

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 07 31 2006

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

Type or Print Name of Treasurer RICHARD BARWACZ

Signature of Treasurer Electronically Filed by RICHARD BARWACZ Date 08 09 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		559961.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	583125.91									
(c) Total Receipts (from Line 19)	112565.74	638203.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	695691.65	1198165.08								
7. Total Disbursements (from Line 31)	92223.82	594697.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	603467.83	603467.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	83070.00	400471.00
(i) Itemized (use Schedule A)	27055.00	119412.00
(ii) Unitemized	110125.00	519883.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	110125.00	519883.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2440.74	118320.67
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))	112565.74	638203.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	112565.74	638203.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(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	5000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	92000.00	436000.00
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.....	223.82	153697.25
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))..	92223.82	594697.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	92223.82	594697.25

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	110125.00	519883.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110125.00	519883.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MONA ABDEL-MISIH

Mailing Address 936 CREEK RD

City State Zip Code
KENNETT SQ PA 19348

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

Name of Employer Occupation
HAVERFORD ANES ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44597

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY AIKEN

Mailing Address 3217 BROOKWOOD ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
ANESTHESIOLOGISTS ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11A1.44265

Amount of Each Receipt this Period
500.00

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

Mailing Address 1590 BLANCHARD BEND

City State Zip Code
ROCK HILL SC 29732

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

Name of Employer Occupation
ANES ASSOC ROCK HILL ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44770

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JACK ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address 7149 WYNLAKES BLVD		Transaction ID: SA11A1.44132
City MONTGOMERY	State AL	Zip Code 36117
FEC ID number of contributing federal political committee.	C	
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) B. JOHN ANTENUCCI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 76 WALNUT WOODS CT		Transaction ID: SA11A1.44367
City GAHANNA	State OH	Zip Code 43230
FEC ID number of contributing federal political committee.	C	
Name of Employer MT CARMEL EAST HOSP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) C. JAMES ARENS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2006
Mailing Address 2668 HWY 36 SOUTH 330		Transaction ID: SA11A1.43972
City BRENHAM	State TX	Zip Code 77833
FEC ID number of contributing federal political committee.	C	
Name of Employer UNIV TX HOUSTON	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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Full Name (Last, First, Middle Initial) A. VALERIE ARKOOSH		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 530 SPRING LANE		Transaction ID: SA11A1.44072	
City State Zip Code WYNDMOOR PA 19038		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UNIV OF PENNSYLVANIA ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MARK ARNALL		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1879 WATERCREST DR		Transaction ID: SA11A1.44696	
City State Zip Code AUBURN AL 36830		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ANESTH ASSOC EAST AL ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOEL ARNEY		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 4 WINDY HILL CT		Transaction ID: SA11A1.44086	
City State Zip Code SUNFISH LAKE MN 55077		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RIDGES ANESTHESIA ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRUCE BALDECCHI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address 313 W ANN ST		Transaction ID: SA11A1.44099
City CARSON CITY	State NV	Zip Code 89703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. SUBHANKAR BANDYOPADHYAY		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 14464 WATERMELON RD		Transaction ID: SA11A1.44649
City TUSCALOOSA	State AL	Zip Code 35406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH & PAIN MGMT	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. RISE BARKHOFF		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 27455 MEADOWOODS		Transaction ID: SA11A1.44360
City METTAWA	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD BARTKOWSKI

Mailing Address 408 ROGERS

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer JUP 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
 07 / 04 / 2006

Transaction ID: SA11A1.43963

Amount of Each Receipt this Period
 500.00

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

Mailing Address 411 LAUREL #3170

City DES MOINES State IA Zip Code 50314

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

Name of Employer MEDICAL CTR 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
 07 / 28 / 2006

Transaction ID: SA11A1.44490

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
ANN BARTOLONI

Mailing Address 1927 S FLORENCE PL

City TULSA State OK Zip Code 74104

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

Name of Employer ST JOHN ANESTHESIA 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
 07 / 02 / 2006

Transaction ID: SA11A1.43947

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM BARTON		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address 820 PRUDENTIAL DR #606		Transaction ID: SA11A1.44128
City JACKSONVILLE	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FLORIDA ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JOHN BASILE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address 6330 MACLAURIN DR		Transaction ID: SA11A1.44294
City TAMPA	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer USF	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. RICHARD BATCHELET		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 705 CHELSEA DR		Transaction ID: SA11A1.44064
City WINCHESTER	State VA	Zip Code 22601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WINCHESTER ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
TERRY BEJOT

Mailing Address 6441 MESAVERDE DRIVE

City State Zip Code
LINCOLN NE 68510

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

Name of Employer Occupation
ASSOC ANES PC 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
07 / 09 / 2006

Transaction ID: SA11A1.43987

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NORMAN BERTELS

Mailing Address 375 BECK RD

City State Zip Code
SALISBURY NC 28144

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

Name of Employer Occupation
SALISBURY ANES & PAIN 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
07 / 28 / 2006

Transaction ID: SA11A1.44428

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARY KAY BISSING

Mailing Address 420 W WESTLEIGH RD

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
PARK RIDGE ANESTH 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
07 / 28 / 2006

Transaction ID: SA11A1.44493

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 96
	<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

Full Name (Last, First, Middle Initial) A. SUZANNE BLAYLOCK		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address 155 WILSON CT		Transaction ID: SA11A1.44122
City MUSCLE SHOALS	State AL	Zip Code 35661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. LINDA BLUESTEIN		Date of Receipt MM / DD / YYYY 07 / 27 / 2006
Mailing Address 3410 HIDDEN LINK DR		Transaction ID: SA11A1.44405
City WAUSAU	State WI	Zip Code 54403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CENTRAL WI ANESTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. TERRENCE BOGARD		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address 5020 KNOB VIEW TRL		Transaction ID: SA11A1.44114
City WINSTON SALEM	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WAKE FOREST UNIV SCH MED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MARY BOLDEN

Mailing Address 124 CROFTON DR

City State Zip Code
PITTSBURGH PA 15238

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

Name of Employer Occupation
PITTSBURGH ANESTH ASSOC 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
07 / 31 / 2006

Transaction ID: SA11A1.44632

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EDWARD BRATZKE

Mailing Address 4761 SHARPSTONE LN

City State Zip Code
RALEIGH NC 27615

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

Name of Employer Occupation
CRITICAL HEALTH SYS 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
07 / 24 / 2006

Transaction ID: SA11A1.44288

Amount of Each Receipt this Period
500.00

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

Mailing Address 13003 HUNTERS LEDGE

City State Zip Code
SAN ANTONIO TX 78230

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

Name of Employer Occupation
UTHSCSA 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
07 / 25 / 2006

