Period <div>1000.00</div>
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)				4000.00	
TOTAL This Period (last page this line number only)					

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

POE FOR CONGRESS

Mailing Address PO BOX 14222

City
HUMBLEState
TXZip Code
77347

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 02

Transaction ID: SB23.78001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

PROSPERITY PAC

Mailing Address 1006 PENDLETON ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.78021

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999

City
MONTROSSState
VAZip Code
22520

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 01

Transaction ID: SB23.78055

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS	Transaction ID: SB23.77966
Mailing Address PO BOX 52-2784	Date of Disbursement
City MIAMI State FL Zip Code 33152	<div> <div>09</div> <div>02</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.78029
Mailing Address PO BOX 713	Date of Disbursement
City WHEATON State IL Zip Code 60187	<div> <div>09</div> <div>30</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS	Transaction ID: SB23.78049
Mailing Address PO BOX 23219 #301	Date of Disbursement
City JEFFERSON State LA Zip Code 70183	<div> <div>09</div> <div>30</div> <div>2009</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVE AUSTRIA FOR CONGRESS

Mailing Address 20 S LIMESTONE ST #390

City
SPRINGFIELD

State
OH

Zip Code
45502

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: SB23.78011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SUE MYRICK FOR CONGRESS

Mailing Address 2501 WISCONSIN AVE #304

City
WASHINGTON

State
DC

Zip Code
20007

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.77991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TEXANS FOR HENRY CUELLAR

Mailing Address 1519 WASHINGTON ST, 2ND FL #200

City
LAREDO

State
TX

Zip Code
78042

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: SB23.77983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City
BURLINGTONState
VTZip Code
05402Purpose of Disbursement
2010 PRIMARY AT LARGE

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District:

Transaction ID: SB23.78015

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

WOLVERINE PAC

Mailing Address 607 14TH ST NW #800

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
2009 CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.78031

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

78500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
BANK/CC FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.79480

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2009

Amount of Each Disbursement this Period

3279.35

B.

Full Name (Last, First, Middle Initial)

SUSAN CURLING CAMPAIGN FOR HD 127

Mailing Address 8234 MAGNOLIA GLEN DR

City
HUMBLE

State
TX

Zip Code
77346

Purpose of Disbursement
2010 NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.77972

Date of Disbursement

M M / D D / Y Y Y Y
09 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8279.35

TOTAL This Period (last page this line number only)

8279.35