Transaction ID: SA11A1.44313

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JAMES BRIDGES		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1537 DUNBAR CT		Transaction ID: SA11A1.44698
City AUBURN	State AL	Zip Code 36830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH ASSOC EAST AL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. GERALD BROCKER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 9209 ROCKY COVE DR		Transaction ID: SA11A1.44579
City CHATTANOOGA	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ACE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JEROME BRONIKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 5275 BANNERGATE DR		Transaction ID: SA11A1.44491
City ALPHARETTA	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GWINNETT ANESTH SVC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID BROWN		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 2212 HOLLOW SHORE ST		Transaction ID: SA11A1.44381
City	State	Zip Code
PEARLAND	TX	77584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UT MD ANDERSON CANCER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MICHAEL BUSHEY		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address P.O. BOX 70		Transaction ID: SA11A1.44100
City	State	Zip Code
OAKLAND	ME	04963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WATERVILLE ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. THOMAS BUTCHER		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 2625 E 28TH ST		Transaction ID: SA11A1.44712
City	State	Zip Code
TULSA	OK	74114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SJAS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM CAMPBELL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 4965 S NICOLET DR		Transaction ID: SA11A1.44692
City NEW BERLIN	State WI	Zip Code 53151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH ASSOC WISCONSIN	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. A. CHRISTEL CARLSON		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 10710 S. SHERMAN RD.		Transaction ID: SA11A1.44259
City SPOKANE	State WA	Zip Code 99224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JEFF CESCHI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006
Mailing Address N67 W29557 RICHTER RD		Transaction ID: SA11A1.44299
City HARTLAND	State WI	Zip Code 53029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 96
	<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)
JAMES CHAPIN

Mailing Address 15804 CALIFORNIA ST

City State Zip Code
OMAHA NE 68118

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

Name of Employer Occupation
UNMC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44460

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PATRICK CHASE

Mailing Address 731 N WILLOW

City State Zip Code
FAYETTEVILLE AR 72701

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

Name of Employer Occupation
NORTHWEST ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44478

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BAYER CHENG

Mailing Address 1118 ROSS CLARK CIR #700

City State Zip Code
DOTHAN AL 36301

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

Name of Employer Occupation
ACMG ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 04 / 2006

Transaction ID: SA11A1.43959

Amount of Each Receipt this Period
520.00

SUBTOTAL of Receipts This Page (optional) ► 1270.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARY ANNE CHERNOFF		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 14905 W 82ND TERR		Transaction ID: SA11A1.44334	
City State Zip Code LENEXA KS 66215	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CHARTERED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. TARA CHRONISTER		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 82 BRIDLEWOOD PL		Transaction ID: SA11A1.44138	
City State Zip Code CONCORD NC 28025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NORTHEAST ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. JAMES COLOMBO		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 430 N SCOVILLE AVE		Transaction ID: SA11A1.44307	
City State Zip Code OAK PARK IL 60302	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PARK RIDGE ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 96
	<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)
LYDIA CONLAY

Mailing Address 1709 DRYDEN RD #1700

City HOUSTON State TX Zip Code 77030

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

Name of Employer BAYLOR COLL OF MEDICINE 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
 07 / 31 / 2006

Transaction ID: SA11A1.44737

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
CAREY COSTANTINI

Mailing Address 5020 ROLLMAN ESTATES DR

City CINCINNATI State OH Zip Code 45236

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

Name of Employer IAPSC 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
 07 / 22 / 2006

Transaction ID: SA11A1.44271

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
TRACY COTTER

Mailing Address 6817 ERDMAN BLVD

City MIDDLETON State WI Zip Code 53512

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

Name of Employer DEAN HEALTH SYSTEMS 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
 07 / 28 / 2006

Transaction ID: SA11A1.44458

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JEFFREY CROY

Mailing Address 3240 LIBERTY ST SW

City ALBANY State OR Zip Code 97321

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

Name of Employer ALBANY ANESTHESIA, P.C. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 18 / 2006

Transaction ID: SA11A1.44169

Amount of Each Receipt this Period
500.00

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

Mailing Address 20 ENDICOTT LN

City HIGHWOOD State IL Zip Code 60040

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

Name of Employer ANESTH CONSULTANTS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 31 / 2006

Transaction ID: SA11A1.44740

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3039 STEEPLEGATE COVE

City GERMANTOWN State TN Zip Code 38138

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

Name of Employer MEDICAL ANESTHESIA GRP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 06 / 2006

Transaction ID: SA11A1.43979

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. AMRITLAL DALSANIA		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 30 OXFORD CT		Transaction ID: SA11A1.44249
City CHESHIRE	State CT	Zip Code 06410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MW AG PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. ROBERT DANIEL		Date of Receipt MM / DD / YYYY 07 / 11 / 2006
Mailing Address 30 BELMONT		Transaction ID: SA11A1.44012
City FRANKFORT	State KY	Zip Code 40601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BLUEGRASS ANESTHESIA SVCS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. IAN DARLING		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 227 SHADOWOOD DR		Transaction ID: SA11A1.44642
City JOHNSON CITY	State TN	Zip Code 37604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ANESTH & PAIN CONSULTS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 96
	(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)
ARTHUR DAVIDSON

Mailing Address 10946 N LAKE SHORE DR

City State Zip Code
MEQUON WI 53092

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

Name of Employer Occupation
SUMMIT ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44631

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GLENN DAVIS

Mailing Address 4015 NORTH LN

City State Zip Code
FRANKSVILLE WI 53126

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44125

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN DELANEY

Mailing Address 3260 SOMERSET ST SW

City State Zip Code
ROANOKE VA 24014

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

Name of Employer Occupation
ACV ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44581

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID DELZELL		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 1120 W BENNETT CT		Transaction ID: SA11A1.44314	
City State Zip Code DUNLAP IL 61525	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ASSOCIATED ANESTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. STEPHEN DIERDORF		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 2267 DANIEL ISLAND DR		Transaction ID: SA11A1.44744	
City State Zip Code CHARLESTON SC 29492	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MED UNIV SOUTH CAROLINA	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. WILLIAM DOMINGUEZ		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 3205 LA MANCHA DR NW		Transaction ID: SA11A1.44437	
City State Zip Code ALBUQUERQUE NM 87104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH ASSOC NEW MEXICO	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
THOMAS DOSLAND

Mailing Address 9780 HIDDEN GLADE RD

City GRANT State MN Zip Code 55110

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

Name of Employer ASSOC ANESTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2006

Transaction ID: SA11A1.44300

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
NEVIN DOWNS

Mailing Address 1144 GATEWAY LN

City NASHVILLE State TN Zip Code 37220

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

Name of Employer ANES SERVICES 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
 07 / 19 / 2006

Transaction ID: SA11A1.44177

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS DUBBINK

Mailing Address 4279 DARTMOUTH CT

City EAGAN State MN Zip Code 55123

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
 07 / 31 / 2006

Transaction ID: SA11A1.44655

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
STEPHEN DUNGAR

Mailing Address 1324 OAKCREST CT

City State Zip Code
APPLETON WI 54914

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11A1.44401

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GARETH EBERLE

Mailing Address 7380 KINNIKINNICK DRIVE

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Occupation
ROCKFORD HEALTH PHYS 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
07 / 02 / 2006

Transaction ID: SA11A1.43945

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WELDON EGAN

Mailing Address 1255 LAURELWOOD

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11A1.44390

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 96
	<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)
MELISSA EHLERS

Mailing Address 6 KNOLLWOOD DR

City State Zip Code
LATHAM NY 12110

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

Name of Employer Occupation
ALBANY MEDICAL CENTER 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
07 / 09 / 2006

Transaction ID: SA11A1.43992

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL ELLIOTT

Mailing Address 10120 GRANDE SHORES WY

City State Zip Code
KNOXVILLE TN 37922

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

Name of Employer Occupation
AMAET 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
07 / 19 / 2006

Transaction ID: SA11A1.44220

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CAROLYN FARRELL

Mailing Address 5511 TONYAWATHA TRL

City State Zip Code
MONONA WI 53716

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

Name of Employer Occupation
UNIV OF WI MED FOUND 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
07 / 19 / 2006

Transaction ID: SA11A1.44172

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. THOMAS FARRELL		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 13811 NOB AVE		Transaction ID: SA11A1.44765
City DEL MAR	State CA	Zip Code 92014
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ASMG	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DAVID FITZGERALD		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 4225 ABINGDON TRL		Transaction ID: SA11A1.44691
City BIRMINGHAM	State AL	Zip Code 35243
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. WAYNE FLEISCHHACKER		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 13 OLD DUTCH RD		Transaction ID: SA11A1.44358
City WARREN	State NJ	Zip Code 07059
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer UNION ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
HENRY FRYSH

Mailing Address 2540 WINDY HILL RD

City State Zip Code
MARIETTA GA 30067

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

Name of Employer Occupation
WINDY HILL ANESTH ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2006

Transaction ID: SA11A1.44240

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA GEDDES

Mailing Address 2921 114TH AVE SE

City State Zip Code
EVERETT WA 98205

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

Name of Employer Occupation
EVERETT CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2006

Transaction ID: SA11A1.44395

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD GILBERT

Mailing Address 1107 QUEENS RD

City State Zip Code
CHARLOTTE NC 28207

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

Name of Employer Occupation
SOUTHEAST ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.44134

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JACK GILDAR

Mailing Address 13720 N 85TH PLACE

City State Zip Code
SCOTTSDALE AZ 85260

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

Name of Employer Occupation
VALLEY ANESTHESIOLOGY 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
07 / 26 / 2006

Transaction ID: SA11A1.44383

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOSEF GRABMAYER

Mailing Address 2169 CAROLINA LN

City State Zip Code
LEXINGTON KY 40513

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

Name of Employer Occupation
ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44145

Amount of Each Receipt this Period
500.00

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

Mailing Address 725 STURGES WAY

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer Occupation
NORTHSIDE ANESTH CONSULT PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44070

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
THOMAS GREGUS

Mailing Address 1321 CLUB HOUSE DR

City State Zip Code
CHESAPEAKE VA 23322

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

Name of Employer Occupation
CHESAPEAKE ANESTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44124

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEPHEN GRICE

Mailing Address 9175 OLD SOUTHWICK PASS

City State Zip Code
ALPHARETTA GA 30022

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

Name of Employer Occupation
NORTHSIDE ANES CONSULT ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.44235

Amount of Each Receipt this Period
500.00

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

Mailing Address 9820 E THOMPSON PK #643

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
VALLEY ANESTH CONSULTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44415

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
KATHLEEN GUARNIERI

Mailing Address 9820 E THOMPSON PK #643

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
VALLEY ANESTH CONSULTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44480

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM GURLEY, JR.

Mailing Address 3657 SHANDWICK PLACE

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer Occupation
UAB DEPT OF ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2006

Transaction ID: SA11A1.44018

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KIRK HANSEN

Mailing Address 801 W JONATHAN

City State Zip Code
BAYSIDE WI 53217

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

Name of Employer Occupation
ANESTH ASSOC OF WI ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.44247

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ERIC HANSON		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 655 21ST AVE NW		Transaction ID: SA11A1.44237	
City HICKORY	State NC	Zip Code 28601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIFOUR ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DANIEL HASFURTHER		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 1356 WOLF RUN ROAD		Transaction ID: SA11A1.44252	
City RENO	State NV	Zip Code 89511	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. ROBERT HEFLIN		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 6 FAIRVIEW HTS		Transaction ID: SA11A1.44373	
City PARKERSBURG	State WV	Zip Code 26101	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNITED ANESTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT HENDRICK		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 3366 DEBORAH DR		Transaction ID: SA11A1.44202	
City State Zip Code MONROE LA 71201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANES ASSOC MONROE	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. CHARLES HEWELL		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 519 WING LANE		Transaction ID: SA11A1.44035	
City State Zip Code ST. CHARLES IL 60174	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KANE ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. MICHAEL HOGER		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 6003 MACON COURT		Transaction ID: SA11A1.43937	
City State Zip Code HUNTSVILLE AL 35802	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer COMPREHENSIVE ANESTHESIA	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
GREG HONDORP

Mailing Address 2931 PIONEER CLUB RD SE

City State Zip Code
GRAND RAPIDS MI 49506

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

Name of Employer Occupation
AMC 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
07 / 27 / 2006

Transaction ID: SA11A1.44396

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HORTON

Mailing Address 13810 SE 44TH ST

City State Zip Code
BELLEVUE WA 98006

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.44340

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STUART HOUGH

Mailing Address 9110 TRAVENER CIR

City State Zip Code
FREDERICK MD 21704

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

Name of Employer Occupation
PAIN MGMT SPECIALISTS 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
07 / 24 / 2006

Transaction ID: SA11A1.44306

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 96
	<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

Full Name (Last, First, Middle Initial) A. VICTOR HOUGH		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 1225 10TH AVE		Transaction ID: SA11A1.44572
City SACRAMENTO State CA Zip Code 95818	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer CASE MED GRP Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. THOMAS INGERSOLL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 1118 W SLEEPY HOLLOW CT		Transaction ID: SA11A1.44449
City PEORIA State IL Zip Code 61615	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer ASSOC ANESTH Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. ANTHONY IVANKOVICH		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 526 WOODLAND DR		Transaction ID: SA11A1.44685
City GLENVIEW State IL Zip Code 60025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer RUSH UNIV MEDICAL Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MITCHELL JABLONS

Mailing Address 35 TIMBERLINE WAY

City State Zip Code
WATCHUNG NJ 07069

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

Name of Employer Occupation
SUMMIT ANESTH ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2006

Transaction ID: SA11A1.44280

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HAROLD JESSER

Mailing Address 3640 LAWSON RD

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Occupation
PARK RIDGE ANES ASSOC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: SA11A1.44007

Amount of Each Receipt this Period
250.00

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

Mailing Address 303 CYPRESS COVE

City State Zip Code
FLORENCE AL 35634

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

Name of Employer Occupation
ANES MEDICAL CONSULTANTS ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11A1.44066

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. BROUGHTON JOLLEY		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 5633 JOHN GAINES BLVD		Transaction ID: SA11A1.44043	
City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HOLSTON ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. CLYDE JONES		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 5201 COUNTRYSIDE DR		Transaction ID: SA11A1.44512	
City San Diego State CA Zip Code 92115	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. TOM KENNEDY		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 60 N HELDERBERG PKWY		Transaction ID: SA11A1.44605	
City Slingerlands State NY Zip Code 12159	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH GRP OF ALBANY	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 96
	<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

Full Name (Last, First, Middle Initial) A. GREGORY KERNISAN		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 521 OVERLOOK RD		Transaction ID: SA11A1.44443	
City State Zip Code GLASTONBURY CT 06033	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HARTFORD ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. JOHN KINSINGER		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 11912 OLD MILL RD		Transaction ID: SA11A1.44248	
City State Zip Code OKLAHOMA CITY OK 73131	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. TONG KOH		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 125 STOCKTON CT		Transaction ID: SA11A1.44588	
City State Zip Code BROOKFIELD WI 53005	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH ASSOC WISCONSIN	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JOHN KOVAL

Mailing Address 7160 PLEASANT COLONY CIR

City State Zip Code
BLACKLICK OH 43004

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

Name of Employer Occupation
CONSULTANT ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2006

Transaction ID: SA11A1.44024

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL KROGULECKI

Mailing Address 2437 PINEHOLLOW

City State Zip Code
E LANSING MI 48823

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

Name of Employer Occupation
PHYS ANESTH SERV 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
07 / 31 / 2006

Transaction ID: SA11A1.44738

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JONATHAN KROHN

Mailing Address 1775 DEMPSTER ST.

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation
PRAA LTD. 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
07 / 19 / 2006

Transaction ID: SA11A1.44255

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHAEL KRUCZEK		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 13918 BLUFFMONT		Transaction ID: SA11A1.44603	
City State Zip Code SAN ANTONIO TX 78216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. K MATHAI KURIEN		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 343 HOLMECREST RD		Transaction ID: SA11A1.44586	
City State Zip Code JENKINTOWN PA 19046	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ABINGTON MEM HOSPITAL	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. RANDY LAMBERG		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1238 FOREST HILL DR		Transaction ID: SA11A1.44507	
City State Zip Code GWYNEDD VALLEY PA 19437	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ABINGTON HOSPITAL	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LAURENCE LANG		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2006	
Mailing Address 4162 MARY ELLEN AVENUE		Transaction ID: SA11A1.43988	
City State Zip Code STUDIO CITY CA 91604		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SELF-EMPLOYED ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. CHARLES LAURITO		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 430 FOX MEADOW DR		Transaction ID: SA11A1.44643	
City State Zip Code NORTHFIELD IL 60093		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UNIV OF ILLINOIS ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. LORRI LEE		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 9513 18TH AVE NW		Transaction ID: SA11A1.44670	
City State Zip Code SEATTLE WA 98117		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UNIV OF WASHINGTON ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
RICHARD LEWIS

Mailing Address 1953 ROCKY BROOK DR

City State Zip Code
BIRMINGHAM AL 35243

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

Name of Employer ANESTHESIOLOGISTS ASSOC 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
07 / 02 / 2006

Transaction ID: SA11A1.43943

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN LINDSEY

Mailing Address 2502 S 186TH CIRCLE

City State Zip Code
OMAHA NE 68130

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

Name of Employer ORTHOPAEDIC ANES SPEC 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
07 / 31 / 2006

Transaction ID: SA11A1.44617

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD LODISE

Mailing Address 1780 W WESLEY ROAD NW

City State Zip Code
ATLANTA GA 30327

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

Name of Employer RIVERDALE ANESTH ASSOC 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
07 / 04 / 2006

Transaction ID: SA11A1.43961

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBERT LONDON		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1252 WELLINGTON TERR		Transaction ID: SA11A1.44433	
City MAITLAND	State FL	Zip Code 32751	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer JLR MEDICAL GRP	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JAMES LONERGAN		Date of Receipt M M / D D / Y Y Y Y 07 / 04 / 2006	
Mailing Address 2921 W. 68TH ST.		Transaction ID: SA11A1.43966	
City S.M.,	State KS	Zip Code 66208	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAA, PC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. ANN LOVITT		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 427 VERNON RD		Transaction ID: SA11A1.44377	
City JENKINTOWN	State PA	Zip Code 19046	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer FOX CHASE ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DONNA LUCAS		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 213 EDELWEISS DR		Transaction ID: SA11A1.44222	
City WEXFORD	State PA	Zip Code 15090	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N HILLS ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. THOMAS LYONS		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 2931 WASHTA BAY RD		Transaction ID: SA11A1.44047	
City EXCELSIOR	State MN	Zip Code 55331	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDICAL ANESTHESIA LTD	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. LES MAKOHONIUK		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 3349 LONGVIEW CT		Transaction ID: SA11A1.44192	
City LINCOLN	State NE	Zip Code 68506	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer ST FRANCIS MED CTR	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
HENRY MALARKEY

Mailing Address 188 W VIRGINIA BLVD

City State Zip Code
JAMESTOWN NY 14701

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

Name of Employer Occupation
JAMESTOWN ANESTH ASSOC 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
07 / 28 / 2006

Transaction ID: SA11A1.44476

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DEVANAND MANGAR

Mailing Address 360 BLANCA AVE

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
FL GULF-TO-BAY ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11A1.44298

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
MOLLYANN MARCH

Mailing Address 6504 GREENTREE ROAD

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
FIRST COLONIES ANES ASSOC 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
07 / 17 / 2006

Transaction ID: SA11A1.44063

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
KURT MARKGRAF

Mailing Address 3663 MCKINLEY

City State Zip Code
FT MYERS FL 33901

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

Name of Employer Occupation
MEDICAL ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: SA11A1.44296

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN MARTIN

Mailing Address 4212 W CONGRESS #3200

City State Zip Code
LAFAYETTE LA 70506

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

Name of Employer Occupation
APC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11A1.44488

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
LYNN MARTIN

Mailing Address 7809 85TH PLACE SE

City State Zip Code
MERCER ISLAND WA 98040

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

Name of Employer Occupation
UNIVERSITY OF WASHINGTON ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.44166

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. W DAVID MAUCK		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 1127 PLUMMER CIR SW		Transaction ID: SA11A1.44379
City ROCHESTER	State MN	Zip Code 55902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MAYO FOUNDATION	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SARA MAURER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 12520 HANSA ROSE CIR		Transaction ID: SA11A1.44420
City ANCHORAGE	State AK	Zip Code 99515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PROV ANCHORAGE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN MCARTHUR		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 2140 WHITEOAK LN		Transaction ID: SA11A1.44700
City AUBURN	State AL	Zip Code 36830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANESTH ASSOC EAST AL	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
CHARLES MCCLEAN

Mailing Address 4615 E 6TH AVE

City DENVER State CO Zip Code 80220

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

Name of Employer COLORADO ANESTH CONSULT 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
07 / 19 / 2006

Transaction ID: SA11A1.44226

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
YURIY MEDVID

Mailing Address P.O BOX 327

City HOLDEN State ME Zip Code 04429

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

Name of Employer EMMC 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
07 / 11 / 2006

Transaction ID: SA11A1.44014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM MEGGERS

Mailing Address 2529 CANDLEWOOD

City FAYETTEVILLE State AR Zip Code 72703

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

Name of Employer NORTHWEST 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
07 / 28 / 2006

Transaction ID: SA11A1.44492

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) RONALD MEYER		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 610 8TH ST		Transaction ID: SA11A1.44005	
City WILMETTE	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60091			
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH CONSULTANTS	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) JEFF MILLER		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 7488 17TH LN NE		Transaction ID: SA11A1.44623	
City ST PETERSBURG	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33702			
FEC ID number of contributing federal political committee. C			
Name of Employer FLORIDA PEDIATRICS	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) RONALD MILLER		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 12 GREAT CIRCLE DR		Transaction ID: SA11A1.44746	
City MILL VALLEY	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 94941			
FEC ID number of contributing federal political committee. C			
Name of Employer UCSF	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
THOMAS MOORE

Mailing Address 1748 VESTWOOD HILLS DR

City State Zip Code
VESTAVIA HILLS AL 35216

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

Name of Employer Occupation
U OF ALABAMA SOM @ BIRM 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
07 / 28 / 2006

Transaction ID: SA11A1.44592

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GWENDOLYN MORASKI

Mailing Address 20 RUTHIES LN

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
WOODLAND ANESTH ASSOC 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
07 / 19 / 2006

Transaction ID: SA11A1.44241

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WYN MORTIMER

Mailing Address 982 HOOD RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Occupation
PIEDMONT ANESTH 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
07 / 31 / 2006

Transaction ID: SA11A1.44652

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ALAN MOWBRAY		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1279 KEY WEST DRIVE		Transaction ID: SA11A1.44371
City MACHESNEY PARK	State IL	Zip Code 61103
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ROCKFORD HEALTH SYSTEM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. THOMAS MUNRO		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 311 ALDERWOOD DR		Transaction ID: SA11A1.44647
City GAITHERSBURG	State MD	Zip Code 20878
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer COMPREHENSIVE PAIN & ANES	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ANDREW MURPHY		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 5 OLD LANDMARK DR		Transaction ID: SA11A1.44759
City ROCHESTER	State NY	Zip Code 14618
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer WESTSIDE ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. TIMOTHY MURRAY		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 57217 200TH ST		Transaction ID: SA11A1.44637
City MANKATO	State MN	Zip Code 56001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer MANKATO ANESTH ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. SATHYENDRA MYSORE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2006
Mailing Address 40 WOODS EDGE CIRCLE		Transaction ID: SA11A1.44002
City LONDON	State KY	Zip Code 40741
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer MARYMOUNT MEDICAL CTR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. KENNETH NANNERS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 170 LEEWOOD FARMS RD		Transaction ID: SA11A1.44640
City WHEELING	State WV	Zip Code 26003
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer MPA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 96
	<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)
BLAKE NEAL

Mailing Address P.O. BOX 1025

City State Zip Code
FAIRHOPE AL 36533

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

Name of Employer EASTERN SHORE 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
07 / 18 / 2006

Transaction ID: SA11A1.44142

Amount of Each Receipt this Period
500.00

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

Mailing Address 11277 MARINE VIEW DR SW

City State Zip Code
SEATTLE WA 98146

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

Name of Employer VIRGINIA MASON MED CTR 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
07 / 31 / 2006

Transaction ID: SA11A1.44742

Amount of Each Receipt this Period
250.00

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

Mailing Address 14175 GOLF PKWY

City State Zip Code
BROOKFIELD WI 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
07 / 28 / 2006

Transaction ID: SA11A1.44424

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JOHN NEWCOME

Mailing Address 2249 FAIRMOUNT AVE

City State Zip Code
ST. PAUL MN 55105

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

Name of Employer Occupation
MEDICAL ANESTHESIA LTD. 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
07 / 13 / 2006

Transaction ID: SA11A1.44037

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAN NGUYEN

Mailing Address 216 MCCAULEY LANE

City State Zip Code
BOONE NC 28607

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

Name of Employer Occupation
WAA ANESTHETIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 04 / 2006

Transaction ID: SA11A1.43957

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LUU NGUYEN

Mailing Address 9024 FORT CRAIG DR

City State Zip Code
BURKE VA 22015

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

Name of Employer Occupation
MEDICAL FACULTY ASSOC 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
07 / 31 / 2006

Transaction ID: SA11A1.44669

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JAMES NIEDERLEHNER

Mailing Address 6609 HIDDEN WOODS CT

City State Zip Code
ROANOKE VA 24018

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

Name of Employer ANES CONSULT OF VIRGINIA 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
07 / 28 / 2006

Transaction ID: SA11A1.44561

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT ODELL

Mailing Address 9632 GRAND ISLE LN

City State Zip Code
LAS VEGAS NV 89144

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44630

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PATIENCE OKOLIE

Mailing Address 237 TULIP TREE CT

City State Zip Code
BLUE BELL PA 19422

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

Name of Employer SOCIETY HILL ANES CONSULT 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
07 / 31 / 2006

Transaction ID: SA11A1.44716

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
GARY OKUM

Mailing Address 241 SOUTH 6TH ST #1112

City State Zip Code
PHILADELPHIA PA 19106

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

Name of Employer Occupation
TENET PHYSICIAN SERVICES 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
07 / 10 / 2006

Transaction ID: SA11A1.44004

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN PALMIERI

Mailing Address 2S435 CANTERBURY CT

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Occupation
WEST CENTRAL ANES GRP 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
07 / 26 / 2006

Transaction ID: SA11A1.44342

Amount of Each Receipt this Period
250.00

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

Mailing Address 2201 CLIMBING IVY DR

City State Zip Code
TAMPA FL 33618

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

Name of Employer Occupation
MILLENNIUM ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44733

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOEL PAVELONIS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 6140 E CALLE DEL SUD		Transaction ID: SA11A1.44657
City SCOTTSDALE	State AZ	Zip Code 85251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MICHAEL PEARMAN		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006
Mailing Address 2709 LEGACY CT		Transaction ID: SA11A1.44398
City BARTLESVILLE	State OK	Zip Code 74006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DON PEARSON JR		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2006
Mailing Address 4326 BEECHWOOD RD		Transaction ID: SA11A1.44409
City KNOXVILLE	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) CATHY PETTY		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 915 N BRIARCLIFF CIR		Transaction ID: SA11A1.44584	
City MARYVILLE	State TN	Zip Code 37803	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MARYVILLE ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) TOMMY POLK		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 16 RAINFERN CT		Transaction ID: SA11A1.44422	
City SPRING	State TX	Zip Code 77380	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) CHARLES POOLE		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4 WINDWOOD DR		Transaction ID: SA11A1.44714	
City JACKSON	State TN	Zip Code 38305	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer PROF ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
WILFRED PRADOS

Mailing Address 14312 E RIDGE RD

City State Zip Code
ARP TX 75750

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

Name of Employer Occupation
TRINITY CLINIC ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44756

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RAGHAVENDRA PRAKASH

Mailing Address 12029 NW 9TH CT

City State Zip Code
CORAL SPRINGS FL 33071

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

Name of Employer Occupation
ANESCO ANESTHESIOLOGIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44554

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM PURKEY

Mailing Address 5445 PINE HOLLOW TRL

City State Zip Code
OVIEDO FL 32765

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

Name of Employer Occupation
JLR MEDICAL GRP ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.44365

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. GEORGE PURVES		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 514 N 8TH ST		Transaction ID: SA11A1.44694	
City OPELIKA	State AL	Zip Code 36801	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH ASSOC EAST AL	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JAMES RAMSAY		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2006	
Mailing Address 1501 RAINIER FALLS DRIVE		Transaction ID: SA11A1.44058	
City ATLANTA	State GA	Zip Code 30329	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer EMORY HEALTHCARE	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. MARY RATLIFF		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. BOX 1347		Transaction ID: SA11A1.44762	
City PIKEVILLE	State KY	Zip Code 41502	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer EASTERN KY ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARC REICHEL		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 131 SUNSET BLVD		Transaction ID: SA11A1.44687	
City BEAUFORT	State SC	Zip Code 29907	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer LOWCOUNTRY ANESTHESIA	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. CHRIS REVELEY		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 5 S 500 W #917		Transaction ID: SA11A1.44532	
City SALT LAKE CITY	State UT	Zip Code 84101	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. KEITH RIABOV		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 40 DELLWOOD DR		Transaction ID: SA11A1.44570	
City MADISON	State NJ	Zip Code 07940	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KEITH RIABOV		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 40 DELLWOOD DR		Transaction ID: SA11A1.44648	
City MADISON	State NJ	Zip Code 07940	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AAM	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. FRANK RINALDO		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 171 W WOODGLEN RD		Transaction ID: SA11A1.44568	
City SPARTANBURG	State SC	Zip Code 29301	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer FOOTHILL ANESTH	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. ROBERT ROBERTSON		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address 11215 SEVEN OAKS		Transaction ID: SA11A1.43953	
City SHREVEPORT	State LA	Zip Code 71106	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDICAL CTR ANESTH	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
VANCE ROBIDEAUX

Mailing Address 2508 CROSSING DR

City State Zip Code
EDMOND OK 73013

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

Name of Employer Occupation
AFFILIATED ANESTH 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
07 / 28 / 2006

Transaction ID: SA11A1.44461

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
BABAK ROBOUBI

Mailing Address 4515 WILLARD AVE #2204

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
WASHINGTON HOSP CTR 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
07 / 31 / 2006

Transaction ID: SA11A1.44677

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANNE ROGERS

Mailing Address 6005 RIVER ROAD

City State Zip Code
NORFOLK VA 23505

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

Name of Employer Occupation
ATLANTIC ANESTHESIA INC 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
07 / 26 / 2006

Transaction ID: SA11A1.44330

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. ANNE ROGERS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 6005 RIVER ROAD		Transaction ID: SA11A1.44688
City NORFOLK	State VA	Zip Code 23505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ATLANTIC ANESTHESIA INC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. MICHAEL ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006
Mailing Address 117 E. MAIN ST #4		Transaction ID: SA11A1.44267
City MARION	State VA	Zip Code 24354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SMYTH ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL ROSS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 363 ADAMS ST		Transaction ID: SA11A1.44234
City DENVER	State CO	Zip Code 80206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COLORADO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
LYNN RUSY

Mailing Address 3629 NAGAWICKA SHORES

City State Zip Code
HARTLAND WI 53029

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

Name of Employer Occupation
CHILDRENS HOSP OF WI ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.44173

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GREG RYPEL

Mailing Address 13565 W MAPLE RIDGE RD

City State Zip Code
NEW BERLIN WI 53151

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

Name of Employer Occupation
BROOKFIELD ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44098

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANIEL SABO

Mailing Address 31 NUMBER 3 HILL RD

City State Zip Code
BURGETTSTOWN PA 15021

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

Name of Employer Occupation
UPMC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44442

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JAMES SALVATORE

Mailing Address 10 HASTINGS CT

City State Zip Code
PUEBLO CO 81001

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

Name of Employer Occupation
PHYS ANESTH OF PUEBLO 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
07 / 28 / 2006

Transaction ID: SA11A1.44446

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
JOHN SATTERFIELD

Mailing Address 125 WHITE SAIL DR

City State Zip Code
SOUTHINGTON CT 06489

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

Name of Employer Occupation
NEW BRITAIN ANESTH ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.44229

Amount of Each Receipt this Period
250.00

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

Mailing Address 76 WESTMINSTER COURT

City State Zip Code
STATEN ISLAND NY 10304

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

Name of Employer Occupation
PARK SLOPE ANESTH ASSOC 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
07 / 07 / 2006

Transaction ID: SA11A1.43983

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JAMES SCOTT

Mailing Address 1512 CORNELL DRIVE, NE

City State Zip Code
ALBUQUERQUE NM 87106

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

Name of Employer Occupation
DEPT OF VETERAN AFFAIRS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 04 / 2006

Transaction ID: SA11A1.43968

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MANOJ SHAHANE

Mailing Address 10 VOCISANO CT

City State Zip Code
PISCATAWAY NJ 08854

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

Name of Employer Occupation
SUMMIT ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11A1.44751

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DONALD SHOEMAKER

Mailing Address 11704 E ARBOR DR

City State Zip Code
ANCHORAGE KY 40223

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

Name of Employer Occupation
WILLIAMS & WAGNER ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11A1.44760

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
THOMAS SINCLAIR

Mailing Address 74 TIDEWIND

City IRVINE State CA Zip Code 92612

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

Name of Employer NEWPORT HARBOR ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.44372

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CALVIN SMITH

Mailing Address 300 S ARLINGTON

City RENO State NV Zip Code 89509

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

Name of Employer AAR 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
07 / 26 / 2006

Transaction ID: SA11A1.44351

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM SMITH

Mailing Address 2223 EDGEMONT AVE

City BRISTOL State TN Zip Code 37620

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

Name of Employer BAS 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
07 / 31 / 2006

Transaction ID: SA11A1.44720

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
VICTORIA SMOOT

Mailing Address 433 TIMONIUM CT

City State Zip Code
HAVRE DE GRACE MD 21078

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44682

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DON SOKOLIK

Mailing Address 2757 KINSINGTON CIR

City State Zip Code
WESTON FL 33332

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

Name of Employer Occupation
SHERIDAN HEALTHCARE PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44094

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PETER SPERANDIO

Mailing Address 300 E PARK AVE.

City State Zip Code
HADDONFIELD NJ 08033

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

Name of Employer Occupation
WEST JERSEY ANES ASSOC ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2006

Transaction ID: SA11A1.44277

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JOHN SPIEKER

Mailing Address 1414 SAN RAFAEL DR

City State Zip Code
DALLAS TX 75218

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.44090

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN STEPHENSON

Mailing Address 926 E ROCK SPRING RD NE

City State Zip Code
ATLANTA GA 30306

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

Name of Employer Occupation
PHYS SPEC IN ANESTH ANESTHESIOLOGIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44417

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARRY STEVENER

Mailing Address 2205 ARCADY LANE

City State Zip Code
CORSICANA TX 75110

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

Name of Employer Occupation
REAP PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2006

Transaction ID: SA11A1.44041

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JEFFREY STUART		Date of Receipt MM / DD / YYYY 07 / 04 / 2006
Mailing Address 518 LAUREL AVE		Transaction ID: SA11A1.43964
City MENLO PARK	State CA	Zip Code 94025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MARY STUPPY		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address 556 E 32ND ST		Transaction ID: SA11A1.44121
City JOPLIN	State MO	Zip Code 64804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MERCY MEDICAL GRP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ANDREW SUN		Date of Receipt MM / DD / YYYY 07 / 01 / 2006
Mailing Address 450 PLOMO COURT		Transaction ID: SA11A1.43939
City ARROYO GRANDE	State CA	Zip Code 93420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
ROHAN SUNDARALINGAM

Mailing Address 884 N PAULINA ST #3

City State Zip Code
CHICAGO IL 60622

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

Name of Employer Occupation
PARK RIDGE ANESTH ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.44500

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILFRED SZERENYI

Mailing Address 350 HAWTHORNE CT

City State Zip Code
DELAFIELD WI 53018

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

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.44747

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RAMARAO TAKKALLAPALLI

Mailing Address 304 FEATHER GLEN

City State Zip Code
RIDGELAND MS 39157

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

Name of Employer Occupation
U OF MISSISSIPPI MED CTR 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
07 / 19 / 2006

Transaction ID: SA11A1.44201

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 96
	<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

Full Name (Last, First, Middle Initial) A. PATRICK TENNANT		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 40 FIELDSTONE DR		Transaction ID: SA11A1.44074	
City EASTON State CT Zip Code 06612	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JAMES THOMAS		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1403 N MADISON ST		Transaction ID: SA11A1.44625	
City RAYMORE State MO Zip Code 64083	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH ASSOC OF KC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. JAMES TOMLINSON		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8221 CASTLEHILL RD		Transaction ID: SA11A1.44690	
City BIRMINGHAM State AL Zip Code 35242	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTH ASSOC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. TROY TORTORICI		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 1721 NW 179TH TERR		Transaction ID: SA11A1.44216	
City State Zip Code EDMOND OK 73003		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NORTHWEST ANESTH ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. KATHY TRAWICK		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1870 CHATTAHOOCHEE RUN		Transaction ID: SA11A1.44471	
City State Zip Code SUWANEE GA 30024		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GWINNETT ANESTH SERV ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MURRAY URQUHART		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 4456 175TH PLACE, SE		Transaction ID: SA11A1.44068	
City State Zip Code BELLEVUE WA 98006		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation OVERLAKE ANESTH ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
JOSE VELAZQUEZ

Mailing Address 1634 CANOPY OAKS BLVD

City State Zip Code
PALM HARBOR FL 34683

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

Name of Employer ANES ASSOC DUNEDIN Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11A1.44583

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARK VOGELHUT

Mailing Address 1718 E 4TH ST #300

City State Zip Code
CHARLOTTE NC 28204

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

Name of Employer PRESBYTERIAN ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.44102

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J MARK WAGNER

Mailing Address 6634 KLEIN ST NW

City State Zip Code
OLYMPIA WA 98502

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

Name of Employer OLYMPIA ANESTH ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.44154

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARTIN WAGNER		Date of Receipt MM / DD / YYYY 07 / 19 / 2006
Mailing Address 800 N WOODCREST WAY		Transaction ID: SA11A1.44170
City ANDERSON	State IN	Zip Code 46012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DAVID WERKMEISTER		Date of Receipt MM / DD / YYYY 07 / 18 / 2006
Mailing Address 57150 JAGUAR LN		Transaction ID: SA11A1.44140
City MANKATO	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MAA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JORDAN WETSTONE		Date of Receipt MM / DD / YYYY 07 / 10 / 2006
Mailing Address 800 OAK TRAIL DRIVE		Transaction ID: SA11A1.43998
City MARIETTA	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GEORGIA ANESTHESIOLOGISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
DAVID WHEELER

Mailing Address 7108 COLLINGWOOD CT

City State Zip Code
ELKRIDGE MD 21075

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

Name of Employer Occupation
FIRST COLONIES ANES ASSOC 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
07 / 18 / 2006

Transaction ID: SA11A1.44111

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
ROBERT WHITCOMB

Mailing Address 221 CHURCH RD

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
ELMHURST ANESTH 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
07 / 24 / 2006

Transaction ID: SA11A1.44312

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN WHITELEY

Mailing Address 3514 BELLERIVE CIRCLE

City State Zip Code
MARTINEZ GA 30907

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

Name of Employer Occupation
MEDICAL COLL OF GEORGIA 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
07 / 30 / 2006

Transaction ID: SA11A1.44611

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MONFORD WOLF

Mailing Address 2231 CORBETT RD

City State Zip Code
MONKTON MD 21111

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

Name of Employer Occupation
HUNT VALLEY ANESTH ASSOC 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
07 / 31 / 2006

Transaction ID: SA11A1.44660

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GLENN WOODS

Mailing Address 1956 STONERIDGE DR

City State Zip Code
AUBURN AL 36830

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

Name of Employer Occupation
ANESTH ASSOC EAST AL 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
07 / 31 / 2006

Transaction ID: SA11A1.44702

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THEODORE WYNNYCHENKO

Mailing Address 1409 BURR OAK

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
ENH 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
07 / 31 / 2006

Transaction ID: SA11A1.44735

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 96
	(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)
SYLVIA XI-MOY

Mailing Address 3614 86TH ST

City State Zip Code
KENOSHA WI 53142

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

Name of Employer Occupation
MRMC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11A1.44470

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
THOMAS YUE

Mailing Address 3729 FAIRWAY PT

City State Zip Code
WOODBURY MN 55125

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

Name of Employer Occupation
RAJ PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: SA11A1.44144

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	83070.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 96	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address 50 S LASALLE

City State Zip Code
CHICAGO IL 60675

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
118320.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Transaction ID: SA17.44859

Amount of Each Receipt this Period
2440.74

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	▶	2440.74
TOTAL This Period (last page this line number only)	▶	2440.74

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. 21ST CENTURY PAC		Transaction ID: SB23.44791 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 2052 LAKE AUDOBON CT #300		Amount of Each Disbursement this Period 1500.00
City RESTON State VA Zip Code 20191	Purpose of Disbursement 2006 CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. AMERIPAC		Transaction ID: SB23.44808 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 499 S CAPITOL ST SW #414		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement 2006 CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BARRETT FOR CONGRESS		Transaction ID: SB23.44785 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 869		Amount of Each Disbursement this Period 5000.00
City WESTMINSTER State SC Zip Code 29693	Purpose of Disbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 96

<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

Full Name (Last, First, Middle Initial) A. BECERRA FOR CONGRESS		Transaction ID: SB23.44812 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 116		Amount of Each Disbursement this Period 2000.00
City HYATTSVILLE State MD Zip Code 20781	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BOLDPAC		Transaction ID: SB23.44818 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 1831 BAY ST SE		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement 2006 CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BOYD FOR CONGRESS		Transaction ID: SB23.44855 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. BOX 15703		Amount of Each Disbursement this Period 1000.00
City TALLAHASSEE State FL Zip Code 32317	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2006 <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)

<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

Full Name (Last, First, Middle Initial) A. BRADY FOR CONGRESS		Transaction ID: SB23.44806	
Mailing Address P.O. BOX 8277		Date of Disbursement 07 / 27 / 2006	
City THE WOODLANDS	State TX	Zip Code 77387	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CAMP FOR CONGRESS		Transaction ID: SB23.44826	
Mailing Address P.O. BOX 423		Date of Disbursement 07 / 06 / 2006	
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MI District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CANDICE MILLER FOR CONGRESS		Transaction ID: SB23.44804	
Mailing Address P.O. BOX 182152		Date of Disbursement 07 / 27 / 2006	
City SHELBY TWP	State MI	Zip Code 48317	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MI District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

PAGE 85 / 96

<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

Full Name (Last, First, Middle Initial) A. CITIZENS FOR RUSH		Transaction ID: SB23.44838	
Mailing Address P.O. BOX 7292		Date of Disbursement 07 / 20 / 2006	
City CHICAGO	State IL	Zip Code 60680	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 1			

Full Name (Last, First, Middle Initial) B. COMM TO RE-ELECT BOBBY JINDAL		Transaction ID: SB23.44816	
Mailing Address P.O. BOX 8628		Date of Disbursement 07 / 27 / 2006	
City METARIE	State LA	Zip Code 70011	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 1			

Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS		Transaction ID: SB23.44846	
Mailing Address P.O. BOX 1605		Date of Disbursement 07 / 20 / 2006	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 11			

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ENSIGN FOR SENATE		Transaction ID: SB23.44830 Date of Disbursement																					
Mailing Address P.O. BOX 26568		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	6														
City LAS VEGAS	State NV	Zip Code 89126	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV	District:																						

Full Name (Last, First, Middle Initial) B. ENSIGN FOR SENATE		Transaction ID: SB23.44832 Date of Disbursement																					
Mailing Address P.O. BOX 26568		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	6														
City LAS VEGAS	State NV	Zip Code 89126	Amount of Each Disbursement this Period																				
Purpose of Disbursement		3000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV	District:																						

Full Name (Last, First, Middle Initial) C. ESHOO FOR CONGRESS		Transaction ID: SB23.44850 Date of Disbursement																					
Mailing Address P.O. BOX 636		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	0		2	0	0	6														
City ANANDALE	State VA	Zip Code 22003	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 14																						

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)

<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

Full Name (Last, First, Middle Initial) A. FREEDOM & DEMOCRACY FUND		Transaction ID: SB23.44842
Mailing Address 610 S BOULEVARD		Date of Disbursement MM / DD / YYYY 07 / 20 / 2006
City TAMPA	State FL	Zip Code 33606
Purpose of Disbursement 2006 CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF GEORGE ALLEN		Transaction ID: SB23.44777
Mailing Address P.O. BOX 6859		Date of Disbursement MM / DD / YYYY 07 / 27 / 2006
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE BACA		Transaction ID: SB23.44800
Mailing Address 800 4TH ST SW #S720		Date of Disbursement MM / DD / YYYY 07 / 27 / 2006
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 43		

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HOLT FOR CONGRESS		Transaction ID: SB23.44783	
Mailing Address P.O. BOX 782		Date of Disbursement 07 / 27 / 2006	
City PENNINGTON	State NJ	Zip Code 08534	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NJ District: 12		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JEB FUND		Transaction ID: SB23.44789	
Mailing Address P.O. BOX 40385		Date of Disbursement 07 / 27 / 2006	
City WASHINGTON	State DC	Zip Code 20016	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 CONTRIBUTION		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JIM GERLACH FOR CONGRESS COMM		Transaction ID: SB23.44787	
Mailing Address P.O. BOX 87		Date of Disbursement 07 / 27 / 2006	
City UWCHLAND	State PA	Zip Code 19480	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA District: 6		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: SB23.44840
Mailing Address 1809 PLYMOUTH RD S #310		Date of Disbursement 07 / 20 / 2006
City MINNETONKA	State MN	Zip Code 55305
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 3	

Full Name (Last, First, Middle Initial) B. JOHN SULLIVAN FOR CONGRESS INC		Transaction ID: SB23.44821
Mailing Address P.O. BOX 470840		Date of Disbursement 07 / 20 / 2006
City TULSA	State OK	Zip Code 74147
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK	District: 1	

Full Name (Last, First, Middle Initial) C. KENNEDY FOR SENATE 2006		Transaction ID: SB23.44794
Mailing Address 304 4TH ST NE #200		Date of Disbursement 07 / 27 / 2006
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KIRK FOR CONGRESS		Transaction ID: SB23.44844 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. BOX 2776		Amount of Each Disbursement this Period 1000.00
City ARLINGTON State VA Zip Code 22202		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. LATHAM FOR CONGRESS		Transaction ID: SB23.44781 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 71		Amount of Each Disbursement this Period 2000.00
City CLARION State IA Zip Code 50525		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS		Transaction ID: SB23.44802 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 37		Amount of Each Disbursement this Period 1000.00
City ROSEVILLE State MI Zip Code 48067		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. LINDER FOR CONGRESS		Transaction ID: SB23.44814 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 4026		Amount of Each Disbursement this Period 1500.00
City DULUTH State GA Zip Code 30096	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MARK KENNEDY '06		Transaction ID: SB23.44836 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. BOX 49333		Amount of Each Disbursement this Period 5000.00
City BLAINE State MN Zip Code 55449	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NORWOOD FOR CONGRESS		Transaction ID: SB23.44848 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. BOX 499		Amount of Each Disbursement this Period 1000.00
City EVANS State GA Zip Code 30809	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PETE STARK RE-ELECTION COMM		Transaction ID: SB23.44852 Date of Disbursement
Mailing Address P.O. BOX 8331		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City FREMONT	State CA	Zip Code 94537
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 13		

Full Name (Last, First, Middle Initial) B. PRYCE FOR CONGRESS		Transaction ID: SB23.44772 Date of Disbursement
Mailing Address 145 E RICH ST		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement	<input type="text" value="2000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15		

Full Name (Last, First, Middle Initial) C. PRYCE PROJECT PAC		Transaction ID: SB23.44774 Date of Disbursement
Mailing Address 1155 21ST ST NW #300		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement 2006 CONTRIBUTION	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RAINVILLE FOR CONGRESS		Transaction ID: SB23.44824	
Mailing Address P.O. BOX 505		Date of Disbursement 07 / 20 / 2006	
City WILLISTON	State VT	Zip Code 05495	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2006 PRIMARY AT-LARGE		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VT	District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY OF VIRGINIA		Transaction ID: SB23.44779	
Mailing Address 115 E GRACE ST		Date of Disbursement 07 / 27 / 2006	
City RICHMOND	State VA	Zip Code 23219	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2006 CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. REPUBLICAN PARTY OF WISCONSIN		Transaction ID: SB23.44828	
Mailing Address 148 E JOHNSON ST		Date of Disbursement 07 / 10 / 2006	
City MADISON	State WI	Zip Code 53703	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2006 CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RUSH HOLT FOR CONGRESS		Transaction ID: SB23.44857
Mailing Address P.O. BOX 782		Date of Disbursement MM / DD / YYYY 07 / 20 / 2006
City PENNINGTON	State NJ	Zip Code 08534
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 12		

Full Name (Last, First, Middle Initial) B. SHARRON ANGLE YOUR VOICE IN CONGRESS		Transaction ID: SB23.44834
Mailing Address P.O. BOX 33058		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006
City RENO	State NV	Zip Code 89533
Purpose of Disbursement	Amount of Each Disbursement this Period 2500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 2		

Full Name (Last, First, Middle Initial) C. SOLIS FOR CONGRESS		Transaction ID: SB23.44796
Mailing Address 6380 WILSHIRE BLVD #1612		Date of Disbursement MM / DD / YYYY 07 / 27 / 2006
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 32		

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. TEXAS FREEDOM FUND		Transaction ID: SB23.44798
Mailing Address 104 HUME AVE		Date of Disbursement 07 / 27 / 2006
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement 2006 CONTRIBUTION	Amount of Each Disbursement this Period 1500.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WELLER FOR CONGRESS		Transaction ID: SB23.44810
Mailing Address 1155 21ST ST NW #330		Date of Disbursement 07 / 27 / 2006
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11		

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

92000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 96

<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

Full Name (Last, First, Middle Initial)

A. NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.44860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

223.82

SUBTOTAL of Disbursements This Page (optional)

223.82

TOTAL This Period (last page this line number only)

223.82